

Rhinoplasty

THIS IS AN OPERATION TO CORRECT COSMETIC FEATURES AND, IF INDICATED, THE FUNCTION OF YOUR NOSE. A RHINOPLASTY IS ONE OF THE MOST DIFFICULT COSMETIC PROCEDURES TO UNDERTAKE AND REQUIRES AN UNDERSTANDING OF THE FUNCTION AND ANATOMY OF THE NOSE.

Amongst the many features of a nose to address are the septum (middle strut), the dorsum (or top) of your nose as well as the shape of the tip of your nose. Less commonly the lining of your nose (mucosa) and your sinuses may require surgical attention as well. The skeleton of the nose is composed of cartilage and bone, both of which have to be manipulated to obtain the ideal result.

THE INITIAL CONSULTATION

The best candidates for a rhinoplasty are those who have realistic expectations of what is achievable. The surgery undertaken upon your nose will depend on an assessment of your nasal symptoms and anatomical features.

This requires an extensive knowledge of the effect of the physiology (function) and anatomy of your nose to produce a desirable outcome in both cosmetic and functional terms. Accurate photo documentation will take place preoperatively and "Alter Image" software will be utilised to demonstrate a proposed end result of surgery and will be stored digitally to compare with the postoperative result. This is an important step in understanding what is possible, and digital manipulation of photographs provides a central point for discussion preoperatively. Details of anaesthesia and the postoperative course will also be discussed. An account of medications and your past medical history will be obtained during the preoperative interview. Certain medications (most notably aspirin, other anticoagulants and herbal remedies) must be avoided preoperatively. Smoking in particular adversely affects wound healing.

SURGERY

Surgery takes place under general anaesthetic. The procedure takes a minimum of two hours and it frequently may take longer than this.

There are two basic methods of undertaking surgery – the "open" or "closed" methods. The former method includes an incision through the columella to facilitate lifting of the skin from the top of your nose and is termed an external septorhinoplasty. The "closed" or intranasal septorhinoplasty method utilises incisions which are placed entirely on the inside of your nose. The "open" method is usually preferred as a better appreciation of the structure and skeleton of the nose is obtained. At the completion of surgery, paper tape is applied to the dorsum of your nose and this is covered by a splint.

POSTOPERATIVELY

Very little pain should be experienced and your facial swelling and bruising will be maximal within the first 48-72 hours, especially if the bony skeleton of your nose warrants surgery.

A little bloodstained discharge from your nose is common but that should reduce over the first few days. It is very uncommon to pack the nose following surgery of this nature. You will soon be able to return to your normal activities within a short period of time but strenuous exercise should be avoided for at least 10 days following surgery. The initial postoperative visit will take place at approximately five to seven days following surgery.

COMPLICATIONS

- It is important to recognise that the digital manipulation of your image undertaken preoperatively is used as a guide only. The vast majority of patients are very satisfied but a small percentage (fewer than 10%) of patients will require revision surgery.
- Pain is usually mild and can be controlled using simple analgesics such as paracetamol (not aspirin as this may promote postoperative bleeding).
- Bruising around the eyes is very common and may take 7-10 days to settle.
- Avoid excessive sun exposure following surgery.
- Avoid excessive pressure over the top of your nose following surgery.
- By the end of six weeks, the result of surgery is reasonably stable.