WATERFRONT PRIVATE HOSPITAL

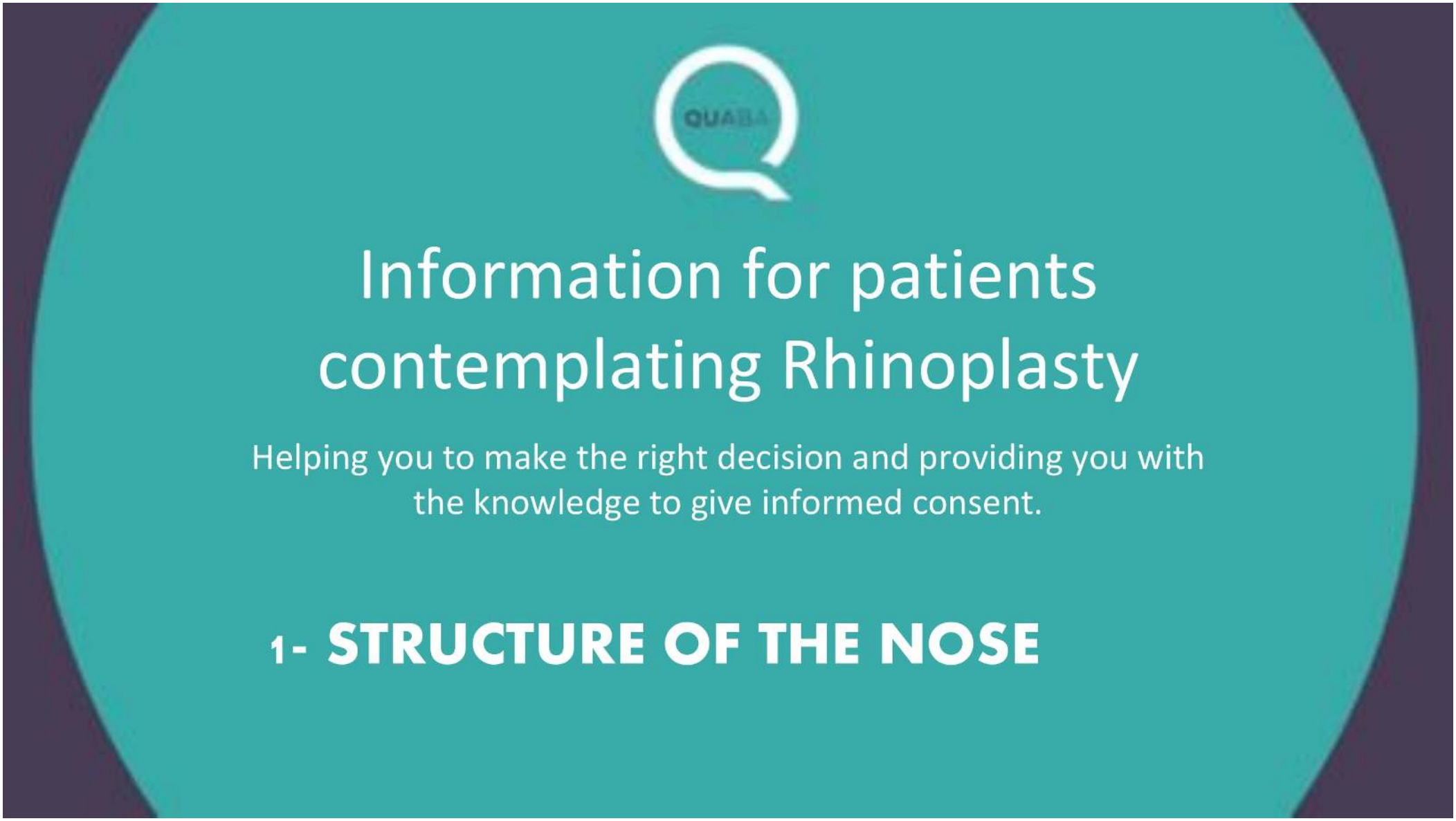
Structure of the Nose

Rhinoplasty Patient Information — Part 1 of 6

This leaflet is provided for information purposes.

