WATERFRONT PRIVATE HOSPITAL

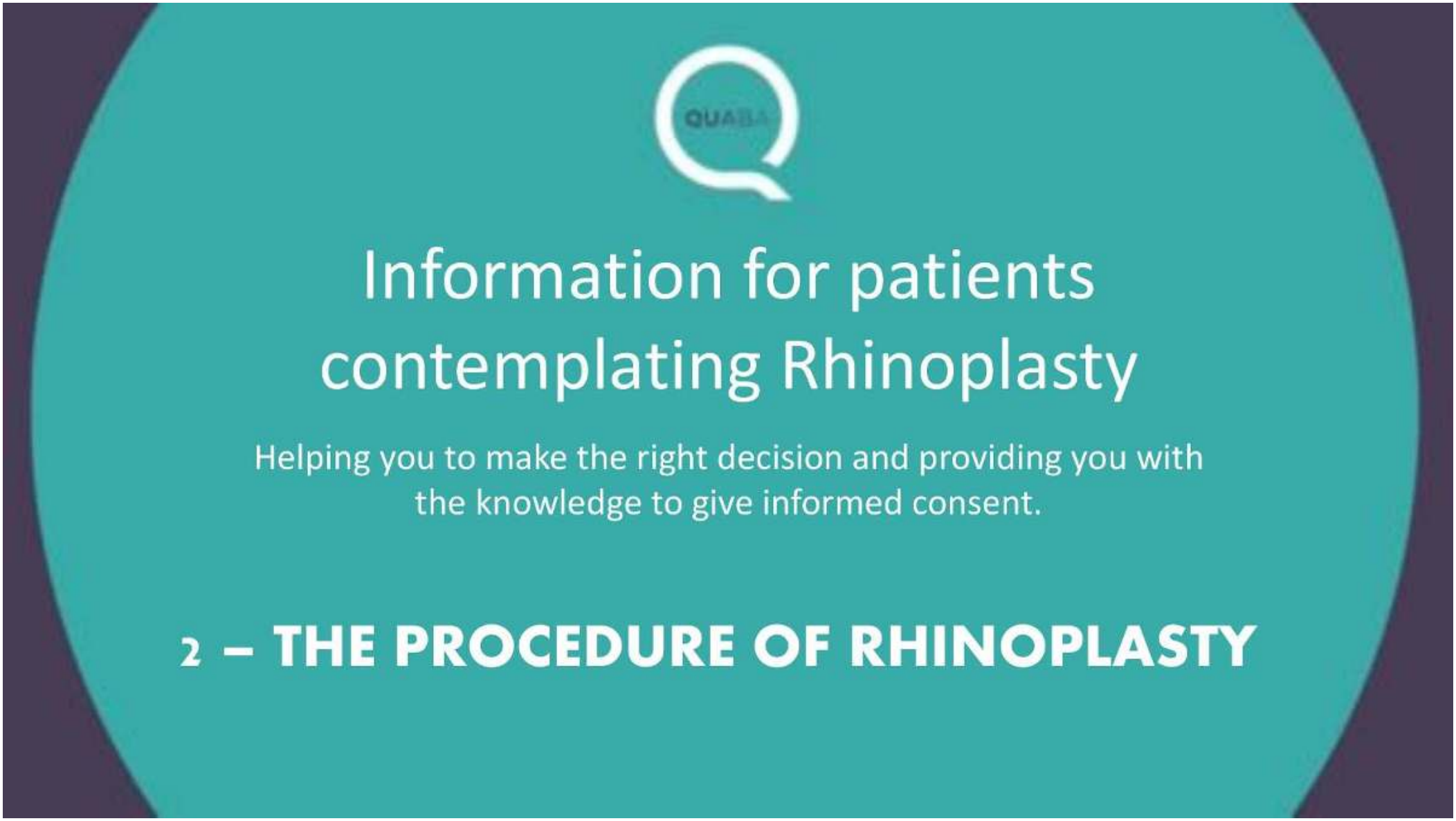
The Rhinoplasty Procedure

Rhinoplasty Patient Information — Part 2 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.
2 – THE PROCEDURE OF RHINOPLASTY

THE PATIENT JOURNEY

Research the procedure and the surgeon

↓

Attend first consultation
Receive clinic letter and additional information pack

↓

Carry out further research
Cooling off period

↓

Attend second consultation
Receive second clinic letter

↓

Happy with the advice?
Any doubts: patient should defer decision

↓

Happy to proceed?
Patients name goes on the waiting list
A date for surgery may be agreed

