

# Grupo CHRISTUS MUGUERZA®

*Information about:*

**Rhinoplasty**

**For International Patients**

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## Rhinoplasty

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Rhinoplasty is a cosmetic surgical procedure which is usually performed by Plastic Surgeon in order to improve the function (reconstructive surgery) and/or the appearance (cosmetic surgery) of a person's nose. Rhinoplasty can be performed to meet aesthetic goals or for reconstructive purposes to correct birth defects or breathing problems.

### Surgical Indications

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- A nose which does not “fit the face” whether due to birth, trauma or disease.
- Breathing problems associated with cartilage and/or bone obstruction inside the nose (deviated septum).
- A chin implant may be needed to bring the nose and chin into proportion to facial features.
- Your nose appears too large for your face.
- There is a bump on the nasal bridge when viewed in profile.
- Your nose seems too wide when viewed from the front.
- The nasal tip droops or plunges.
- The tip is thickened or enlarged.
- Your nostrils are excessively flared.
- Your nose is off-center or crooked.
- Previous injury has made your nose asymmetrical.
- Conditions that may necessitate rhinoplasty can be divided into congenital and acquired etiologies.
- Congenital etiologies include the following:
  - a) Cleft lip or palate nasal deformity.
  - b) Congenital nasal anomalies.
  - c) Ethnic or genetic characteristics
  
- Acquired etiologies include the following:
  - Traumatic deformities: nasal fractures, nasoorbitoethmoidal fractures, septal hematomas, bites and burns.
  - Infections (eg, syphilis).
  - Malignancies
  - Allergic and vasomotor rhinitis
  - Inflammatory conditions
  - Connective-tissue diseases
  - Autoimmune diseases

## Suggested studies and indications for case examination

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### Laboratory Results:

Complete Blood Count (CBC)

### Radiological Results:

\* No specific imaging studies are obtained unless indicated for assessment of related pathology.

In patients over 40 yr:

Chest x ray

EKG

\*Preoperative studies no more than 2 months old

### Others:

Photos (front, back, and both side views of the target areas).

### History and Physical Medical Records

- Medical History completed by patient (Medical Questionnaire)
- With actual medication (complete type and dose)

### Which characteristics discard the patient or makes it high risk patient (cases where additional or special care or procedures will be needed):

**Patient discarded by having:** intranasal substance abuse (eg, cocaine), psychological or psychiatric instability, comorbid medical conditions that preclude surgical clearance, preoperative diagnosis of nasal dysfunction (with or without aesthetic deformity) that may be better treated with a closed approach (ie, septoplasty for airway obstruction) or medical management, patient refusal of external scar, unrealistic patient expectations, previous rhinoplasty within the last 9-12 months (applies only to major rhinoplasties), poor perioperative risk profile and history of too many previous rhinoplasties, resulting in an atrophic skin–soft tissue envelope and significant scarring.

**High risk patient by having:** Cardiovascular or respiratory diseases, patients who smoke or have diabetes, or asthma have significantly higher complication rates.

### Criteria for Postponement of Procedure:

- Skin infection, respiratory diseases

### Preop tests required:

- Complete Blood Count (CBC)
- Prothrombin time (PT)
- Partial thromboplastin time (PTT)
- Serum chemistry

### Instructions before procedure:

- 1) Patients who take blood thinners (e.g., warfarin [Coumadin]), clopidogrel (Plavix), aspirin or anti-inflammatory medications should stop taking these medications at least two weeks before surgery.
- 2) Vitamin E and Vitamin C should be stopped for 3-4 weeks pre-op due to potential for increased bleeding and impairment of clotting.
- 3) Stop any homeopathic or herbal medicine (herbal teas; Ginseng, St.John's Wort) for at least 4 weeks pre-op, because they are unregulated regarding side effects, and many may impair clotting, or interfere with serum chemistry pre-op.
- 4) Do not drink alcohol for 24 hrs. pre-op
- 5) Patients who have diabetes and who take insulin should take half their normal dose on the day of surgery. They shouldn't take any other medications to lower their blood glucose.
- 6) If you smoke, plan to quit at least three weeks before your surgery and not to resume for at least two weeks after your surgery.
- 7) The day before surgery: nothing to eat or drink after midnight
- 8) Wash your hair and face the night before surgery, in addition to shower/bathing
- 9) Wear no makeup the day of surgery
- 10) Avoid tight clothing or clothing which must be pulled over your head, for at least 2 weeks.

## Sample Schedule

**Length of Examination:** 2-4 hrs, 1 night at hospital

### Sample Schedule:

Day 1	AM	Departure
	12PM	Arrival to Monterrey
	4PM	Consultation with plastic surgeon at his office
	6PM	Pre op studies at Christus Muguerza Alta Esp.
	7PM	Studies are left at general surgeon's office; confirmation of procedure by phone or in person; hotel stay
Day 2	10AM	Procedure takes place; hospital stay
Day 3	AM/PM	Hotel stay
Day 4	AM/PM	Hotel stay
Day 5	AM/PM	Hotel stay
Day 6	10AM	Consultation with Plastic surgeon
	12PM	Patient may depart if cleared by the doctor

### Discharge Instructions

- Limit your activity sharply during the first week following surgery.
- You are encouraged to walk about the house, but avoid bending at the waist or picking up heavy objects. If you overexert yourself, bleeding may result.
- When you rest or sleep, keep your head elevated on 2-3 pillows and try to avoid turning on your side. Keep your emotions under control. It is not unusual to feel a bit depressed for a few days after surgery. This quickly passes as you begin to look and feel better.