Please discuss any questions with your consultant.

waterfronthospital.co.uk


Information for patients contemplating Rhinoplasty
Helping you to make the right decision and providing you with the knowledge to give informed consent.
1- STRUCTURE OF THE NOSE

Cosmetic surgery is a significant investment in **TIME**, **EFFORT**, and **EMOTION**.

Although cosmetic surgery will not change your life, it may give you greater self-confidence and add to your sense of well-being. Do not make this decision lightly. It will not solve personal problems or make you look like someone else.

Although people have many good reasons for seeking cosmetic surgery, some seek cosmetic surgery for the wrong reasons and should reconsider their decision.

No surgery should be taken lightly.

Patients should:

- Mul things over (cooling off period)
- do their own research
- return for a follow up visit or even seek a second opinion

Non-surgical as well as alternative surgical options should be explored before making a firm decision.

RHINOPLASTY
Aims to make the nose look better

Rhinoplasty, commonly referred to as a nose job, is a plastic surgery procedure for reshaping the nose to enhance its appearance.

SEPTORHINOPLASTY
Aims to make the nose look and work better

Septorhinoplasty is a surgical procedure that combines a septoplasty and a rhinoplasty in order to improve the function and appearance of the nose. Sometimes septorhinoplasty is recommended solely for cosmetic reasons, for example, when the airways are clear, but the nose is squint.

SEPTOPLASTY
Aims to make the nose work better

Septoplasty is a corrective procedure performed to straighten the nasal septum, the partition between the two nasal passages. Ideally, the septum should run down the center of the nose. When it deviates into one of the passages, it narrows it and can reduce airflow. It can also make the nose appear crooked and uneven (asymmetric). Septal deviation can occur at childbirth (congenital) or as the result of an injury or other trauma.

Are you old enough for a nose job?

It would be unusual to recommend a rhinoplasty under the age of 18. One issue is the incomplete development of the nasal skeleton. A more relevant factor is the psychological and emotional maturity of younger patients who may not understand the full implications of this type of surgery.

Experienced plastic surgeons and parents understand all too well how awkward adolescence is and how shaky a teenager self-esteem might be. Surgeons who say it is fine to go ahead before the age of 18 should have good reasons to support that decision such as significant functional or psychological impairment.

The Codes of Practice from BAAPS and BAPRAS specialist associations are clear that:
Aesthetic procedures on patients under the age of 18 years should be exceptional and only undertaken after a full assessment of the risks and benefits, including the health and psychosocial consequences. It is recommended that the patient include their parents or guardians in the consent process. Parents/guardians written consent is not legally required after the 16th birthday, but their verbal agreement is recommended it is not essential if the patient refuses.

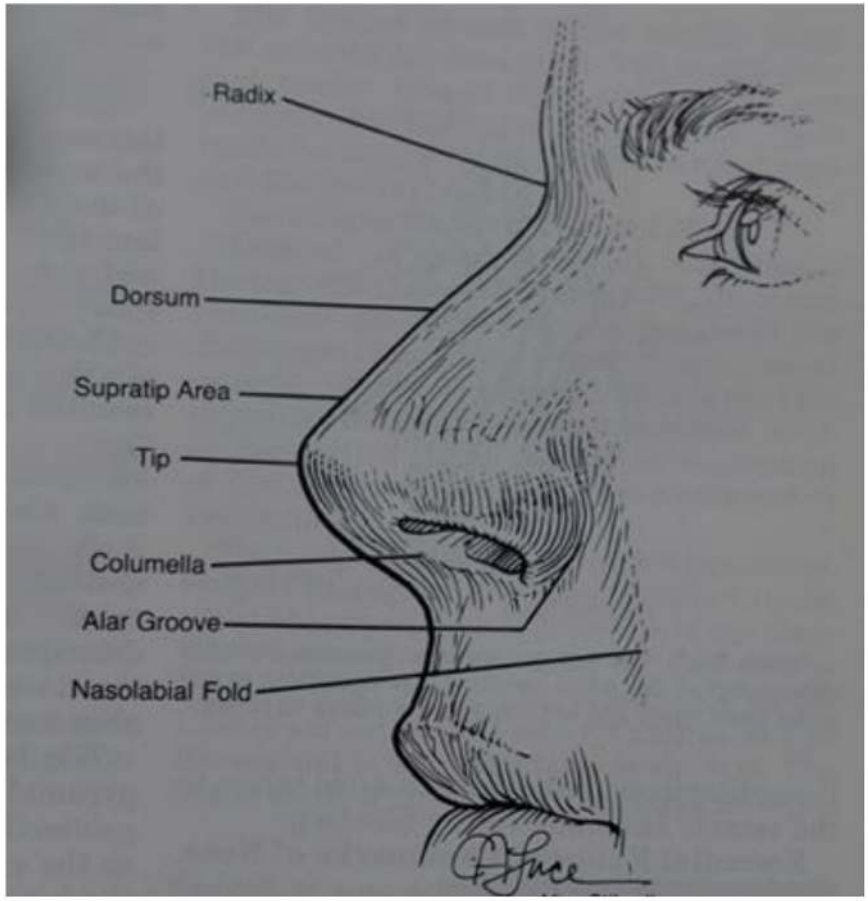
Are you too old for a nose job?