↓

Pre admission assessment
Carried out via telephone or in person
2-3 weeks before surgery

↓

Day of surgery
Another refresher consultation
Meeting the consultant anaesthetist
Consent for surgery

↓

Operation
Home same day or overnight stay
Provision of a supply of medications

↓

Return for removal of the cast and stitches in 7/7

↓

Early concerns?
Report to the specialist nurse or report to the surgeon

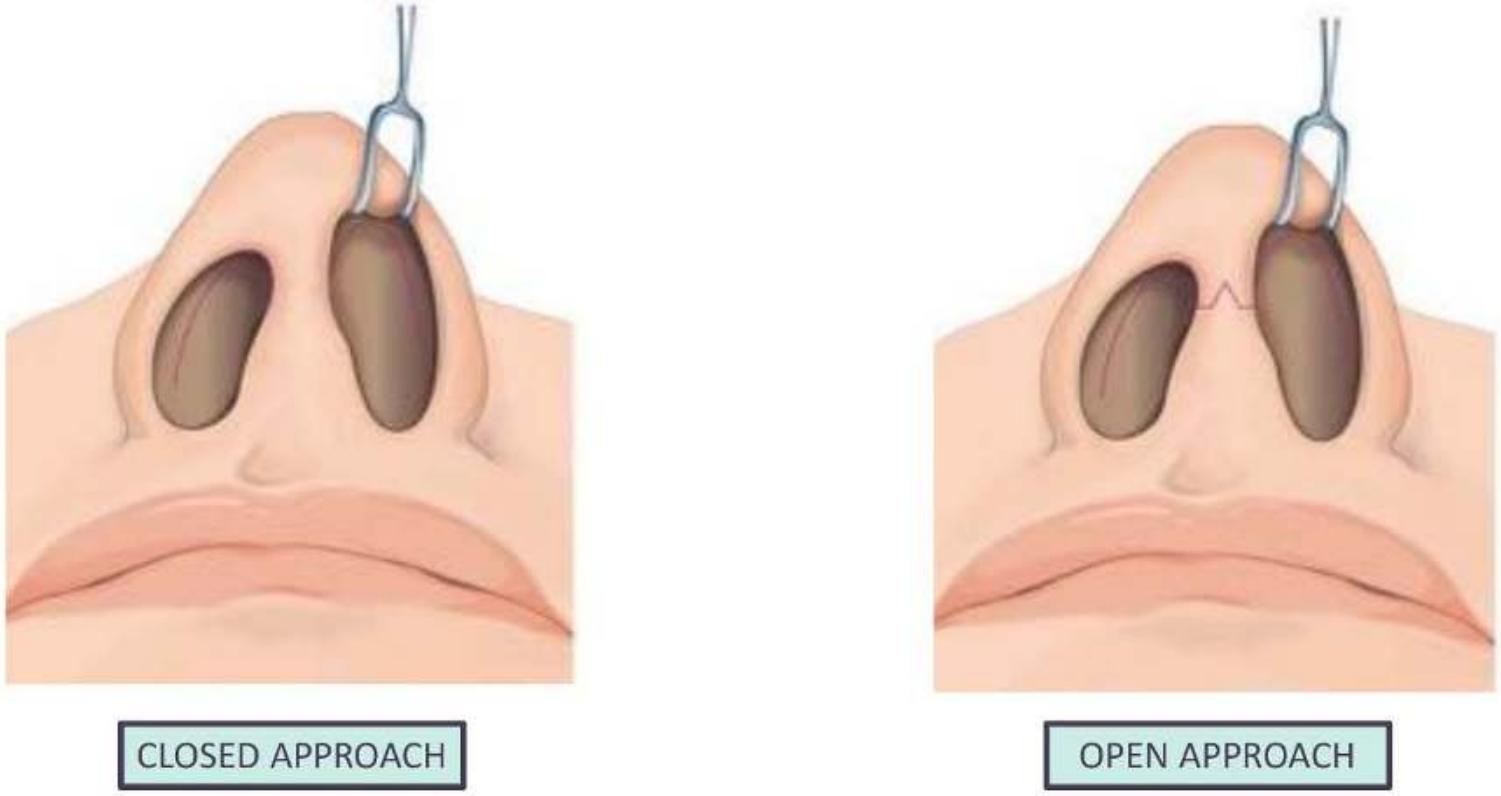
↓

Consultant review at 6 months

↓

Further reviews, if required

OPEN VS CLOSED RHINOPLSTY



The Surgical Option

Closed or Open Rhinoplasty?

