

SPECIFIC SURGICAL RISKS

SMR/Rhinoplasty

- **Bleeding:** If excessive bleeding occurs after surgery, contact the office immediately.
- **Infection:**
- **Loss of structural support:**
- **Extrusion:** bone/cartilage/synthetic graft/implant
- **Septal perforation:**
- **Internal scarring/adhesions:**
- **Asymmetry:**
- **Pain:**
- **Persistent swelling:**
- **External deformity:**
- **Secondary septal deviation:**
- **Persistent turbinate enlargement:**
- **Sinus obstruction:**

Alternatives

- You and Dr. Bayne have chosen to proceed with Rhinoplasty surgery. Not having surgery avoids all potential risks. If you have any questions about the method agreed upon by you and Dr. Bayne, please ask more questions until you feel completely comfortable with your decision.

Guarantee

- The practice of medicine and surgery is not an exact science although good results are expected, there cannot be any guarantee nor warranty expressed or implied by anyone as to the results that may be obtained.
- On occasions, surgical revision may be indicated following the original surgery. If planned or performed within one (1) year after the original surgery and if insurance does not cover these revisions, there will be no charge by the surgeon, but a facility fee may be charged by the hospital or for the use of the office operating room.
- Any and all of the above risks and complications can result in: Additional surgery, hospitalization, time off work, and expense to you.

APPLICABLE HEALTH FACTORS

Consent for special medical conditions not applicable.

- Instructions for special medical conditions are not necessary

OTHER RISKS

We have outlined the common and not-so-common risks of surgery in general. The specific risks and complications of each surgical procedure have been explained elsewhere in this preoperative packet. We have not discussed every possible problem that may occur, and you cannot assume that a problem will not occur simply because it is not discussed here.

- I acknowledge that the risks and complications of the surgery I am to undergo have been explained and discussed with me in detail by Dr. Bayne and by the nursing staff. I have been given the opportunity to ask questions and any concerns I had about my surgery have been explained to me.

MEDICATIONS

General Information

- The doctor and the nursing staff have given you prescriptions for your comfort and care. It is important that you use the medications as directed unless you experience abnormal symptoms that might be related to medication usage.

Symptoms such as itching, development of a rash, wheezing, and tightness in the throat would probably be due to an allergy. Should these occur, discontinue all medications and call the office for instructions.

Instructions

- **Nausea:** Zofran
- **Pain:** Acetaminophen 500 mg/Hydrocodone Bitartrate 5 mg. (Vicodin). Take one to two tablets every four hours as needed for pain. Once pain and discomfort begin to diminish, switch to Extra-Strength Tylenol or an equivalent. While the stronger pain pills are needed initially, they may increase constipation and make you feel abnormal with prolonged use. Avoid any medication containing aspirin or ibuprofen.

POST-OPERATIVE CARE – OUTPATIENT SURGERY

Your First 48 hours

- **Very important:** If you have any of the following, any excessive pain, temperature of 102 degrees or above, excessive bleeding, please contact our office day or night at (309) 764-4600.
- **Your first 24 hours:** If you are going home, a family member or friend must drive you because you have been sedated. Someone should stay overnight with you. If you have any questions about these matters, please ask one of our nursing staff.
- **Dressings:** *Leave the tapes and packing in place.*
- **Bathing:** Daily recommended showers
- **Activity:** Take it easy and pamper yourself. Try to avoid any straining. You may go to the bathroom, sit and watch TV, etc. *but no matter how good you feel, do not clean the house, rearrange the attic or vacuum, etc.!* We do not want you to bleed and cause any more swelling and bruising than is unavoidable.
- **Do not hang your head or blow your nose:** You may remove any crusting with a Q-tip and peroxide.
- **Diet:** If you have any postoperative nausea, carbonated sodas and dry crackers may settle the stomach. If nausea is severe, use the medication. If you feel normal, start with liquids and bland foods, and if those are well tolerated, progress to a regular diet.
- **Smoking:** Smoking reduces capillary flow in your skin. We advise you not to smoke at all during the first 10 days after surgery.
- **Alcohol:** Alcohol dilates the blood vessels and could increase postoperative bleeding. Please do not drink until you have stopped taking the prescription pain pills, as the combination of pain pills and alcohol can be dangerous.
- **Driving:** Please don't drive for at least 2 days after general anesthesia or intravenous sedation or while taking prescription pain pills.
- **Postoperative appointments:** It is very important that you follow the schedule of appointments we establish after surgery.