While most rhinoplasties are performed in patients who are in their 20s-40s, it is fair to say that **there is no upper age limit to Rhinoplasty,** as long as you are in good physical and emotional health.

However, as with other areas of the face, the nose does change with age and some of these changes make the procedure more challenging. **The skin**, particularly over the tip, may not contract and re-drape properly due to thickening and reduced elasticity. **The cartilage and bone** framework is not spared with bones becoming thinner and cartilages stiffer.

Dramatic changes are difficult in older patients, so sticking to subtle improvements is recommended for a good outcome. Patients who have lived their entire adult lives, with what they consider to be an unsatisfactory nose, and who overestimate the magnitude of change that can be reasonably anticipated with rhinoplasty, may be disappointed and are advised to have a frank discussion about their **motivations and expectations.**

THE SURFACE OF THE NOSE

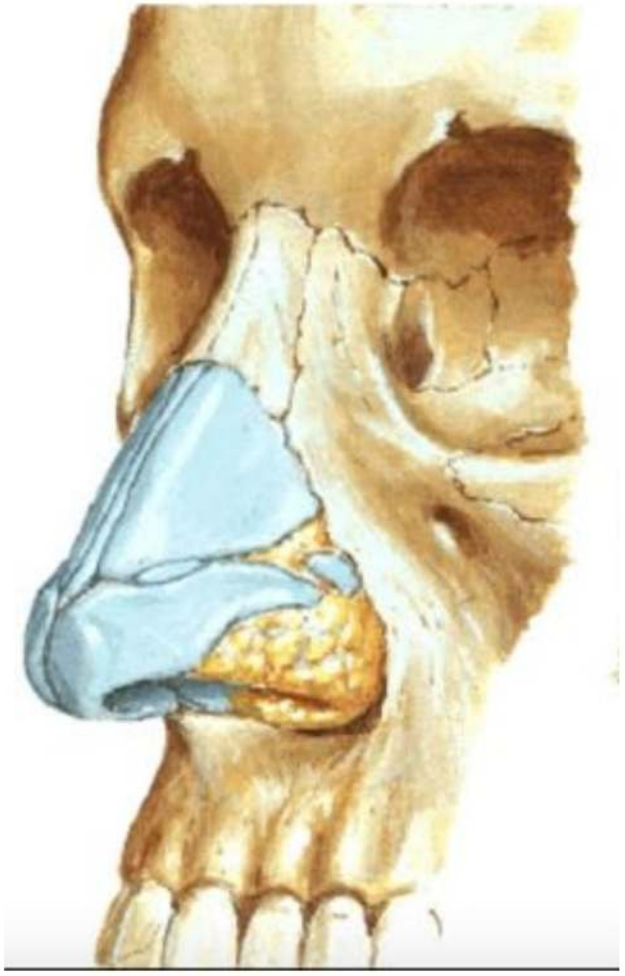


THE STRUCTURE OF THE NOSE

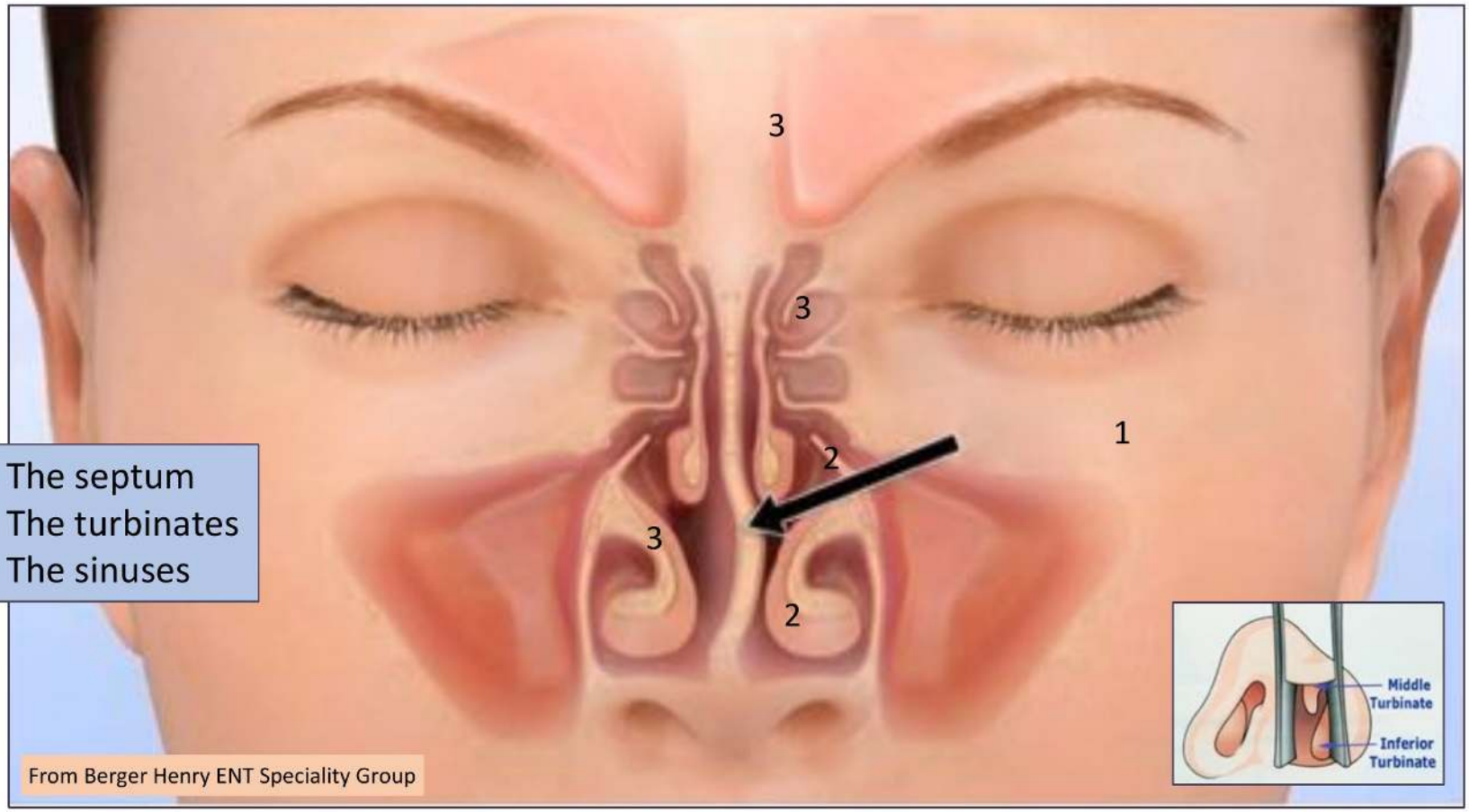
The shape of the nose is largely determined by its framework (skeleton) which consists of paired nasal bones and cartilages.

