

LATERA[™] ABSORBABLE IMPLANT: **POST-PROCEDURE REMINDER**

Patient Name:_____ Implantation Date: _____

You have received the LATERA[™] absorbable implant. The implant supports the upper and lower lateral nasal cartilage and absorbs over a period of approximately 18 months.

Your doctor spoke with you about the importance of not manipulating your nose during the healing period. A reminder of that discussion is below.

Recovery period will vary based on the individual procedure and the patient. Many people do not have much discomfort but every patient is dierent. As with any nasal procedure, you may experience some temporary swelling which could have a positive or negative impact on your breathing.

Contact your doctor if you have any questions, concerns or comments about your implant.

WEEK 1	WEEK 2	WEEK 3 & WEEK 4
Do not pinch or blow your nose		
Avoid moving your nose side to side		
Avoid aggressive or unnecessary ma	nipulation of your nose	
Avoid strenuous activity		
Try to sneeze with your mouth open		
Do not place a tissue or other object	inside your nose	

Notes: