



THE NADERI CENTER
PLASTIC SURGERY & DERMATOLOGY

Rhinoplasty

Rhinoplasty & Revision Rhinoplasty · Complete Patient Guide

Having more than one procedure? Follow the more cautious instruction. Direct instructions from Dr. Naderi always take precedence.

DR. NADERI'S VIDEOS

*Please watch these
before your surgery.*

Scan a code with your phone
camera, or click a title.



Bleeding
Reduction Diet



Rhinoplasty
Preparation



Cleaning
the Nostrils



Taping
the Nose



All Videos
(YouTube)



Recovery
Products

SHOPPING LIST

- **Prescriptions.** Sent to your pharmacy at least 2 weeks before surgery. See “Two weeks before surgery.”
- **Tylenol (acetaminophen).** For mild pain, in place of your prescription pain medication, never together with it.
- **MiraLAX (stool softener).** Narcotic pain medication causes constipation.
- **Frozen pea packs.** Put a handful of frozen peas in a small sandwich bag and make several. They go on your eyes, forehead, and cheeks. **Never on your nose.**
- **Q-tips, hydrogen peroxide, and Vaseline.** For gentle cleaning and lubricating of your nostrils.
- **Hypochlorous acid (HOCl) spray.** Your antiseptic before and after surgery.
- **Simply Saline or Pretz saline spray.** Start 3 days after surgery to improve breathing. Use gently. Do not use medicated decongestant nasal sprays.
- **Arnica tablets.** Start them the day after surgery.
- **Fresh pineapple or cold-pressed pineapple juice.** Eat the center core too. Its bromelain helps reduce swelling.
- **Straws.** They make it easier to stay hydrated. Larger straws are easier than thin ones.
- **Lozenges.** For the sore throat from mouth breathing and the anesthesia tube. No herbal ingredients.
- **Humidifier.** Moist air makes mouth breathing more comfortable.
- **Neck pillow and wedge pillow, or a recliner.** You will sleep upright on your back.

TWO WEEKS BEFORE SURGERY

- **Pick up your prescriptions well ahead of surgery.** We send them to your pharmacy at least 2 weeks in advance. Open the bag well ahead of your surgery and make sure nothing is missing. Call us right away if your antibiotics or pain medication are missing.

THE NADERI ANTI-BLEEDING, ANTI-BRUIISING DIET

Starting 2 weeks before surgery, follow this diet strictly. It directly affects how much you bleed during surgery and how much you bruise and swell afterward. Dr. Naderi considers it one of the most important parts of your preparation. See the separate Foods to Avoid list.

- Read the diet and supplement restrictions every time you eat or drink. [Watch the diet video.](#)
- Starting 2 weeks before surgery, avoid aspirin, ibuprofen, naproxen, alcohol, and blood-thinning supplements. Check with your prescribing doctor before stopping any prescription blood thinner. Continue to avoid them for 2 weeks after surgery.
- Stop all nicotine (smoking, vaping, patches, gum) at least 2 weeks before surgery; 4 weeks is preferred.
- Moderate caffeine is fine; one cup of coffee or tea is acceptable.
- Protect your skin. Avoid sun exposure and any products or treatments that irritate it. Surgery may be cancelled if your skin is sunburned, irritated, or has a rash.
- Exfoliate the skin of your tip and nostrils. Get a facial with extractions, and use [Bioré pore strips](#) 2–3 days before surgery, to clean your pores and prevent pimples after surgery.

ONE WEEK BEFORE SURGERY

- **Start your Mupirocin (Bactroban) ointment.** With a Q-tip, apply a thin layer inside your nostrils 3 times a day to lower the chance of infection.
- Starting 1 week before surgery, spray hypochlorous acid (HOCl) on your nose and the surrounding skin 3 times a day as an antiseptic, keeping it out of your eyes.

THE NIGHT BEFORE & DAY OF SURGERY

- **Take two showers: one the night before surgery and one the morning of surgery.** Each time, wash your hair well and use antibacterial soap on your face and body. On the morning of surgery, wash your eyelids as well and rinse well.
- **Nothing to eat or drink after midnight the night before surgery,** or anesthesia will cancel your surgery. Hydrate well before midnight. If you must take a vital prescription medication, take it with a small sip of water.
- Prepare your recovery area at home with fluids, appropriate foods, and assistance. Set out pillows, blankets, your medications, and your pea packs.
- Review your arrival time and the location of the surgery center. Please do not be late.
- For men: shave your mustache and beard completely. This lowers infection risk, lets the anesthesia breathing tube be secured safely, and improves surgical precision.
- Wear loose, comfortable clothing that buttons or zips in the front. This keeps clothing from snagging your nose.
- Arrive without makeup, lotions, skin products, sunblock, deodorant, or hair products. No mascara, gel nail polish, press-on nails, wigs, or cosmetic creams.
- Remove jewelry and piercings. Do not wear contact lenses; wear your glasses instead.
- Remove hair extensions, weaves, braids, and lash extensions if possible. They can harbor bacteria.
- Arrange for a responsible adult to drive you home and stay with you initially. **You will not be released to an Uber or taxi.**

DAYS 1–7 AFTER SURGERY

- **Relax.** Rest your mind and your body. Too much movement or anxiety raises your blood pressure and causes bleeding. Sleep and recover. Do not analyze your “result,” stay off Google, do not take selfies, and do not ask others for their opinion.
- **Discomfort.** Severe pain is unusual, but expect pressure and discomfort: a congested, runny nose, stuffy sinuses, aching teeth, and plugged ears. A sore throat from the breathing tube usually lasts a few days and gets better.
- **Move gently.** Get out of bed and walk slowly around the room with assistance to prevent blood clots in your legs. When resting, move your legs and ankles regularly and take occasional deep breaths.
- **Cold compresses.** Use your pea packs on your eyes, cheeks, and forehead, **not on your nose**, without getting the cast wet: 20 minutes on, 20 minutes off. The first 3 days matter most. Never place ice directly on your skin.
- **Sleep.** Sleep on your back with your upper body elevated 45° or more, on 4–5 pillows, a neck pillow and wedge pillow, or in a recliner. Do not sleep on your side and **do not sleep flat**. Do this for at least 3–4 weeks; lying flat increases swelling and scar tissue.
- **Drip pad.** Bloody drainage is expected. Change the gauze as needed, as often as every 10–15 minutes at first; it slows over 2 days. Put a little Vaseline on each fresh gauze so it does not stick to the cast or tape. Stop using the pad when the drainage slows.
- **Cleaning your nose.** Starting the night of surgery, gently clean your nostrils 3–6 times a day with Q-tips soaked in diluted hydrogen peroxide, then apply a thin layer of Mupirocin with a clean Q-tip. Keep the nostrils clean and scab-free, but be gentle and do not go deep; digging can start a nosebleed. Do this yourself, and do not explore or look inside your nostrils. If you run out of Mupirocin, use Vaseline. **Do not use Aquaphor.** [Watch the cleaning video.](#)
- **Hypochlorous acid spray: on the outside.** Starting the day after surgery, tilt your head back and spray the base of your nose, around the nostrils and incisions, 3 to 6 times a day. Keep it out of your eyes. Some inside the nose is fine.
- **Saline spray: inside the nose.** Starting 3 days after surgery, squirt normal saline into each nostril at least 3 times a day, up to 6. Sniff gently; do not blow.
- **Cast.** Do not cut, pull, or trim the tape. If it starts to come off, email us a photo; we may re-tape your nose. Tell us if the skin becomes red, bumpy, or itchier, which can mean a tape allergy.
- **Stitches.** Do not cut, pick at, or remove them. They dissolve on their own, and Dr. Naderi may trim any that bother you at your visit.

- **Packing.** You may have absorbable Gelfoam, which is painless and is not pulled out; clean and lubricate as above. If you have true packing or clear stents, you may see a string. Do not cut it and do not go inside the nose. Keep a thick layer of antibiotic ointment over the nostril openings.
- **Showers.** You may shower from the neck down 48 hours after surgery, with lukewarm water. No hot showers and no baths; they cause swelling, bleeding, and fainting. Keep your face and cast dry until the night before your cast removal.
- Eat fresh pineapple, including the center core, or drink cold-pressed pineapple juice. Its bromelain helps reduce swelling.
- The more you ice, stay elevated, relax, and stay positive, the better you heal.

CAST REMOVAL (DAYS 5–10)

- **The night before and the day of.** Soak your face and cast for 20 minutes under a lukewarm, not hot, shower: once the night before and once the day of, so the cast comes off more easily and comfortably. Take a third shower if your skin is dry. Let the water run from the top of your head over your nose; do not let the spray hit your nose directly.
- Hydrate well, do not come on an empty stomach, and dress cool so you do not feel faint.
- Do not be nervous. Come with a positive attitude.
- **This is not your final result.** Everything will change. Your nose is swollen; do not over-analyze it. Avoid negative people, the internet, and photos.

AFTER CAST REMOVAL: THE NEXT 30+ DAYS

- **Saline and hypochlorous acid sprays.** Keep using both, 3 to 6 times a day. Saline inside your nose moistens clots; sniff gently and most of it drips back out. No blowing. Hypochlorous acid stays on the outside, around the nostrils and incisions.
- **Cleaning inside.** Continue to clean and lubricate as before, with one change: **stop the hydrogen peroxide 2 weeks after surgery.** Keep using your Mupirocin and your hypochlorous acid spray for the next 30 days. Dr. Naderi will tell you whether to cut back or be more thorough.
- **Cleaning your skin.** Wipe your nose often and gently, with no pressure, using cotton soaked in [2% salicylic acid toner](#). Do not let the skin get crusty. Your skin will be oilier and you may get pimples.
- **Sleep.** Stay elevated on at least 3 pillows.
- **Smiling.** Keep a stiff upper lip and limit smiling, laughing, and opening your mouth wide for a month, so the tip does not drop early. Avoid dentist visits for 3 months if possible.
- **Protect your nose.** Be careful around children, dogs, crowds, and hugs.

- **Taping.** If you have thick or oily skin, proper taping improves healing and results. Ideally tape around the clock for the first month, changing the tape carefully every 3–4 days, no more than twice a week. After that some patients tape only at night, for 1–6 months in all. Send us photos the first time you tape. [Watch the taping videos.](#)
- **Blowing and sneezing.** No nose blowing or wiping for a month; it can cause a nosebleed or dislodge grafts. You may sniff gently. Sneeze with your mouth open.
- **Nasal massage and nostril stents.** Dr. Naderi may ask you to massage your nose, wear nostril stents, or both, to help your nose heal symmetrically. Do these only as he directs. [Watch the nasal massage video.](#)



MEDICATIONS

- Start your antibiotics the evening of surgery, once your nausea has passed and you can keep food down. Take them as prescribed until finished, and tell us if you have any reaction. Take a probiotic as well for gut health.
- Use your prescribed pain medication, or Tylenol if pain is mild. Do not take the two together; most prescription pain medications already contain Tylenol. Take it with food to reduce nausea. Good pain control reduces bleeding.
- Do not exceed 4,000 mg of Tylenol (acetaminophen) in 24 hours.
- Some pressure and throbbing are expected. Take only as much narcotic pain medication as you need; it causes nausea and constipation.
- Start your Medrol steroid dose pack the day after surgery: 6 pills on the first day, then 5, 4, 3, 2, and 1 on the days that follow, until finished. If your pharmacy gives you the pills loose in a bottle, follow the same schedule.
- Use your nausea medication as needed, if prescribed. Nausea is common after general anesthesia. If you vomit, do not panic.
- Mupirocin ointment: start 1 week before surgery and continue after surgery. You have 3 refills.
- Begin a stool softener when you start narcotic pain medication. Do not strain during bowel movements. Do not wait until you are constipated. Hydration and gentle walking help.
- If you have a side effect from any medication, stop taking it and let us know right away so we can substitute it.

NUTRITION AND HYDRATION

- Eat as tolerated, in small bites. Soft foods are easier, because chewing may be uncomfortable and you cannot breathe well through your nose.
- Dark green leafy vegetables can help with bruising. Pineapple, especially the center core, contains bromelain, which helps reduce swelling.
- Continue the Naderi Anti-Bleeding, Anti-Bruising Diet for 2 more weeks after surgery.
- Milkshakes and protein shakes give you hydration and protein. This is not the time to diet or restrict calories.
- Drink 6 to 8 glasses of water or sports drinks a day, through a straw.

ACTIVITY AND RECOVERY

- Do not lift more than 20 pounds for the first month. No bending over or straining. Do not raise your blood pressure or heart rate.
- **No exercise for at least 4–6 weeks, until Dr. Naderi clears you.** No gym, running, biking, or long strenuous walks; a raised heart rate means more swelling and scar tissue. Slow, leisurely indoor walking is fine. Then build back slowly. No contact sports for 3 months.
- Most patients return to work or school after the cast comes off, depending on their job, face-to-face contact, and bruising.
- Avoid job interviews, on-camera work, and headshots for 1–3 months. Give yourself time to feel good about your result.
- Do not drive while taking narcotic pain medication or while you feel impaired.
- Do not fly for 7–10 days after surgery. Flying can increase swelling for the first few months, so avoid unnecessary flights during that time. Tape your nose whenever you fly during the first 6 months. If you traveled to us, we will re-tape your nose for your flight home.
- Avoid sun and heat for 3 months, and stay mostly indoors. Both increase swelling and scar tissue.
- **Avoid alcohol and hot tubs for 2–3 months after surgery.** Both increase swelling and scar tissue.
- No baths, hot tubs, or jacuzzis for 2–3 months. Do not put your head under water in a pool, lake, or ocean for 6 months, until the incisions inside your nose have fully sealed.