These paired structures are supported by the midline partition (septum), held together by ligaments and covered by the skin and soft tissues.

The upper third of the framework is made of bone, the lower two thirds of cartilage.



THE INSIDE OF THE NOSE



1. The Partition (Septum)

The nasal cavity refers to the inside of the nose and is divided by a vertical partition, called the septum, into right and left sides. The nasal septum is made up of cartilage towards the front of the nose, and bone towards the back.

It is important to note that **septal cartilage** is a key growth centre that, among other things, **gives shape and support to the outer part of the nose.**

Septal Deviation

The nasal septum is supposed to be midline structure but is often pushed over to the right or left side. This shift is referred to as deviation of the nasal septum and is due to overgrowth or outside constraints.

Sometimes, trauma to the nose can also create deflections and fractures.

Septal deviation is a common deformity, with an incidence of over 40%, although only in a small proportion the deviation causes external deformity and/or breathing difficulty.

2. The Shelves (Turbinates)

A **turbinate** is a long, narrow, curled shelf of bone that protrudes into the nasal cavity. There are three turbinates on each side of the nasal airway which are responsible for directing inhaled air to flow in a steady, regular pattern around the largest possible surface area of nasal lining so that the air can be cleaned and warmed in preparation for the lungs.

The lower (inferior) turbinate serves the most important role in the air-conditioning action of the nose. Enlargement of this turbinate is frequently noted on the opposite side of septal deviation.

3. The Surrounding Structures - (Sinuses)

The sinuses are cavities, or air-filled pockets, near the nasal passages. There are 4 different types of sinuses called maxillary, ethmoid, frontal and sphenoid.

THE AESTHETICS OF THE NOSE

Surgeons must understand beauty to make sure that in the process of reshaping noses the overall appearance of the nose and face are enhanced.

There are lines, angles, curves, and measurements that rhinoplasty surgeons use as **guidelines** to the aesthetic ideal (see examples of measurements).

Remember - beauty is in the eye of the beholder!

The perception of beauty is subjective - what one person finds beautiful another may not. Many people embrace their uniqueness and prominent features.

The striking profile of Barbra Streisand

EXAMPLES OF MEASUREMENTS

Below are examples of measurements that Rhinoplasty surgeons use as guidelines to the ideal nose:

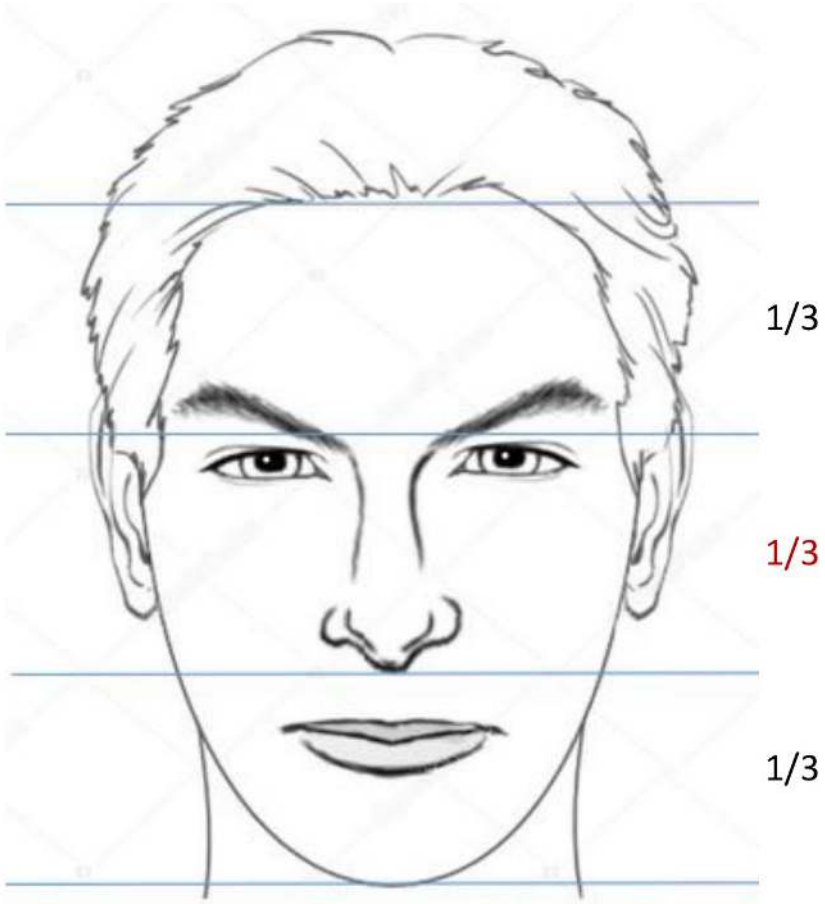
1. The face can be divided into equal **horizontal** thirds (the length of the nose is one third of the length of the face).

