



Secondary Nasal Reconstruction and Cheiloplasty

After surgery, you may have one or all of the following: doyle splints in your nose, a splint over the outside of your nose, stitches on the lip and inside the nose.

Nasal Cleaning

You will have dissolving stitches inside the nose. These will come out on their own, but need to be kept clean with half strength peroxide (half peroxide and saline or bottled water) by soaking cotton swab in solution and then circling that inside the nostrils. If the area becomes exceedingly crusted you can follow each cleaning with small application of antibiotic ointment along sutures. Patients typically have a lot of nasal drainage and congestion following surgery. You can control this with saline nasal spray irrigation.

Intranasal Doyle Splints

Doyle splints are silicone tubes that are secured inside the nose with a stitch. You will want to keep the insides of the tubes clean and free of excess mucous and bloody drainage by spraying saline nasal spray inside both nostrils 4-5 times per day. You will also want to clean around the base of both nostrils with half strength peroxide (half saline or bottled water and peroxide), by soaking cotton swab in solution and then circling that inside the nostrils, to clean any excess drainage or crusting away from the nose and/or splints; reducing risks of infection and also making the removal much easier on the patient. You will have an appointment to have these splints removed with the doctor 2 weeks after surgery. Please take pain medicine prior to this appointment. Although it is not a painful procedure, it is awkward and uncomfortable for a few minutes. Following this procedure you will need to continue using saline nasal spray, one brand is called Ocean Spray. You should spray inside each nostril 4-5 times per day. Do not blow your nose until released by the doctor.

Nasal Splint

The nasal splint is used to keep the nose straight and in place while it heals. It is extremely important that you do not move, remove or alter the splint. One week after surgery, you will come back to have the splint over your nose changed. At that time, we will look at your nose to ensure that everything is healing appropriately. In most cases, we may need to replace the splint for another week. Once the splint is removed you will need to wear tape across the bridge of your nose for several weeks. This helps with swelling and serves to protect the nose and its shape. Again it is very important that the tape is worn as directed by the doctor

Lip Care

You may also have stitches or Dermabond (skin glue) on the lip and outside the nose area. It is important to clean the lip **if there are only sutures** in the area with a cotton swab and half strength hydrogen peroxide and saline, to keep it free of scabs and crusting. This will help the incision line heal and avoid infection. The office will remove non-absorbable stitches in 5-7 days. **If there is Dermabond** (skin glue) on the lip incision instead of stitches, you do not need to clean this area, but still need to clean the nose. Keep all ointments and lotions off. The glue will begin to dry and flake off the area approximately 7-10 days after surgery, do your best not to pick this area and let the glue run its own course.

Scar Care

Once the stitches are removed or glue has come off, you will need to wear paper tape across the incision all day for 3 months. This will protect the scar from the sun and also holds pressure on the scar, helping it from becoming raised as it heals. 2-3 weeks after surgery you will also need to start massaging the scar above the lip for 3-4 times per day 2-3 minutes per session for at least 3 months or until scar is soft. This will help keep the knot from forming underneath the skin and prevent the scar from contacting, pulling the lip up towards the nose. Use of over the counter scar creams can also be used, such as Mederma, Vitamin E oil or Castor Oil. Please ask clinical staff for samples or instruction.

General

1. Do not wear glasses on the nasal bridge following surgery; until otherwise instructed by your physician. If contact lenses are unavailable, you may tape the bridge of the glasses rim up to the forehead; preventing any pressure on the nose itself.
2. No sun exposure to lip and/or nose without tape or SPF of 45 or greater.
3. No contact sports or vigorous activity for three months.
4. No swimming under water for 3-4 weeks.