LATERA" Absorbable Implant: Post-Procedure Reminder



Patient Name:	Implantation Date	e:
You have received the LATERA absorb		ts the upper and lower lateral nasal
Your doctor spoke with you about the A reminder of that discussion is below.		ur nose during the healing period.
Recovery period will vary based on the discomfort but every patient is different swelling which could have a positive or	nt. As with any nasal procedure, you	u may experience some temporary
Contact your doctor if you have any qu	uestions, concerns or comments ab	out 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 man	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		