



Rhinoplasty Surgery



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Northland Plastic Surgery

Surgery Handbook

Rhinoplasty

**A surgical procedure to reshape
the nose.**

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PROCEDURE OVERVIEW - RHINOPLASTY

Rhinoplasty is one of the most common plastic surgery procedures performed. The goal of rhinoplasty surgery is to improve facial balance and create a nose that fits naturally with the face. When rhinoplasty is done well, changes may be obvious to the patient but may not be noticeable to friends.

Some of the possible outcomes of rhinoplasty may include reshaping the tip, removing the hump, narrowing the bony part of the nose or nostrils, changing the angle between the nose or upper lip, or reducing the overall size of the nose. Rhinoplasty can also correct structural deformities that result in breathing difficulties.

The best candidates for rhinoplasty are people who have overall good health, are psychologically stable, and have realistic expectations about the result. Rhinoplasty surgery will not satisfy an unrealistic search for perfection or change a person's life circumstances. Rhinoplasty can change a person's self-image.

Rhinoplasty is performed on an outpatient basis using local anesthesia with sedation or general anesthesia. The surgery will take 1-2 hours depending on the extent of the operation. There are a wide variety of techniques, depending on the surgeon's preferences, the nasal anatomy, and the desired result. Following surgery, a splint composed of tape and a plastic overlay is applied to the nose to provide support and protection. Nasal packs may be inserted into the nostrils to provide compression and stability during healing. The packing is removed 1-2 days after, and the splint is removed 7-10 days after surgery. The first 24 hours are the most uncomfortable, but most patients feel remarkably well after that. Patients report pain or a mild headache that is easily controlled with oral medication. Activity should be minimal during the first 2-6 weeks after surgery to avoid bleeding. Patients can return to work after a few days depending on their job type and how they feel.

Healing after rhinoplasty is a gradual process. Bruising and initial swelling resolve over a couple of weeks. The shape of the nose will continue to change and improve for 1-2 years. Patience is required to fully appreciate the final result of rhinoplasty.

PREPARING FOR SURGERY

STARTING NOW

- **STOP SMOKING AND ALL NICOTINE PRODUCTS:** We strongly recommend that you stop the use of ALL nicotine products at least one month before your surgery. Smoking reduces circulation to the skin and slows healing. In some cases, your physician may cancel your surgery if you do not follow this recommendation.

2 WEEKS BEFORE SURGERY

- **STOP 2 WEEKS PRIOR:** Fish oil, garlic, ginger, ginkgo biloba, ma huang, and vitamin E. Any herbal or homeopathic supplement.
- **STOP 10 – 14 DAYS PRIOR:** Do not take anti-inflammatories. Review the provided list of drugs to avoid and discontinue their use 10 – 14 days before your surgery. Such drugs can cause bleeding, delay in healing, anesthesia conflicts, infection, or problems during and after surgery. Use medications containing acetaminophen (such as Tylenol) instead. If you are unsure about discontinuing a medication, please consult with your primary physician.

24 – 48 HOURS BEFORE YOUR SURGERY

- **CONFIRM YOUR SURGERY TIME:** A nurse will call you 1 – 2 days before your surgery to review your medical status and confirm your surgery time. If a nurse has not reached you by 3:00 PM the day before your surgery, please call Lakewalk Surgery Center at 218-728-0650 or 877-728-0650 for your final preoperative instructions.
- **EATING AND DRINKING:** Do not eat or drink anything after 12:00 midnight the night before your surgery. This includes water. Do not drink alcohol within 24 hours of surgery.

THE MORNING OF SURGERY

- **MEDICATIONS:** If you take a daily medication that must be taken in the morning, you may take it with a sip of water in the early morning. Absolutely do not eat or drink anything else.
- **ORAL HYGIENE:** You may brush your teeth but DO NOT swallow the water.
- **CLEANSING:** Shower or bathe using an antibacterial soap such as Dial the morning of your surgery.
- **TOPICALS:** Please do not wear moisturizers, creams, lotions, deodorant, or make-up.
- **CLOTHING:** Wear comfortable, loose-fitting clothing that does not need to be put on over your head. Remove hair accessories and jewelry. Please do not bring valuables with you.

