



# RHINOPLASTY

## Background

**Rhinoplasty**, commonly known as nose job', infers surgical alteration of the nose.

There are many reasons why people might be unhappy with their nose, but one common complaint is of a 'bump' on the bridge, technically a dorsal hump. Another issue is overall size, but it is important to be aware of global facial proportions, especially a small chin, which may give the incorrect impression of too large a nose. There are also gender-specific features: a straight or slightly humped nose appears masculine. On the other hand, gently inwardly-curved (retroussé) noses are more feminine.

The nasal tip is another area of frequent concern and may be challenging. Not only must the overall proportion be balanced, but the covering skin has a strong influence. If thin, small imperfections may be visible. If thick, underlying improvements can be disguised and size reductions limited. Also the resulting scar may be thick and affect the final shape.

Whilst there are many different terms used, a simple classification is based on the scars:

- **CLOSED** – at first glance an attractive option because scars are hidden within the nose. It does, however, limit the surgeon's access and prevents proper work on the tip. Although common in the 1990s, it has become less popular of late.
- **OPEN** – the internal nostril incisions used for a closed rhinoplasty are connected across the columella. This approach is increasingly popular because results are more predictable.

Grafts may be used for small noses, those with excess removal during previous surgery or for additional support. Common donor sites include the nasal septum, ear and lower rib cartilages.

## Pre-Operative Consultation

As with all surgery patients must be in good physical health. You will be asked about nasal function (including airflow, rhinitis and any discharge) and any medications, including the use of cocaine. Smoking is particularly unhelpful, risks wound healing problems, skin necrosis (tissue death) and must be ceased several weeks before any surgery. Aspirin or similar drugs are usually stopped due to an increased risk of bleeding.

## Operative Procedure

General anaesthetic (GA) is required and when asleep, local anaesthetic will be injected to reduce bleeding and minimise pain. The skin is lifted away to allow modification of the underlying bone and cartilage structure.

Stitches close the wounds and dressing tapes are applied across the nose to both limit swelling and facilitate re-draping of the skin. A pack may be inserted into the nostrils. People are often concerned about the latter, but it is primarily to help stop any blood dripping and will usually be removed the following day. If the nasal bones have been fractured, a splint will be applied.

External stitches are removed at 5-7 days at your first wound review. Splints usually remain for 2 weeks to help protect the bone.

## Post-Operative Procedure

Whilst you will obviously not return to full activities immediately, it is important to mobilise gently as soon as practicable to minimise the risk of thrombosis (clots) in the leg veins. Arnica has been found to help reduce swelling and bruising.

You should avoid touching the dressing, but may shower daily. It is imperative you do NOT blow or pick your nose to avoid starting any bleeding. Please also sneeze through the mouth for the same reason.

Should you have an external scar it usually blends in as a thin, pale line. It is important, however, to appreciate this process takes several months with scars being most red and noticeable during the early stages. You should also limit sun exposure for the first year, particularly during the most active phase and massage has been shown to help.

## Risks and Complications

Whilst any operation has the potential for complications, these are rare with modern techniques. Particularly important are your own expectations as to whether the operation can achieve the result you desire and at what cost in terms of the scar and any individual risks. There is a natural degree of unpredictability of the human body's response to surgery so if you are at all uncertain it is probably wise not to have surgery.

CASE STUDY 1: 26-YEAR OLD ♀ SEPTORHINOPLASTY



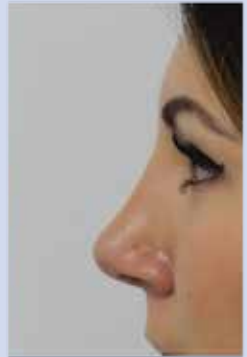
PRE-OP



POST-OP 8 WEEKS



PRE-OP



POST-OP 8 WEEKS

CASE STUDY 1: 26-YEAR OLD ♀ SEPTORHINOPLASTY



PRE-OP



POST-OP 8 WEEKS



PRE-OP



POST-OP 8 WEEKS

CASE STUDY 1: 60-YEAR OLD ♀ RHINOPLASTY



PRE-OP



POST-OP 8 WEEKS



PRE-OP



POST-OP 8 WEEKS