In a closed rhinoplasty all surgery is done through the nostrils so there are no external scars. In an open rhinoplasty the surgeon makes an incision on the under surface of the columella (the vertical column of soft tissue between the nostrils). The incision heals well and the scar that follows is barely noticeable. Some surgeons perform exclusively closed rhinoplasty while others prefer open rhinoplasty. We offer both approaches depending on the patient's needs.

How do you know which approach is "best" for you?

While you may have a preference for one or the other, the approach recommended depends on the anatomy of the nose and the targets of reshaping established during the consultation. In general, rhinoplasties that require significant manipulation of the shape of the nose are done with an open approach, whereas rhinoplasties that require less manipulation can be done using the closed approach.

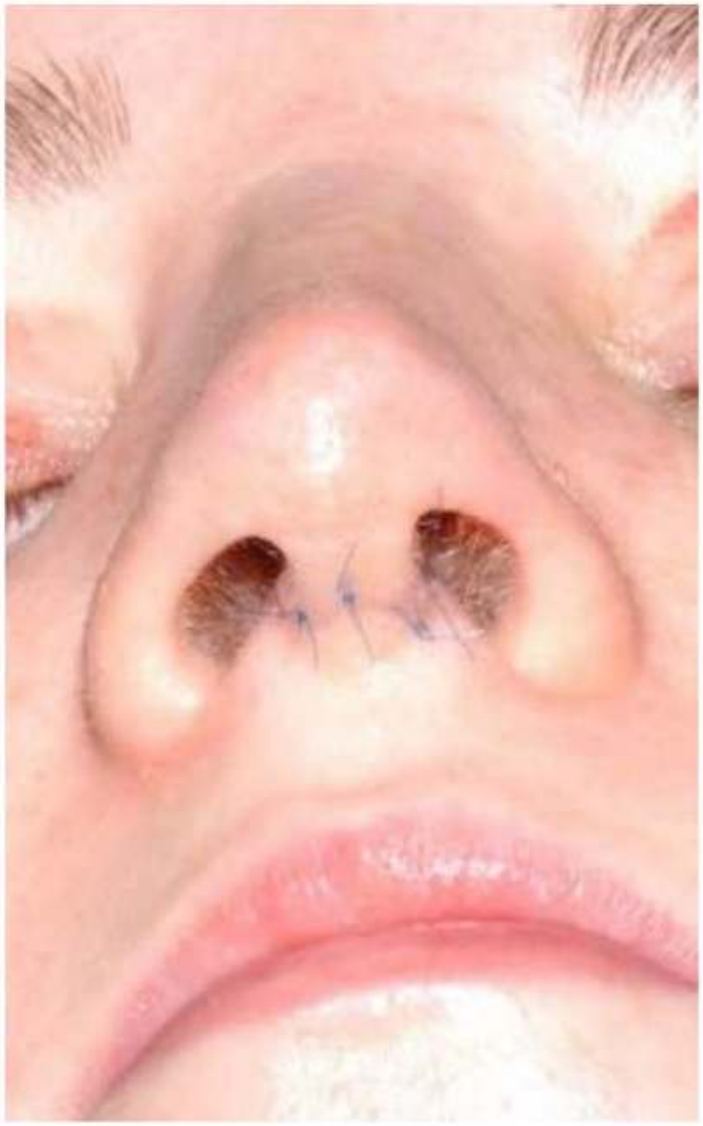
Advantages of open rhinoplasty

The open approach offers ease of access resulting in improved visualisation, assessment and accuracy when reshaping the framework. Many of the most effective techniques of contemporary rhinoplasty can only be performed through the open approach, in particular reshaping the tip cartilages through intricate suturing or grafting techniques, and reinforcing the skeletal structure of the nose.