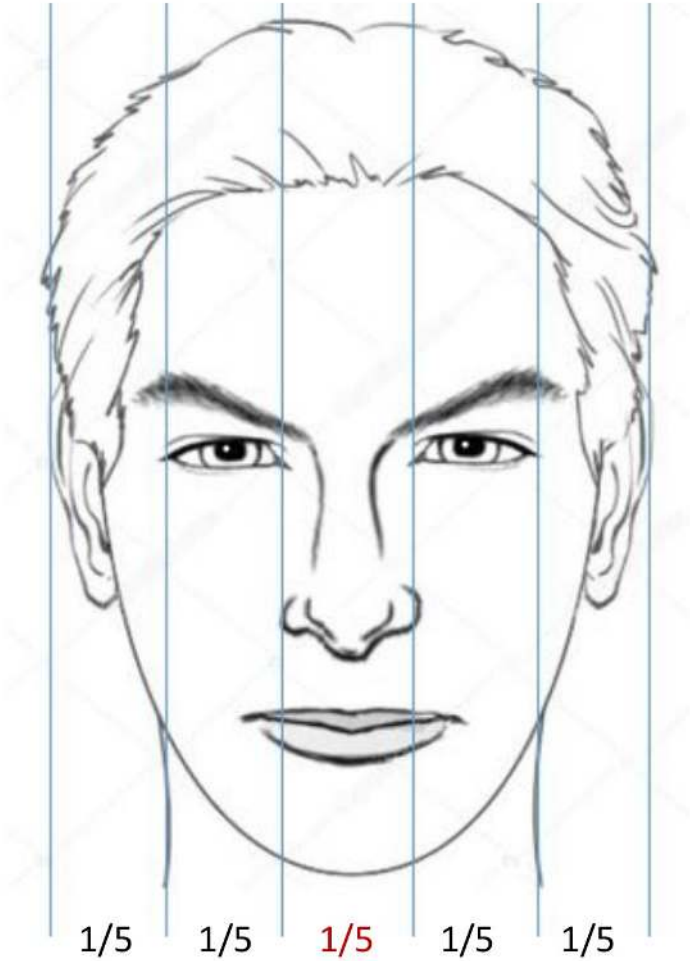
2. The face can also be divided into equal **vertical** fifths (the width of the base of the nose is one fifth of the width of the face).