MEDICATIONS TO AVOID

- We have provided a list of medications that should be avoided when you are having surgery. These medications can prolong bleeding and should be avoided for 10 – 14 days before your surgery. Your surgeon will advise you when it is safe for you to use anti-inflammatories after your surgery.
- Please review the list carefully. Check the labels of all medicines that you take, even those available without a prescription, to make sure you are not taking any of these substances. If you have questions about any of the medications that you are taking, please let us know or talk with your primary care physician. It is important that we know all the current medications, vitamins, herbs, or other supplements that you are taking.
- If you need a medication for pain during this time, you may use products containing acetaminophen (Tylenol).

Aspirin medications to avoid

4-Way Cold Tablets	Ecotrin products	Talwin
5-Aminosalicylic Acid	Empirin products	Triaminicin
Acetilsalicylic Acid	Excedrin products	Trilisate
Alka-Seltzer products	Equagesic	Vanquish
Anacin products	Fiorinal products	Wesprin
Arthritis foundation products	Goody's HA powder	Zorprin
Arthritis pain formula	Lanorinal	
Aspirin (ASA)	Magnesium Salicylate	
Ascriptin products	Midol products	
Aspergum	Meproamate	
Azulfidine products	Mesalamine	
BC powder or tablets	Methocarbamol	
Bayer products	Momentum	
Bismatrol products	Mono-Gesic	
Butalbital Compound	Nighttime effervescent cold	
Bufferin products	Norgesic products	
Cheracol	Oxycodone	
Coricidin	Pepto-Bismol	
Darvon	Percodan products	
Disalcid	Salicylate products	
Doan's products	Sine-off	
Dristan	Sinutab	
Easprin	Soma compound	

Nonsteroidal anti-inflammatory medications to avoid

Advil products	Ibuprofen	Ponstel
Aleve	Indocin products	Relafen
Anaprox products	Indomethacin products	Tordal
Ansaid	Meclomen	Trilisate
Bextra	Midol products	Voltaren
Cataflam	Motrin products	
Celebrex	Nalfon products	
Clinoril	Naprelan Tablets	
Daypro	Naprosyn	
Dolobid	Nuprin	
Feldene	Orudis products	
Fenoprofen	Oruvail	

Other medications to avoid

Accutrim	Heparin	Plavix
Aggrenox	Hydrocortisone	Pletal
Agrylin	Lovenox	Ticlid
Coumadin	Miradon	Warfarin
Dipyridamole	Persantin	

WHAT TO EXPECT AT LAKEWALK SURGERY CENTER

Going to the operating room is not a normal experience for most of us. Your surgeon and all the staff caring for you recognize the anxiety with which most patients approach this step in the process of achieving their goals. A description of the surgery experience will help you feel more comfortable.

- When you arrive at Lakewalk Surgery Center you will be escorted to a private room. You will be asked to change into a gown and robe and a nurse will do a general assessment (blood pressure, pulse, etc.). An IV (intravenous line) will be started in your hand or forearm. Your surgeon and a member of the anesthesia staff will meet with you before you enter the operating suite. This is the time for final surgical planning; for certain procedures the surgeon may draw on your skin to aid him later during the procedure. There will be time for last minute questions.
- Once you enter the operating room, the staff will do everything they can to make you feel secure. Monitoring devices will be connected to you to ensure your safety during the procedure. Medicines that will make you drowsy will be administered through your IV.
- When your surgery has been completed and your dressings are in place, you will return to a private room for recovery. During this period, a registered nurse will take care of you and monitor you until you are ready to leave the surgery center. All the nurses at Lakewalk Surgery Center are certified for advanced cardiac life support. The surgery center is equipped just like a hospital, and is one reason Lakewalk Surgery Center is fully accredited.
- Your stay in the recovery area will vary depending on the type of surgery and length of anesthesia. Family or personal friends may be with you in the recovery room. The nurse can contact significant others when you arrive in recovery or when you are ready to be discharged. Even though you will be awake during this time, it is not unusual to not remember much about your recovery after surgery. This is related to the effects of the medications used during anesthesia.
- You can be assured that the staff at Lakewalk Surgery Center will do everything possible to make your surgical experience safe, comfortable, and confidential.
- **You must arrange for someone to bring you to and drive you home from the surgery center. Under no conditions will you be allowed to drive or take a taxi after surgery. It is also important that you have a family member or friend remain with you the first 24 hours after surgery while the effects of anesthesia wear off.**

