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WHAT TO EXPECT GUIDE SERIES

Rhinoplasty

What to Expect?

BEFORE · DURING · AFTER

20-PAGE PATIENT GUIDE · 2026

A functional septorhinoplasty guide balancing nasal shape, breathing, anatomy, and long-term recovery.

BİLGİLENDİRİCİ

GÜNCEL

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INFORMATIVE

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RELIABLE

HA

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How to use this guide

Medical note

This guide does not replace an examination or an individual treatment plan. Medication, surgery, injection, and travel decisions should follow your own clinician's written advice.

Patient Guide

- Read the guide in three phases: preparation, procedure day, and recovery.
- Share reports, medication list, allergies, and previous procedures with your clinician.
- Make expectations concrete with photographs, functional goals, and quality-of-life priorities.
- Use the final checklist to track warning signs and follow-up appointments.

Prof. Dr. Özdoğan approach

- Function and safety come before aesthetic preference.
- The plan is personalised to anatomy, risk, and patient goals rather than a standard package.
- Expected result range, recovery timeline, risks, and alternatives are explained in writing.
- For international patients, travel, language support, secure data exchange, and remote follow-up are planned early.

KVKK/GDPR-compliant handling of medical files and photographs is essential.

Expectation Map

Before

- Nasal endoscopy, septum-turbinate assessment, nasal valve testing, and CT planning when needed are completed.
- Standardised pre-op photos are taken; goals are discussed around breathing, profile, tip, and facial balance.
- Smoking, alcohol, blood thinners, and uncontrolled allergic rhinitis may affect healing; do not stop medication without clinician guidance.
- International patients usually arrive one day before surgery and stay 5-7 days for control visits.

EXPECTATION IN ONE SENTENCE

Functional rhinoplasty evaluates external shape, septum, nasal valve support, and breathing quality together.

During

- Under general anaesthesia, open or closed technique is chosen according to case complexity.
- The septum is corrected; cartilage grafts may reinforce nasal valve and tip support.
- Bone-cartilage shaping follows natural facial proportions; aggressive reduction is avoided because it can harm breathing.
- Silicone splints or an external cast may be part of the plan; classic gauze packing is usually avoided in modern protocols.

After

- During week 1, swelling, pressure, bruising around the eyes, and congestion are expected; pain is usually mild to moderate.
- Cast/splints are removed around days 7-10; social return is usually possible within 10-14 days.
- For 3 weeks avoid intense exercise, heat, swimming, and activities with risk of nasal impact.
- Results clarify by month 3 and are judged at month 12; revision discussion usually waits 12 months.

Clinical Picture

- Functional rhinoplasty evaluates external shape, septum, nasal valve support, and breathing quality together.
- The goal is not a single photo result, but natural appearance, comfortable airflow, and long-term cartilage stability.
- Most visible change is present by month 3; tip definition and skin-cartilage adaptation continue up to 12 months.

CLINICAL CONTENT STANDARD



Prof. Dr. Hasan Ahmet Özdoğan · KBB ve Baş-Boyun Cerrahisi

Internal quality target: 98/100

Pricing is shared in writing after personal assessment, scope, and product/procedure planning.

Who Is a Candidate?

Good-fit profile

- Patients with a clear, examinable need or goal for Rhinoplasty.
- People willing to discuss expectations through photos, function, and recovery time.
- Patients without uncontrolled systemic disease, or whose condition is stabilised with the relevant specialist.
- Patients able to follow aftercare instructions and attend follow-up.

Pause / reassess

- A goal based only on a social-media filter or copying another person's result.
- Active infection, uncontrolled bleeding risk, or situations where postponement is advised.
- Inability to accept recovery time or attend control visits.
- Seeking a rushed decision without understanding risks and alternatives.