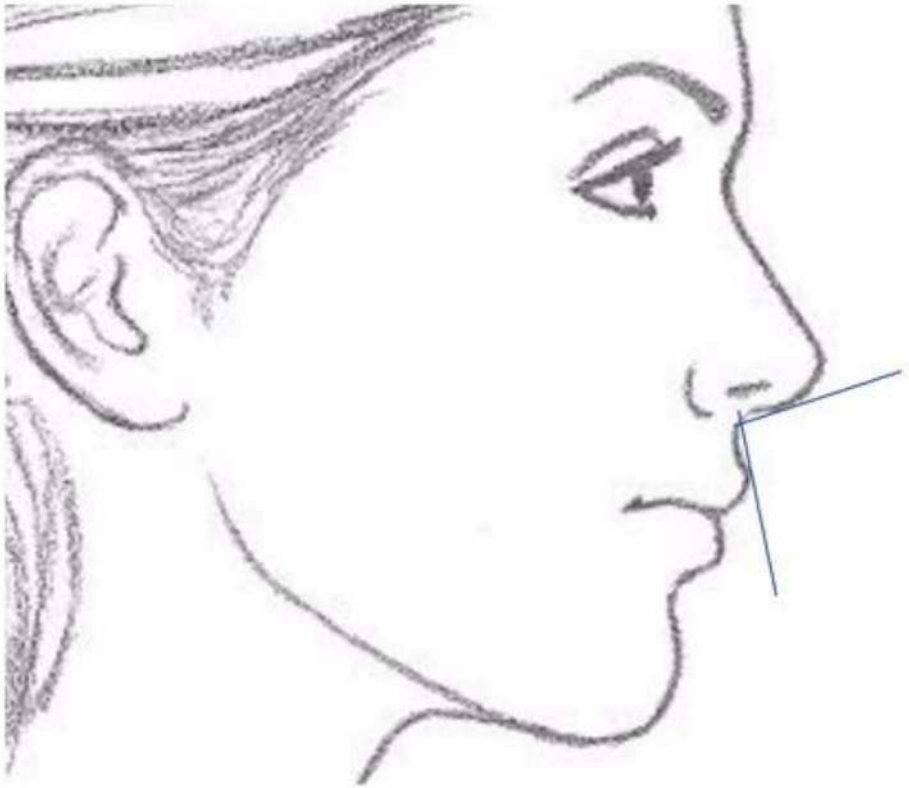
3. Nasal projection (forward protrusion of nasal tip from face) is 67% of the length of the nose.

4. Nasolabial angle normal range is 90-120 degrees. Within this range angles closer to 120 are favorable in females, angles closer to 90 in males. An acute nasolabial angle can be a sign of a droopy nose, whereas an obtuse nasolabial angle can lead to a short or 'uplifted' appearance.

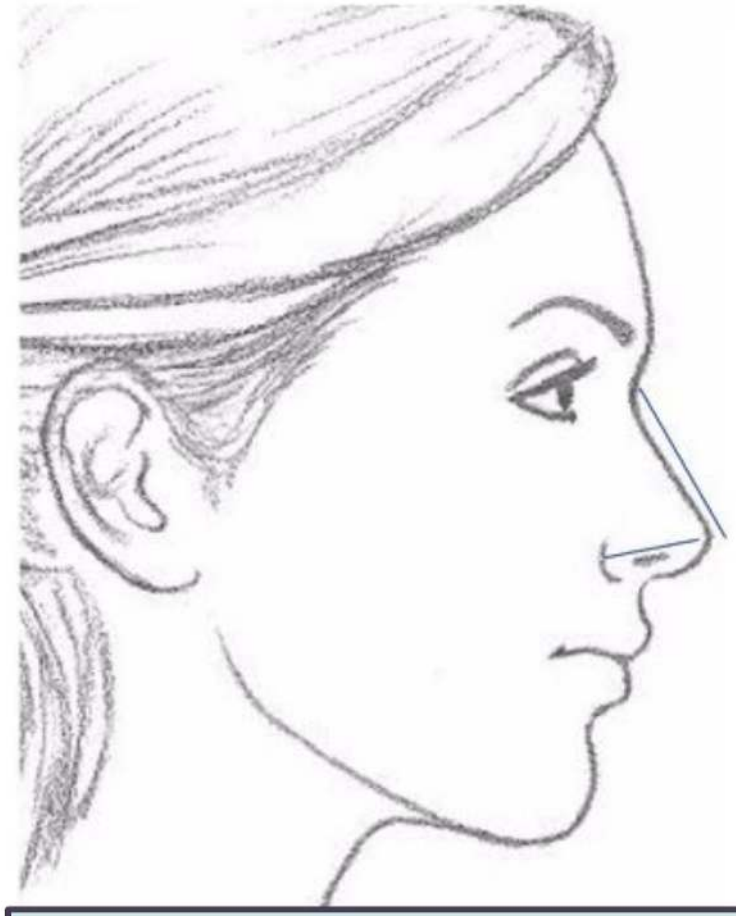
5. **The nose can often appear larger when set against a small chin.**


1/3
1/3
1/3


1/5
1/5
1/5
1/5
1/5



The angle between the nose and lip in a female is 105-115 degrees.