GENERAL ANESTHESIA INFORMATION

- When general anesthesia is used, you will be sound asleep and under the care of the anesthesia staff throughout the operation. Lakewalk Surgery Center operating rooms have been designed to be spacious and comfortable. Once you are lying on the operating table, you will be connected to several monitors. After you have breathed pure oxygen for a few minutes, you will be given a sedative to help you fall asleep. You will breathe an anesthetic gas and be given medications through your IV to keep you asleep and pain free. The anesthesia staff will monitor your medical condition and assist your breathing throughout the procedure.
- The anesthesiologist or CRN-A (certified registered nurse anesthetist) spends all their time during the procedure ensuring your safety. Extremely sensitive monitors are used during surgery and have greatly reduced the risks of anesthesia. A tiny change in the oxygen level in your blood, the amount of carbon dioxide you breathe out, the percentage of anesthetic gas being administered, your heart rate, or your blood pressure are reported and treated immediately.
- Today's anesthesia monitoring equipment is much safer than in the past. The anesthesia and monitoring equipment is routinely maintained and is the same quality as the equipment in any major hospital.
- Many precautions are taken before and during your surgery to prevent side effects from anesthesia. Minor side effects can include dry throat, soreness of the jaw, nausea, vomiting, or memory lapse. Significant risks are rare especially for patients having elective surgery and who have good general health.

INFORMATION ABOUT MONITORED ANESTHESIA CARE

- This type of anesthesia is used when a local anesthetic is effective for alleviating pain but the injection of the anesthetic or the length of the procedure may be uncomfortable for the patient. Procedures that do not require deep anesthesia or muscle relaxation can be done with monitored anesthesia care (MAC).
- When MAC is used, you will be drowsy and relaxed but not unconscious. The anesthesia staff will always monitor your medical condition and comfort. An intravenous catheter (IV) will be placed in your arm when you are in the preoperative room. When you enter the operating room, you will be asked to lie on the operating table, and you will be connected to several monitors. Medications will be given through your IV that will cause you to feel relaxed and sleepy. Your surgeon will inject a local anesthetic into the tissues that temporarily blocks the nerve endings in that area.
- MAC has several advantages. During any potentially painful part of the procedure, the anesthesiologist or nurse anesthetist can give you brief deep sedation so that you will not feel or remember any discomfort. The anesthesia staff always monitors your medical condition. Any change in your blood pressure or heart rate will receive immediate attention. Patients usually recover rapidly from MAC; most people feel normal within an hour or two after surgery.

SURGICAL RISKS

We want you to fully understand the risks involved in surgery so you can make an informed decision. Although complications are infrequent, all operations have some degree of risk. We will use our expertise and knowledge to avoid complications in so far as we are able. If a complication does occur, we will use those same skills to solve the problem quickly. The importance of having a highly qualified medical team and the use of a certified facility cannot be overestimated. In general, the least serious problems occur more often, and the more serious problems occur rarely. Most complications involve a lengthened recovery period rather than any permanent effect on your final result.

NORMAL SYMPTOMS

- **SWELLING AND BRUISING:** Moderate swelling and bruising are normal after any surgery. Severe swelling and bruising may be a symptom of persistent bleeding or development of an infection.
- **DISCOMFORT OR PAIN:** Mild to moderate discomfort or pain is normal after any surgery. If pain becomes severe and is not relieved by pain medication, you should call our office.
- **CRUSTING OR SCABBING:** You may develop some crusting or scabbing along the incision line. You may apply a small amount of antibiotic ointment on these areas until they are healed.
- **ITCHING:** Itching and occasional shooting electrical sensations often occur as the skin and nerve endings heal. Ice, skin moisturizers, and massage are sometimes helpful. These symptoms are common.
- **REDNESS OF SCARS:** All new scars are red, dark pink, or purple. Scars on the breasts or body may take a year or longer to fade and become flesh colored. All wounds take at least one year to fully mature. You will have scars after an operation. The final look of the scar(s) CANNOT be predicted. Everyone heals differently. The scar is permanent.