WHAT TO EXPECT AS YOU HEAL

RHINOPLASTY IS A LONG JOURNEY

What you do in the first 3 months makes a big difference to how well you heal. Partying, traveling, or returning to the gym too soon creates permanent scar tissue. Be patient and follow Dr. Naderi's instructions. The goal is 80% improvement; there is no such thing as perfect symmetry or perfect smoothness.

- **Swelling.** Your nose, cheeks, lips, forehead, and the area between your eyes will all be swollen, and your face may look odd to you. Some patients feel shock or panic, or cry; this is normal. Swelling gets worse after the cast comes off and changes by the hour, day, and month. Exercise, activity, sun, heat, flying, and alcohol make it worse. Major swelling takes up to a year to settle and 3–5 years to resolve fully, but most patients can enjoy their new nose after about a month.
- **Tip position.** Your tip should drop over the next few months. What you see at cast removal is not the final result, and it should not stay as upturned. No one can choose a precise tip angle.
- **Asymmetry.** Nothing on the face is perfectly symmetric. Minor asymmetries and slight irregularities where bone and cartilage heal are normal, and most are left alone. About 5% of patients need a minor touch-up after a year; temporary fillers can sometimes help instead. Some irregularities cannot be improved even with more surgery. Keep sight of the big improvement.
- **Bruising.** Bruising around the eyes is normal. Most of it fades in 3–4 weeks, turning from purple-blue to yellow-green.
- **Stiffness.** Your nose and smile will feel stiff at first and should loosen over weeks to months. Your nose will not be as soft as before; it has better structure.
- **A stuffy nose and mucus.** Both are expected. They are among the most common reasons patients call us after surgery, and they are a normal part of healing.
- **Breathing.** Swelling inside the nose restricts airflow, and one side may be easier than the other. Some patients breathe better in a few weeks; others take longer. A nasal steroid spray and nostril vents, starting a month after surgery, may help. Most patients end up breathing better than before, but not all.
- **Drainage.** Bloody drainage, thick mucus with bubbles, and clogged or popping ears and sinuses are normal and usually clear once you clean and use saline.
- **Skin.** Your skin may be crusty, dry, oily, or red, and you may get pimples.
- **Numbness.** The tip of your nose will be numb. This usually improves with time, though a little numbness may remain.

- **Incisions.** They are more visible at first. They usually improve with time but do not disappear.
- **Minor infections.** Minor infections of the incisions are not uncommon and may need an extra course of antibiotics. Call us if you see increasing redness, warmth, pus, or drainage.
- **Hyperbaric oxygen (HBO).** Some patients may benefit from HBO therapy after surgery to support healing.
- **Trust the process.** Do not seek second opinions or research online. Dr. Naderi will assess your healing and guide you.

If you are ever unsure, Dr. Naderi and our team are always available. Take a few clear, well-lit photos and email them to Surgery@NaderiCenter.com. For anything more urgent, please call the office so we get your message quickly.

DO NOT

- Do not be aggressive with Q-tips. Deep cleaning can start a nosebleed and may mean a return to surgery.
- Do not use Aquaphor in or on your nose. Plain Vaseline only.
- Do not wear sunglasses or goggles for at least 3 months. After a month, a [Rhinoshield](#) can help prevent dents from glasses.
- Do not wear an N95 mask for up to a year after surgery. It presses on your nose.
- Do not put pressure on the tip of your nose.
- Do not use Bioré strips for at least 6 months after surgery.
- Do not take selfies to compare your result with others, especially first thing in the morning, when you are most swollen.
- Do not take aspirin, ibuprofen, naproxen, or other blood thinners until Dr. Naderi says it is safe.
- Do not expect perfection.

CALL US RIGHT AWAY IF YOU HAVE

- Fever over 101°F
- Spreading redness, worsening swelling, warmth, pustules, pus, or increasing drainage
- Worsening pain not improving with medication
- A rash, or a reaction to a medication or to the tape or cast
- Lightheadedness that does not quickly pass, or severe vomiting
- One leg more swollen than the other

CALL 911 IMMEDIATELY FOR

- Chest pain
- Shortness of breath, or difficulty breathing even with your mouth open. (A stuffy nose on its own is expected.)
- Excessive bleeding: dressings soaked with bright red blood and needing a change more often than every 5 minutes, or bleeding from the mouth

REACH US

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