



POST-OPERATIVE INSTRUCTIONS

Rhinoplasty

Nasal Surgery

Thank you for entrusting Dr. Aharonov with your care. This guide brings together everything you need before and after your rhinoplasty — how to prepare, what to expect each step of the way, and how to protect your nose as it heals. Rhinoplasty is a long-healing procedure: the first week is about protection, the next few weeks are about swelling, and the final result continues to refine for a year or more. Please read this fully before your surgery day, and keep it nearby during your recovery.

01 BEFORE YOUR SURGERY

Planning Ahead

- If you live outside the immediate Los Angeles area, we can assist you in arranging accommodations as well as your post-operative care needs.
- You may not be alone for the first 24 hours after surgery. Please arrange for someone to pick you up and stay with you through the first night — or let us help you arrange an aftercare facility or private nurse. You will also need a driver for your post-operative visits during the first week.
- Fill all of your prescriptions before surgery day, so everything is waiting for you at home.
- You may also take Arnica Montana and bromelain starting 2 days before surgery, if you like.
- For at least 10 days before surgery, do not take aspirin, ibuprofen, NSAIDs, fish oil, or large doses of vitamin E. For pain or aches, take only Tylenol (acetaminophen).
- If you take a GLP-1 medication (such as Ozempic, Wegovy, or Mounjaro) or Adderall, please let us know — these need to be discontinued before surgery.
- If you are under 35 and otherwise healthy, no blood tests are needed. If you are over 35 or have major health concerns, please have blood tests done — with your own doctor or through our office — at least one week before surgery.
- Patients over 45 need a complete history and physical, along with clearance for surgery from their physician.
- No smoking or tobacco, no nicotine products, and no marijuana smoking for at least 4 weeks before surgery — and do not smoke at all while you are healing. Smoking can cause poor wound healing and skin loss.
- Avoid alcohol for 7 days before surgery, and eat a low-salt diet the week of surgery to minimize swelling.
- Have on hand: small bags of frozen peas, Q-tips, saline nasal spray, antibiotic ointment, Tylenol, soft foods, a wedge pillow or travel neck pillow, and extra pillows to sleep upright.

02 YOUR MEDICATION SCHEDULE

Medications

THE DAY BEFORE SURGERY

- Azithromycin (antibiotic): take 2 tablets today, then 1 tablet daily until the package is complete.
- Methylprednisolone dose pack: begin today — take all 6 tablets as directed on the package, and continue as directed until the package is complete.
- Important: do not take Azithromycin and Methylprednisolone at the same time. Separate them to help minimize stomach upset.

THE MORNING OF SURGERY

- Afterward, do not apply lotion, moisturizer, makeup, sunscreen, perfume, deodorant, hair products, or any other skincare products.
- Bring 2 Journavx tablets with you to the surgery center; they will be given under the supervision of the nurse or anesthesiologist.
- Bring your Scopolamine patch and hand it to the nurse or anesthesiologist. Do not apply it yourself unless instructed.

- Beginning the evening after surgery: take 1 Journavx tablet every 12 hours, as prescribed.
- Percocet has been provided for pain relief after surgery.
- Zofran has been prescribed for nausea — take it at the first sign of nausea.
- Benadryl may be taken at bedtime if needed for sleep.

03 THE DAY BEFORE

The Day Before Surgery

- Confirm the time of your surgery with our office.
- Do not drink any alcohol, and avoid excess salt.
- Do not eat or drink anything during the 8 hours before your surgery, unless otherwise instructed.

04 SURGERY DAY

The Morning of Surgery

- Wash your face gently and towel-dry your hair afterward.
- Do not put any other products in your hair or on your face, and do not wear any makeup — including moisturizer. Remove all jewelry, including any removable piercings.
- Wear something comfortable that buttons or zips up — avoid pullover shirts and turtlenecks.
- If you wear contact lenses, bring glasses or a lens case so you can remove them before surgery.
- Bring your prescription medications with you.
- Please arrive on time to the surgery center — arriving on time is important. The nurse and anesthesiologist will prepare you for surgery.
- If we arranged a caretaker for you, please coordinate your pickup time with the caretaker from the surgery center.

05 RECOVERY BEGINS

The Evening After Surgery

WHAT TO EXPECT

- You may have a small splint or bandage on the outside of your nose — not every patient gets one. If you do, keep it dry — do not wet the dressing.
- Dr. Aharonov will call you in the evening to check on you.
- You will feel groggy from sedation, and mild nausea is common.
- Some bloody drainage from the nostrils is normal for the first day — it usually tapers off within 24 hours.
- Mild headache, stuffiness, and a feeling of sinus pressure are common.
- Your nose may feel numb — this gradually resolves.

HOW TO REST

- Ice your eyes and cheeks while you are awake — about 20 minutes on and off. Use small bags of frozen peas; do not press on the nose itself (or on the splint, if you have one).
- Sleep on your back with your head elevated 30–40 degrees for the first week.
- Do not blow your nose. If you need to sneeze, sneeze with your mouth open.