COMMON RISKS

- **HEMATOMA:** Small collections of blood under the skin are usually allowed to absorb spontaneously. Larger hematomas may require aspiration, drainage, or even surgical removal to achieve the best result.

- **INFLAMMATION AND INFECTION:** A superficial infection may require antibiotic ointment. Deeper infections are treated with oral antibiotics. Development of an abscess usually requires drainage.
- **THICK, WIDE, OR DEPRESSED SCARS:** Abnormal scars may occur even though we use the most modern plastic surgery techniques. Placement of silicone sheeting on the scars, massage, injection of steroids into the scars, laser treatment, or further surgery to correct the scars may be occasionally necessary. Most scars improve significantly with time. Areas of the body scar differently and people form scars differently depending on ethnicity, skin color and type, and other factors that affect scar development. Your own history of scarring should give you some indication of what you can expect, although even this can change with time.
- **WOUND SEPARATION OR DELAYED HEALING:** This can be a common occurrence. Any incision, during the healing phase, may separate or heal unusually slow for several reasons. These include inflammation, infection, wound tension, decreased circulation, smoking, or excess external pressure. If delayed healing occurs, the outcome is usually not significantly affected. Occasionally revision of a widened scar may be indicated.
- **SENSITIVITY OR ALLERGY TO DRESSINGS OR TAPE:** Occasionally, allergic reactions or sensitivity may occur from soap, ointment, tape, or sutures used during or after surgery. Such problems are unusual and are typically mild and easily treated. In extremely rare circumstances, an allergic reaction can be severe and require aggressive treatment or even hospitalization.
- **INCREASED RISKS FOR SMOKERS:** Smokers have a greater chance of skin loss and poor healing because of decreased skin circulation. We strongly recommend that you discontinue smoking and use the of all nicotine products at least one month before your surgery.
- **INJURY TO DEEPER STRUCTURES:** Blood vessels, nerves and muscles may be injured during surgery. The incidence of such injuries is rare.

RARE COMPLICATIONS

- If they are severe, any of the problems mentioned under Common Risks may significantly delay healing or necessitate further surgical procedures.
- Medical complications such a pulmonary embolism, severe allergic reaction to medications, cardiac arrhythmias, heart attack, and hyperthermia are rare but serious and life-threatening problems. Informing us of all pertinent medical data before surgery is extremely important; failing to do so may cause serious problems for you and for the medical team during surgery.

SURGICAL RISKS – RHINOPLASTY

- **SECONDARY PROCEDURES:** Around 10% of patients who have a rhinoplasty require a second procedure to correct the persistent contour abnormalities or asymmetries. This is because nasal tissues heal unpredictably, are difficult to change, and can drift back to old positions. Many minor asymmetries resolve with time. Final results for a rhinoplasty may take as much as one year or more. Because of this, we allow a minimum of 6 months to 1 year of healing before performing any revisional procedures.
- **BLEEDING:** Bleeding can occur as long as 7-21 days after surgery. If significant bleeding occurs, remain calm, apply pressure, and call our office for advice. Possible bleeding problems can be avoided by following postoperative instructions carefully.
- **SWELLING:** You will experience tissue swelling around the eyes and nose early after surgery. Most of this swelling will disappear within 2 weeks. Subtle swelling or thickening of the tissues will remain for several months. It may take a year or more for all swelling to disappear and your result to be apparent.
- **DIFFICULTY BREATHING:** Nasal surgery causes swelling both inside and outside the nose. This may cause temporary breathing difficulties. When the swelling resolves, air will flow through the nostrils. Rarely, permanent nasal obstruction causing difficulty breathing results after surgery.
- **DECREASED SENSATION:** Reduced sensation or numbness of the skin may occur following surgery. This problem most often involves the tip of the nose and usually disappears with time.
- **SCARRING:** Rarely, internal scarring or adhesions may occur.
- **INJURY TO ADJACENT STRUCTURES AND NASAL FUNCTIONS:** Very rarely, injury to nerves, tear ducts, muscles, and sense of smell can occur.
- **VOICE CHANGE:** Very rarely, a patient may notice changes in the sound of their voice.
- **PERFORATED NASAL SEPTUM:** A permanent hole (perforation) developing through the septum (structure between the 2 sides of the nose) is a remote possibility following surgery. Most small perforations do not cause any symptoms. In rare cases, further surgical correction may be indicated. Very rarely, the perforation cannot be closed.

