



# Rhinophyma Post-Operative Instructions

Following these post-operative instructions will help ensure a smooth recovery and minimize scarring after your surgery with Dr. Kevin Caceres. Adhering to these guidelines can significantly enhance the healing process and improve the overall outcome of your surgery.

**1. What to expect Post Operation:**

- Bruising and Swelling: It is normal to have bruising and swelling after surgery

**2. Call Provider or Visit the Nearest Emergency Room:**

- Severe bruising or swelling
- Severe pain that is not controlled by prescribed medication
- Severe bleeding

**3. Wound Care:**

- Apply antibiotic ointment: Apply antibiotic ointment 2-3 times daily
- Keep the Incision Clean and Dry: Use mild soap and water if instructed, and pat the area dry with a clean towel.
- Dressings: Keep the wound covered as recommended to protect it from bacteria and dirt.
- Avoid Picking or Scratching: Do not pick at scabs or scratch the incision area, as this can lead to infection and increased scarring.

**4. Activity Restrictions:**

- Rest and Avoid Strenuous Activities: Give your body time to heal by avoiding heavy lifting (20 lbs.), vigorous exercise, and activities that could strain the surgical area for at least two weeks post operation.
- Gradual Return to Normal Activities: Gradually resume normal activities. Most patients take about a week off work or school. Patients returning to work must avoid heavy lifting and discontinue narcotic pain medication.
- Do not drive if taking narcotic pain medication.

**5. Medication Adherence:**

- Pain Management: Take prescribed pain medications directed to manage discomfort without overuse.
- Antibiotics: Complete the full course of prescribed antibiotics to prevent infection.
- Other Medications: Follow instructions for any other medications prescribed, such as anti-inflammatories, anticoagulants, or antiemetics.

**6. Diet and Hydration:**

- Healthy Diet: Eat a balanced diet rich in vitamins and minerals to support the healing process. Include plenty of fruits, vegetables, lean proteins, and whole grains.
- Hydration: Drink plenty of water to stay hydrated, which aids in the healing process.

**7. Avoid Smoking and Alcohol:**

- No Smoking: Avoid smoking, as it can significantly impair healing and increase the risk of complications.
- Avoid Alcohol: Avoid alcohol consumption for at least two weeks post operation, as it can interfere with medications and the healing process.

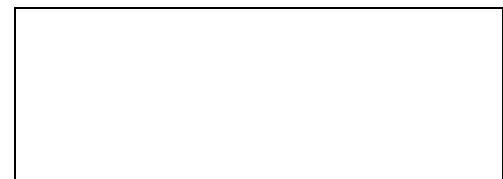
\_\_\_\_Patient Initials

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## 8. Scar Management:

- Scar Treatments: Once the incision has healed, you may be advised to use scar treatments such as silicone gel sheets, scar creams, or ointments to minimize scarring.
- Massage: Gently massaging the scar as directed can improve circulation and reduce scar tissue buildup.
- Sun Protection: Protect the incision area from sun exposure. Use sunscreen or keep the area covered to prevent the scar from becoming darker and more noticeable.

## 9. Follow-Up Appointments:

- Attend All Scheduled Visits: Keep all follow-up appointments with Dr. Caceres to monitor your healing progress and address any concerns.
- Report Complications: Contact our office immediately if you experience signs of infection (e.g., increased redness, swelling, warmth, or drainage), excessive pain, or any other unusual symptoms.

## Additional Tips

- Comfort Measures: Use ice packs as directed to reduce swelling and discomfort. Elevate the surgical area if recommended.
- Clothing: Wear loose, comfortable clothing that does not rub or irritate the surgical site.
- Emotional Well-being: Take care of your emotional health by getting adequate rest, managing stress, and seeking support from family and friends.

For any questions or concerns during your recovery, please contact our office at 727-870-3223 or email us at [tc.ent.contact@entaaf.com](mailto:tc.ent.contact@entaaf.com). We are dedicated to supporting you throughout your recovery and ensuring the best possible outcome from your surgery.

**MY SIGNATURE BELOW INDICATES I HAVE READ, UNDERSTAND, AND AGREE TO FOLLOW THE POST OPERATIVE INSTRUCTIONS STATED IN THIS POLICY.**

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Patient / Agent / Guardian Signature

\_\_\_\_\_  
Date Signed

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