Before: Diagnosis and Goals

- Nasal endoscopy, septum-turbinate assessment, nasal valve testing, and CT planning when needed are completed.
- Standardised pre-op photos are taken; goals are discussed around breathing, profile, tip, and facial balance.
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Before: Preparation Checklist

- Complete a baseline NOSE score or similar nasal-obstruction questionnaire.
- List allergy, sinusitis, trauma, and previous nasal procedures with dates.
- Prepare front, profile, oblique, and basal photos in consistent light.
- Adjust glasses, sports, and flight plans around the first 6 weeks.
- Collect ID/passport, previous reports, imaging, and lab results in one file.
- Write medication, allergy, supplement, smoking, and alcohol information completely.
- Plan work/travel around the recovery intervals.
- Confirm companion, transport, and first-night accommodation details.
- Do not stop aspirin, blood thinners, hormones, or regular medication without approval.
- Discuss realistic result photos and examples you want to avoid before the procedure.

Questions to ask at consultation

- Do I have a nasal-valve problem; if yes, what graft or support is needed?
- If open technique is chosen, where is the scar and when does it fade?
- If my septal cartilage is insufficient, might ear or rib cartilage be needed?
- How will my skin thickness change the result timeline?
- What is my indication for this procedure; is there a reasonable scenario where I should not proceed?
- Which goals are realistic, and which are limited by my anatomy?
- What is expected in the first 24 hours, first week, and first month?
- Which medications, supplements, or habits should I temporarily change?
- If I suspect a complication after hours, who do I contact and through which channel?
- Which photo angles and follow-up dates will be used for monitoring?

Procedure-Day Flow

1

Admission and identity check

2

Final examination, photos, and marking

3

Anaesthesia / local preparation

4

Procedure performed

5

Early observation and discharge plan

6

Written aftercare and contact channel

For appointment and preliminary review, contact the clinic by WhatsApp or email.

PROCEDURE-DAY REMINDERS

- Fasting or no-fasting rules are confirmed in writing according to anaesthesia type.
- Do not make last-minute medication changes; leave decisions to the clinical team.
- Limit valuables and avoid makeup/perfume where relevant.
- Do not drive after discharge; arrange a companion or transfer.

During

- Under general anaesthesia, open or closed technique is chosen according to case complexity.
- The septum is corrected; cartilage grafts may reinforce nasal valve and tip support.
- Bone-cartilage shaping follows natural facial proportions; aggressive reduction is avoided because it can harm breathing.
- Silicone splints or an external cast may be part of the plan; classic gauze packing is usually avoided in modern protocols.

Prof. Dr. Özdoğan approach

The key determinant during the procedure is choosing technique by anatomy and safety boundaries, not by trend.

Expected

- Sleepiness after anaesthesia
- Pressure, tightness, or mild nausea
- Limited movement and observation during early hours

Team checks

- Bleeding and airway check
- Pain, nausea, and vital-sign monitoring
- Written confirmation of discharge criteria

Safety Controls

- Right patient - right procedure - right side/area check.
- Medication and allergy list reconfirmed before treatment.
- Sterility, product/implant lot information, and device safety recorded.
- Specific controls for bleeding, airway, vascular, nerve, or infection risk.
- Written urgent contact and expected-symptom list before discharge.
- Airway, septum, turbinates, and valve are checked in one plan.
- Cartilage support is preserved for stability rather than over-reduction.
- Early observation includes swelling and bleeding around the eyes.
- Cast removal and internal cleaning control dates are confirmed.

After: First 24 Hours

- During week 1, swelling, pressure, bruising around the eyes, and congestion are expected; pain is usually mild to moderate.
- Cast/splints are removed around days 7-10; social return is usually possible within 10-14 days.
- Sleep with head elevated and avoid bending forward.
- Do not place fingers, cotton swabs, or unapproved products inside the nose.
- Light oozing can be expected; active flow or clotted bleeding should be reported.
- Do not stay alone the first night; keep discharge instructions and urgent numbers visible.
- Report pain, bleeding, breathing, or vision symptoms that exceed expectations without delay.

After: First Week

- Continue saline irrigation at the frequency shown by the clinic.
- Do not judge the result before cast removal; swelling remains normal afterwards.
- Glasses pressure, heavy lifting, and heat can increase swelling.
- Do not delay control visits; early issues are often managed with small adjustments.
- Track swelling, bruising, crusting, or tenderness with photos even when they seem expected.
- Unless instructed, do not massage, press, or self-apply products/medication to the area.
- During week 1, swelling, pressure, bruising around the eyes, and congestion are expected; pain is usually mild to moderate.
- Cast/splints are removed around days 7-10; social return is usually possible within 10-14 days.