- Restrict your diet to plenty of fluids and easily chewable foods. Hard to chew foods (like steak) should be avoided for one week.
- Swelling for at least two weeks will obstruct your nasal passages. A humidifier may help you sleep by allowing you to breathe through your mouth more comfortably. Do not blow your nose or sniff excessively as this will only irritate the healing tissues. If you must sneeze, open your mouth.
- You probably will hit your nose one or more times during the first week. This will hurt, but will cause no problem unless the force is excessive.
- Cover the nasal cast so that it remains dry.
- Avoid cigarette smoking or even being in an area of excessive smoke as this irritates the nasal tissue and impedes healing.
- Also, avoid alcoholic beverages the first two weeks following surgery as this may increase your chances of bleeding.
- Activity: slowly resume your activity. After the first week, let your body tell you how much to do. Strenuous exercise may be resumed in 5-6 weeks. Build up to this level slowly. Semi-contact sports are to be avoided for four to six months.
- Swimming is allowed after six weeks. Do not let your nose become sunburned for six months after surgery. This may result in prolonged swelling and erythema (redness).
- When outside, wear sunscreen with a SPF of at least 15.
- The first day or two, you will have some bleeding. Do not swallow the blood, as it will make you nauseated. Most patients complain more of discomfort from nasal and sinus congestion than from pain.
- Any pain should be controlled with the prescribed medication. After the first day, the pain may subside enough so the prescribed pain medications may be sufficient. If not, call our office and we will prescribe a stronger medication.
- Swelling and bruising about the eyes and cheeks is variable. Swelling maximizes at about two days then subsides over the next week. This will clear completely and will not adversely affect the result. Bruising (discoloration) may persist a few days longer.
- Remember, this will all subside in time and has no bearing on your final result.
- If you have profuse nasal bleeding after this time, immediately lie down with your head elevated on 3-4 pillows. Iced washcloths on the back of the neck and over the eyes may help. Using nasal decongestants (such as Afrin) as directed will often help with bleeding.
- Avoid medications such as Vitamin E, aspirin or ibuprofen for 2-3 weeks. Pain medication will be prescribed. Take it as needed.
- Avoid driving or performing hazardous activities while taking this medication. If the prescribed medication does not control your symptoms, please let us know. Nausea may occasionally be related to the above medication.
- Taking the medication with food may help alleviate the nausea.
- Infection is unusual after rhinoplasty, but occasionally occurs. Fever over 100 ° F, excessive pain and swelling with redness may signify a developing nasal infection and should be reported. Infections generally clear up quickly with appropriate antibiotic treatment.
- The cast and any sutures will be removed after one week. Brown paper tape will then be applied to your nose.
- Brush teeth gently with a soft toothbrush only. Avoid manipulation of upper lip to keep nose at rest.
- Wear clothing that fastens in front or back for 1 wk. Avoid slipover sweaters, T-shirts and turtlenecks.

- Avoid sun or sun lamps for 6 weeks after surgery; heat may cause the nose to swell. Thereafter, use sunscreens.
- Don't swim for one month, since injuries are common during swimming.
- Do not wear regular glasses or sunglasses which rest on the bridge of the nose for at least 4 weeks. We will instruct you in the method of taping the glasses to your forehead to avoid pressure on the nose.
- The rest of instructions will be specified in discharge instructions form.

#### **Follow-up Protocol from Remote Provider:**

- The patient will be able to call the remote provider to answer any questions.
- Make sure the local plastic surgeon writes a confirmation email to the remote provider about the patient's progress.

## **How do I get started?**

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1. Choose your surgeon, package and preferred travel dates. Please contact us if you need any additional information.
2. Fill out the **Medical Questionnaire** and the **Contact Information**
3. You can send them to us by:
  - Email [internationalpatients@christusmuguerza.com.mx](mailto:internationalpatients@christusmuguerza.com.mx)
  - Fax: +52 81 8155 5151 to Medical Travel Department
  - Mail to the following address:

**CHRISTUS MUGUERZA MEDICAL TRAVEL**  
*Carretera Nacional 6501 Col. La Estanzuela  
Monterrey, NL, Mexico CP. 64988*
4. Please let us know:
  - a) if you have any pictures, tests or studies relevant to your condition
  - b) the physician you selected and
  - c) the date(s) you would prefer to have your procedure done
5. All this information will be reviewed by our medical team to determine if you are a candidate for surgery
6. One of our CSRs (Customer Service Representatives) will contact you to let you know the final review of your case, program a conference call with the surgeon if needed, inform you about travel arrangements and visas, and answer any additional doubts you may have.
7. Make payment and confirm
8. All this information will be reviewed by our medical team to determine if you are a candidate for surgery
9. Your assigned representative will confirm consultation and surgery dates and coordinate with you to make all travel arrangements

## Contact Information

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