Nasal projection (forward protrusion of nasal tip from face) is 67% of the length of the nose.

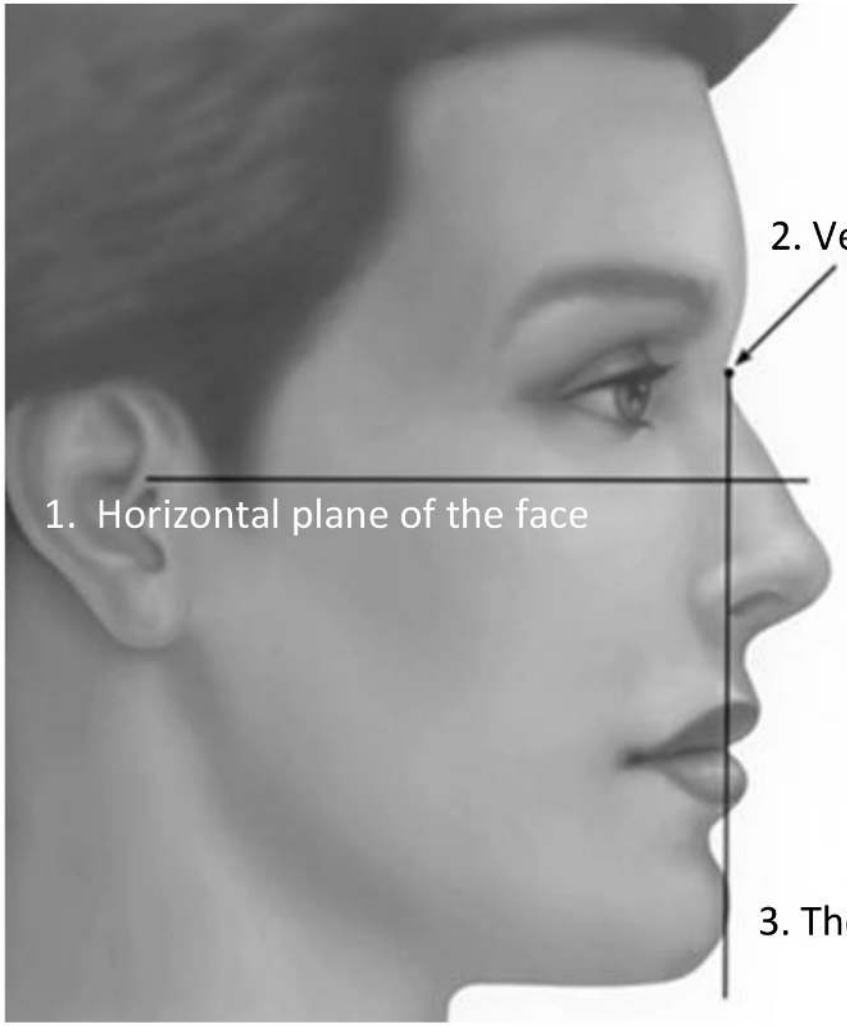
THE NOSE & THE CHIN

The two features that do most to define the side profile of the face are the nose and the chin. When the two are in proportion, a balanced profile is the result.

A weak chin will make the nose look bigger than it is. Patients contemplating rhinoplasty may not be aware of this fact. This is quite understandable as a patient's attention is focused on the nose which is, after all, smack bang in the middle of the face. However, the chin should not be neglected as it may have a significant impact on the result .

It is the duty of the plastic surgeon to advise patients with receding chins of this important relationship and, if necessary, to highlight this with the help of diagrams and photographs.

That is why a complete evaluation of the full facial profile (in particular, nose and chin but also the forehead, lips, and neck) should be performed in all potential rhinoplasty patients.



THE IDEAL CHIN PROFILE