After: Long-Term Follow-up

- For 3 weeks avoid intense exercise, heat, swimming, and activities with risk of nasal impact.
- Results clarify by month 3 and are judged at month 12; revision discussion usually waits 12 months.
- Day 0-3: swelling and bruising peak; rest with head elevation.
- Day 7-10: splint/cast control and first view of shape.
- Week 3-6: social appearance improves; heavy sport returns gradually.
- Month 3: most change is visible; the tip may remain swollen.
- Month 12: final photo and functional assessment.

Prof. Dr. Özdoğan approach

Long-term satisfaction depends not only on technical success, but also on photo follow-up, aftercare discipline, and realistic expectations.

Risks and Complications

- Bleeding, infection, persistent obstruction, smell change, asymmetry, skin-cartilage adaptation problems, revision need.

Urgent warning signs

- Increasing one-sided swelling or bleeding
- Fever above 38°C
- Vision changes
- Severe one-sided pain
- Shortness of breath or fainting

Risk-reduction practices

- Nicotine cessation plan
- Saline-care adherence
- Avoid impact sports
- Allergy and sinusitis control

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International patient pathway

- Existing reports, photographs, and medication list are shared through a secure channel.
- After preliminary review, the written plan, risks, and estimated stay are sent.
- Travel is arranged to include control visits; return date is confirmed after clinician review.
- After discharge, symptoms and photographs are followed by WhatsApp or email.
- If needed, a summary can be coordinated with your local clinician.

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Frequently Asked Questions

Will packing be used?

Most modern plans use airway silicone splints rather than classic gauze packing.

When will breathing improve?

Early weeks vary due to swelling; noticeable improvement often starts within 3-6 weeks.

Is the result permanent?

With stable cartilage and bone support, results are long-lasting; ageing and trauma can still affect the nose.

Will my nose become too small?

The plan follows facial proportion and breathing; aggressive reduction is avoided because it can weaken valve support.

Can smell change?

Temporary reduction can occur from early congestion; permanent change is uncommon but should be discussed.

When can I fly?

International patients often fly after the day 5-7 control; higher-risk cases may need longer stay.

This material is for patient education; diagnosis and treatment are determined by personal assessment.

Short checklist

- I understand my indication and alternatives.
- I adjusted work/travel plans for recovery time.
- I provided medication and allergy list in writing.
- I saved urgent warning signs and contact channel.
- I added follow-up visits to my calendar.
- I know the standard angles for photo follow-up.
- I understand pricing is written after personal planning.
- I will apply my risk-reduction steps: Nicotine cessation plan, Saline-care adherence, Avoid impact sports, Allergy and sinusitis control.
- I will save the discharge note and prescription digitally the same day.
- I can distinguish expected symptoms from urgent warning signs.

Sources and clinical transparency

CONTACT

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SOURCES AND CLINICAL TRANSPARENCY

- Prof. Dr. Hasan Ahmet Özdoğan - Functional Rhinoplasty: <https://profdrhasanahmetozdogan.com/rinoplasti> (accessed 2026-06-10)
- AAO-HNS Clinical Practice Guideline: Improving Nasal Form and Function after Rhinoplasty: <https://www.entnet.org/quality-practice/quality-products/clinical-practice-guidelines/improving-nasal-form-and-function-after-rhinoplasty/> (accessed 2026-06-10)
- AAO-HNS Position Statement: Nasal Valve Repair: <https://www.entnet.org/resource/position-statement-nasal-valve-repair/> (accessed 2026-06-10)

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Thank You

The goal in Rhinoplasty decision-making is to bring safe clinical assessment and realistic expectation to the same table.

Next steps

- Prepare current reports and photographs for preliminary review.
- Summarise medication/allergy list and your goal in one message.
- If suitable, a written plan, stay duration, and follow-up schedule are shared.
- Keep this PDF in your personal notes until the control visit.

For appointment and preliminary review, contact the clinic by WhatsApp or email.

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