ALTERNATIVES:

- Rhinoplasty is an elective procedure. You can choose not to have surgery. A smaller procedure (tip rhinoplasty) may provide partial improvement with fewer potential risks. Rhinoplasty can be performed using an open or internal technique depending on the goals and objectives.

MEDICATIONS AFTER RHINOPLASTY

You will be given prescription(s) the day of your surgery. It is important that you use the medications as directed unless you experience abnormal symptoms that might be related to medication use. Symptoms such as itching, development of a rash, wheezing, and tightness in the throat could be an allergic reaction. Should these occur, discontinue all medications and call the office for instructions.

INSTRUCTIONS

- **PAIN:** You will be given a handwritten prescription for pain medication after your surgery. Take the pain medication only as prescribed. We require a minimum of a 24-hour notice if you are requesting a refill of the narcotic. Contact your pharmacy for a refill. There will be no medications prescribed after hours, on weekends, or on holidays. Contact your physician before you start taking aspirin or ibuprofen.
- **ANTIBIOTICS:** Take as prescribed. You will be given an antibiotic through your IV during surgery. You should begin your oral antibiotics the day after your surgery. If you are allergic to Keflex, an alternative antibiotic will be given.
- **NAUSEA:** Scopolamine (Transderm Scope). A patch containing a medication to reduce nausea may be placed behind your ear after your surgery. You may experience mild blurred vision and dilation of the pupil on the side of your head that the patch was placed. This will resolve after the patch is removed. You should remove the patch 24 hours after surgery. Discard the patch and wash your hands thoroughly to avoid contact of the medication with your eyes. If you have trouble with nausea, please call our office for advice.

POSTOPERATIVE INSTRUCTIONS

- If you have bleeding, pain (not controlled by your medication), or swelling (increasing or expanding), call our office at (218) 724-7363, day or night, or go to the Emergency Room.
- You must have a responsible adult stay with you during the first 24 hours after surgery.
- DRESSINGS: Keep your dressings as clean and dry as possible. DO NOT REMOVE THEM UNLESS INSTRUCTED TO DO SO.
- ACTIVITY: TAKE IT EASY during the first week after surgery. You may perform activities of daily living but no matter how good you feel, do not clean the house, go shopping, etc. Light activity such as walking is encouraged but too much activity may cause bleeding and/or more swelling. DO NOT LIFT, PUSH OR PULL MORE THAN 10 LBS.
- COLD COMPRESSES: Use of cold compresses after surgery will help to reduce swelling, bruising, and pain. Apply cold gel packs, frozen peas or crushed ice cubes in a zip-lock bag over the surgical area for a period of 20 minutes at regular intervals during the first 24 – 48 hours after surgery. This should help, not hurt. If the ice feels too uncomfortable, don't use it as often.
- DIET: It is not unusual to experience mild nausea after anesthesia. When you begin eating, start with liquids and bland foods. If those are well tolerated, progress to a regular diet. To avoid exaggerating nausea, take your pain medication with food.
- DON'T SMOKE OR USE NICOTINE PRODUCTS: Smoking reduces the flow of blood through the small vessels in your skin. This can affect wound healing. It is important that you do not smoke until released to do so by your physician.
- 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: Do not drive for at least 24 hours after general anesthesia, IV sedation, or while taking prescription pain pills. You may feel normal and alert, but your judgment and reactions may be affected by the medications.
- POSTOPERATIVE APPOINTMENTS: It is important that you follow the schedule of appointments we establish after surgery.
- FEVER: Measured fever of 101.5 (oral temperature) CALL THE OFFICE at (218)724-7363.

