



Patient information

Reduction of Rhinophyma

Ear Nose and Throat Speciality

Your consultant / doctor has advised that you have reduction of your Rhinophyma.

What is Rhinophyma?

Rhinophyma is thickening of the skin on your nose.

What does reduction of Rhinophyma involve?

This is an operation to reduce the thickened skin of your nose, which will involve the use of either debridement or a laser instrument to remove the excessive thickening of your skin. The procedure is usually done as a day case. It may be done under a general or local anaesthetic; you will be advised of this.

You will require an escort home, access to a telephone and someone with you overnight if you have a general anaesthetic.

What are the benefits of having reduction of the skin on your nose?

This will improve the cosmetic appearance of your nose when fully healed. Initially the area will appear reddened and some scabbing will occur, this will resolve in a couple of weeks.

What are the risks of having reduction of Rhinophyma?

- Pain you will be given painkilling tablets to take these may be dissolvable to assist you to swallow them.
- **Bleeding/ Infection -** you will have a dressing on your nose, please ensure this remains clean and dry to prevent infection.
- Swelling you may get some swelling this will settle.
- **Scarring -** might be long-term result of the procedure.
- **Delayed healing –** Your wound will be raw/dry and heal slowly over a period of a few weeks.
- **Discolouration of operating site -** the skin on your nose may be different in colour until it heals properly.

You may change your mind about the operation at any time, and signing a consent form does not mean that you have to have the operation. If you would like to have a second opinion about the treatment, you can ask your specialist. He or she will not mind arranging this for you. You may wish to ask your own family doctor (GP) to arrange a second opinion with another specialist.

Are there any alternative treatments available?

There are no known alternatives.

What will happen if I decide not to have treatment?

The problem will remain unchanged or it is possible that your skin will continue to thicken.

What sort of anaesthetic will be given to me?

This procedure is usually performed under general anaesthetic.

General anaesthesia is drug-induced unconsciousness: an anaesthetist, who is a doctor with specialist training, always provides it.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain. Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the leaflet "You and Your Anaesthetic" (PIF 344).

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your Consultant or a member of their team.

Getting ready for your operation

- If having a general anaesthetic you will be seen in the pre-assessment clinic before you are admitted to hospital. Here you may have blood tests, or heart trace if necessary. You will be assessed to see if you are fit for an anaesthetic.
- The nurse practitioner will ask routine questions about your health, the medicine you take at the moment and any allergies you may have.
- You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.

The day of your operation

- You will come into hospital the day of your operation.
- Before your general anaesthetic, you must not eat for a minimum of six hours or drink for a minimum of three hours. You will be told when this is to start.
- Please leave cash and valuables at home. If you need to bring any valuables into hospital with you, a nurse can lock these away for you at your request. The Trust cannot accept responsibility for any items not handed in for safekeeping.
- You will be asked to remove jewellery; plain rings can be worn but will be taped.
- Please leave body piercing at home. False nails and nail varnish will need to be removed.
- Please do not wear makeup.
- If you are on regular medication you will be advised as to whether you should take it.
- You will be asked to put on a gown and disposable underwear. You may bring in with you a
 dressing gown and slippers.
- A bracelet with your personal details will be attached to your wrist.
- A porter will take you to the operating theatre.
- If you have dentures, glasses or a hearing aid they can stay with you on your journey to the
 operating theatre. They will be removed whilst you are in the anaesthetic room and kept with
 you until you arrive in the recovery area. Once you are wake they can then be put back in
 place.
- When you arrive in the theatre waiting area, a nurse will check your details with you and you will then be asked to put on a disposable hat.
- You will then be taken to the anaesthetic room.

What should I expect after my operation?

- After your operation you will be kept in the recovery room in theatre before being transferred to your ward.
- A nurse will check your pulse, blood pressure, breathing and wound regularly.
- It is important that if you feel any pain you must tell the nursing staff, they will give you painkillers to help.
- The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can
 make some people sick. If you feel sick we advise you not to drink until this feeling goes. The
 nursing staff will offer you an injection to take the sick feeling away.

The first time you get out of bed please ask a nurse to accompany you, as you may feel dizzy.

Going Home

If you have had a general anaesthetic and/or sedation, you must have a friend or relative to take you home and have a responsible adult to stay with you for twenty four hours.

For next 24 hours you must not

- Travel alone.
- Drive a car or ride a bicycle.
- Operate machinery (including domestic appliances such as a kettle).
- Climb ladders.
- Make important decisions, sign any business or legal documents.
- Drink alcohol.
- Return to work within 12 hours of treatment. Your general health and any. medicines you are taking may increase the time you need off work.

You should

- Take it easy for the rest of the day, avoid strenuous activity.
- Take your medications as usual.
- Let someone else care for anyone you usually look after, such as children or elderly or sick relatives.

Discharge Information

Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home.

Getting back to normal

It is normal to feel more tired than usual for a few days. You should eat and drink normally.

Returning to work

You will be advised how long you will need to recover before returning to work.

You can self-certify for the first seven days of sickness, after this a medical certificate (fit note) may be issued by the hospital doctor to cover the expected time you will need after discharge.

Further Appointments

An outpatient appointment will be arranged and sent out to you.

Feedback

Your feedback is important to us and helps us influence care in the future

Following your discharge from hospital or attendance at your Outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated

Patient Notes:

Further information

If you have any further questions, or require further information, please contact the ward where you had your surgery or the Nurse Practitioners. ENT Nurse Practitioners

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