SPECIFIC POSTOPERATIVE INSTRUCTIONS

SMR & Rhinoplasty

- **Cold Compresses:** You may use cold compresses on the nose and eye area. Do not actually put ice on the face. Frozen bagged peas or cranberries are good because they can be manipulated. Be sure you cover the packaging with a towel.
- **Position:** Keeping the head elevated will help reduce swelling. (Use a reading pillow or bolster pillow).
- **Bleeding:** Small amounts of oozing and bleeding after surgery are normal. The bulky dressings may be stained and the size of the stain may enlarge after you go home – this is normal. If serious bleeding occurs, apply pressure and call us immediately (309) 764-4600.
- **Sutures:** The sutures will be removed 5 to 7 days after surgery.

LONGER TERM POSTOPERATIVE INSTRUCTIONS

- **Activity/Sports:** We want you to avoid straining or any aerobic activity for at least 3 weeks after surgery. This is to avoid bleeding, bruising, and swelling. Do not resume strenuous exercise for 4 weeks. Dr. Bayne will give you clearance to increase your activities according to the progress of your recovery.
- **Driving:** You may resume driving when you feel you are able, but wait at least 2 days after surgery if you've had a general anesthetic or intravenous sedation or while taking prescription pain pills.
- **Sexual activity:** You may enjoy sexual activity as your body allows with the following restriction: Please reread Activity/Sports above and apply the same concept to sex.
- **Sun exposure:** If fresh scars are exposed to the sun, they will tend to become darker and take longer to fade. Sunscreen can help. Take extra care and precautions if the area operated on is slightly numb-you may not "feel" a sunburn developing!
- **Work:** Follow whatever plan you and Dr. Bayne have agreed upon.

AS YOU HEAL

Family & Friends

- Support from family and friends is very helpful, but because they may not understand what constitutes a normal postoperative course, their comments may unintentionally create emotional turmoil for you. We will tell you honestly how you are doing and what we expect your result to be. Please trust in our knowledge and experience when we discuss your progress with you.
- Although plastic surgery has certainly "come out of the closet" in the past decade, your friends may still be reluctant to bring up and discuss what they believe is a private matter. Patients occasionally feel upset that "no one notices" or "said anything". If you feel comfortable discussing your surgical experience, do so openly. When people ask how you are, respond by saying, "I feel wonderful. I just had cosmetic surgery and I'm recovering". This lets people know that they may talk freely with you. Often when patients are open, they find that their friends and acquaintances are very interested in discussing the subject.

Depression

- Quite frequently patients experience a brief period of “let-down” or depression after cosmetic surgery. Some may subconsciously have expected to feel and look better “instantly” even though they rationally understand that this will not be the case. Patients commonly question their decision to have surgery during the first few days after surgery. As the healing occurs, these thoughts usually disappear quickly. If you feel depressed, understanding that this is a “natural” phase of the healing process may help you to cope with this emotional state.

Healing

- Everyone has the capacity to heal himself or herself to one degree or another. Clearly this ability is variable and depends upon a number of factors such as your genetic background, your overall state of health and lifestyle (exercise, diet, smoking, drinking, etc.). Many people believe the surgeon “heals” the patient. No one person can make another heal. Dr. Bayne can facilitate (but not accelerate) the healing process. Your cooperation and close attention is extremely important and in your best interest.
- **Following instructions:** Another major factor in the course of healing is whether you follow the instructions given by Dr. Bayne verbally and in this booklet. Such guidelines are designed to promote the healing process and to prevent the occurrence of anything, which may interfere with recovery. It is imperative that you recognize that you are a partner in this process and have a responsibility to follow instructions carefully. The instructions, based on broad experience, are designed to give you the best opportunity for healing without delay or surprise.
- **Complications:** Unexpected occurrences are very infrequent. When they occur, it is seldom a consequence of malpractice. It is far more likely to be a result of the variable healing capacity or the patient’s failure to follow instructions. Rest assured, we will assist you in any way possible with regard to such events. Should the unexpected occur, it is in your best interest to ally yourself with Dr. Bayne and the staff. We will support you through any difficulties and assist you in reaching your goal.