PROTECTING THE SPLINT (IF YOU HAVE ONE)

- Do not touch, adjust, or peek under the splint. If it feels loose, call the office — do not try to fix it yourself.
- Do not pick at the nose or nostrils.
- Keep the splint completely dry — wash your face carefully with a damp cloth, avoiding the splint.

MEDICATIONS

- Take your medications as directed.
- Use Tylenol as the foundation for pain control, and the prescription pain medication for breakthrough pain only. Do not take aspirin, ibuprofen, naproxen, Advil, or Aleve.
- Do not drive while taking prescription pain medication.

EATING AND DRINKING

- Eat and drink lightly — only as much as you feel like. Avoid excess salt and alcohol.

06 THE FIRST WEEK

The First Week

NASAL CARE

- Use saline nasal spray several times daily to keep the inside of the nose moist and help crusts clear.
- Gently twirl a Q-tip with bacitracin ointment just inside each nostril — where the internal sutures are — at least 5 times a day for the first week.
- Apply bacitracin ointment to any external sutures as directed.
- Do not blow your nose — this is the most important rule while you heal.
- If you need to cough, do it with your mouth open.

WASHING

- You may shower, but keep the nasal splint (if you have one) completely dry — a loose washcloth held over the splint can help.
- Wash your face with a damp washcloth, avoiding the splint and nose.

ACTIVITY

- Take short walks — walking helps prevent blood clots. Do not bend, lift, or strain.
- Do not exercise, play sports, or do anything that raises your heart rate.
- No sexual activity for 2 weeks.
- You may rest your glasses on top of the splint. If you do not have a splint, avoid letting glasses rest on the bridge of the nose — tape them to your forehead instead.

WHAT IS NORMAL

- Bruising under the eyes typically peaks on days 2–3, then fades over 1 to 2 weeks.
- Your nose will look swollen when the splint comes off — do not judge it. Visible swelling improves over weeks, and refinement continues for a year or longer.
- The tip of the nose may feel hard and numb for weeks to months; this is normal healing.

If you have a splint, it is typically removed about 6 days after surgery, along with any external skin sutures.

07 WEEKS TWO TO SIX

The Weeks Ahead

AFTER THE SPLINT COMES OFF (IF YOU HAD ONE)

- If your splint was removed, you may be instructed to tape the nose at night — follow the taping instructions you are given exactly.
- Continue saline nasal spray as directed to keep the inside of the nose moist.
- External incisions (if any) should be kept moist with ointment as directed.
- Do not wear glasses on the bridge of the nose for 4 to 6 weeks — tape them to your forehead or switch to contact lenses once cleared.

ACTIVITY PROGRESSION

- Sleep on your back with your head elevated for at least 2 weeks — not on your side or stomach.
- Light walking only for the first 2 weeks — no bending, lifting, or straining.
- No exercise that raises your heart rate for 3 weeks — walking is encouraged.
- No contact sports or activities where the nose could be bumped for at least 6 weeks.
- Avoid salty foods, alcohol, and hot environments (saunas, hot tubs) for the first few weeks.

SCAR CARE

- After suture removal, begin applying Rare Reagent Skin Recovery Complex to any external incisions twice daily. It is intended to quicken scar healing and reduce redness.
- Protect the nose from the sun — sunburn can worsen swelling and darken scars. Sunscreen and a wide-brim hat for at least 6 weeks.

WHAT TO AVOID

- No smoking or nicotine while you are healing.
- Do not insert anything into the nostrils.
- Do not blow your nose until cleared — this is the single most important restriction for protecting your result.
- Do not bump, squeeze, or sleep on your nose.

08 MONTHS AHEAD

Long-Term Healing

- Swelling continues to improve for months — the tip of the nose is the last to refine.
- Scar maturation takes 6 to 12 months; do not judge the final result early.
- Contact lenses may be resumed once you are cleared — usually within the first week or two.
- You may return to your regular exercise routine at about 3 weeks after surgery, unless otherwise directed.
- Protect the nose from the sun for months — sun prolongs redness and can darken scars.

09 WHEN TO CALL THE OFFICE

Contact us immediately if you experience any of the following:

- The splint (if you have one) becomes loose, falls off, or you are unsure whether it is positioned correctly
- Bleeding that does not slow after 15 minutes of gentle pressure
- Fever over 101°F
- Increasing redness, warmth, spreading redness, or foul-smelling drainage
- Severe pain not relieved by medication
- Sudden, significant swelling on one side of the nose
- Any change in vision
- Calf pain or swelling — or chest pain or shortness of breath (call 911)
- Persistent vomiting

Dr. Aharonov will call you the evening after surgery. For anything urgent, call the office at 310.276.1126 — we are always available for you.

10 STAYING IN TOUCH

Follow-Up Appointments

Please be sure to schedule all of your follow-up appointments. If you live out of town, follow-ups can be done virtually. A typical schedule — unless otherwise discussed — is:

Day After	6 Days (Splint & Sutures Out)	2 Weeks	1 Month	3 Months	6 Months	1 Year
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Additional appointments can be scheduled any time, as you desire or need. We are always available for you — please do not hesitate to contact us with any questions.