POSTOPERATIVE INSTRUCTIONS – RHINOPLASTY

- **NASAL PACKING:** After surgery you may have gauze packing inside each nostril. This provides compression and stability during the early days of healing. It is important that you do not remove this packing unless instructed to by your physician. If the packing is causing significant discomfort or a gagging sensation, please call our office for advice. The packing is usually removed 1-2 days after surgery.
- **EXTERNAL SPLINT:** You will have a splint placed over the nose to provide protection and control swelling. The splint must be left in place while the bones begin to heal. It will be removed after 7-10 days. Occasionally, oils in the skin may cause the splint to separate from the skin early. If your splint comes off, please call the office for advice.
- **DRESSINGS:** a mustache dressing prepared from 2 X 2 gauze folded over will be gently taped below the nostrils. You may change this dressing as often as necessary until bleeding stops.
- **SHOWERING:** It is important that you keep the nasal splint as dry as possible. You should bathe (not shower) until your nasal splint has been removed.
- **SLEEPING:** For at least the first week after surgery, try to sleep on your back with your head elevated. Keeping the head above the level of the heart will reduce swelling. It is more important for you to sleep than to rigidly adhere to this suggestion.
- **NOSE BLEEDS:** Bleeding may occur after the packing has been removed or as blood clots in the nostrils dissolve. If you experience a nosebleed, sit upright, gently pinch the lower third of the nose, and apply ice to the upper lip area. Call our office if bleeding persists.
- **DRYNESS AND CRUSTING:** You will likely experience dryness and crusting in the nostrils for as long as 3 weeks after surgery. After your splint is removed, saline nasal drops or antibiotic ointment placed gently in the nostrils with a clean cotton swab can help to keep the tissues moist. Use of a humidifier in your home especially at night is also helpful.
- **CONGESTION OR RHINITIS:** Some patients may experience congestion or rhinitis following rhinoplasty. Use of an antihistamine may reduce the discomfort associated with this problem. It is important to lightly absorb nasal secretions with a tissue. Avoid blowing your nose for at least 3-4 weeks after surgery.

- **ACTIVITY:** Any type of strenuous activity can cause swelling, bleeding, and other healing problems, especially during the first 4 weeks after surgery. Avoid aerobic exercise, straining, and heavy lifting for 4 weeks after surgery. Avoid activities that cause you to lower your head below the level of your heart. If your work is sedentary, you may return to work when you feel you are able. If your work is active or strenuous, you should not return to work for 7-10 days.
- **NUMBNESS AND SWELLING:** You may experience some degree of numbness of the tip of your nose for up to one year after surgery. It is important to protect the skin from burning with an effective sunscreen. You may experience intermittent increases in swelling during the first few weeks after surgery. Some swelling may persist for 12-36 months, and the incision inside the nose may remain swollen or feel firm for many months after surgery.
- **BRUISING:** Swelling and bruising usually peak 48 hours after surgery. After 4-5 days the bruising will begin to fade. You may apply make-up to conceal bruising if you wish.
- **COLD COMPRESSES:** Use of cold compresses significantly helps to reduce swelling and discomfort. Frozen peas or crushed ice cubes in a baggie placed over your eyes and bridge of the nose works well after surgery.

AS YOU HEAL

FAMILY & FRIENDS

- Support from family and friends is 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.
- After having cosmetic or reconstructive surgery, your friends may be reluctant to bring up and discuss what they believe is a private matter. Patients occasionally feel upset that “no one noticed” or “said anything.” If you feel comfortable discussing your surgical experience, do so openly. When people ask how you are, respond by saying, “I’m recovering from surgery and I’m doing really well.” This lets people know that they may talk freely with you. Often when patients are open, they find that their friends and acquaintances are interested in discussing the subject.

DEPRESSION

- Quite frequently patients experience a brief period of “let down” or depression after 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 healing occurs, these thoughts usually disappear. If you feel depressed, understanding that this is a normal phase of the healing process may help you to cope with these emotions.

HEALING

- The capacity and speed of healing varies from person to person. Several factors such as your genetic background, and your overall state of health and lifestyle (exercise, diet, smoking, drinking, etc.) can affect how you heal. Every patient heals at their own rate.
- Another major factor while healing is whether you follow the postoperative instructions that are given to you. Such guidelines are designed to promote the healing process and prevent the occurrence of anything that may interfere with recovery. It is important you recognize that you are a partner in this process and have a responsibility to follow instructions carefully.
- Unexpected occurrences are infrequent. If, however, you experience a setback, we will do everything possible to facilitate your healing. Should an unexpected event occur, it is in your best interest to ally yourself with us. We will support you through any difficulties and assist you in reaching your goal.