It has been stated: *"An open rhinoplasty is like opening your closet door wide to see everything hanging on the rod together. This allows you to select, edit, and rearrange freely. Closed rhinoplasty only opens the door a crack, so you have to reach in and pull items out one at a time. It's dark in there, and you never see everything at once."*

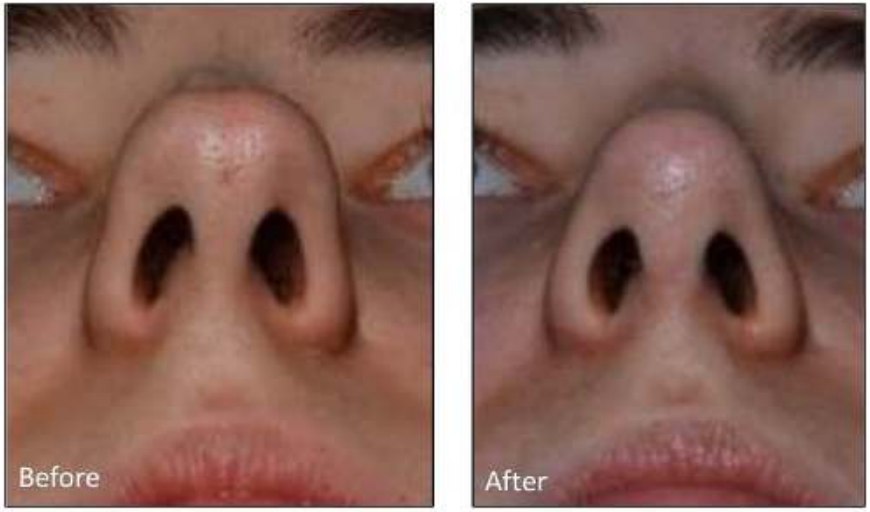
The downside of open rhinoplasty

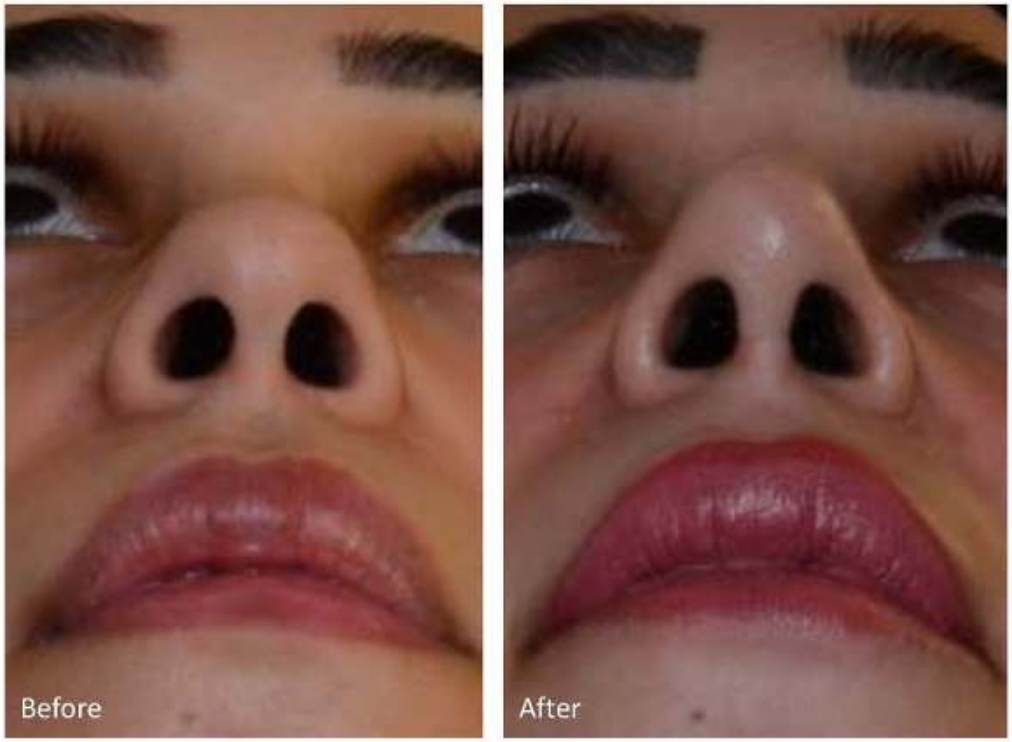
- There is an external scar which is typically 4-5 mm on the under surface of the nose. However, with precise closure, the scar should only be faintly visible.
- With an open rhinoplasty, nasal tip swelling and numbness last longer.

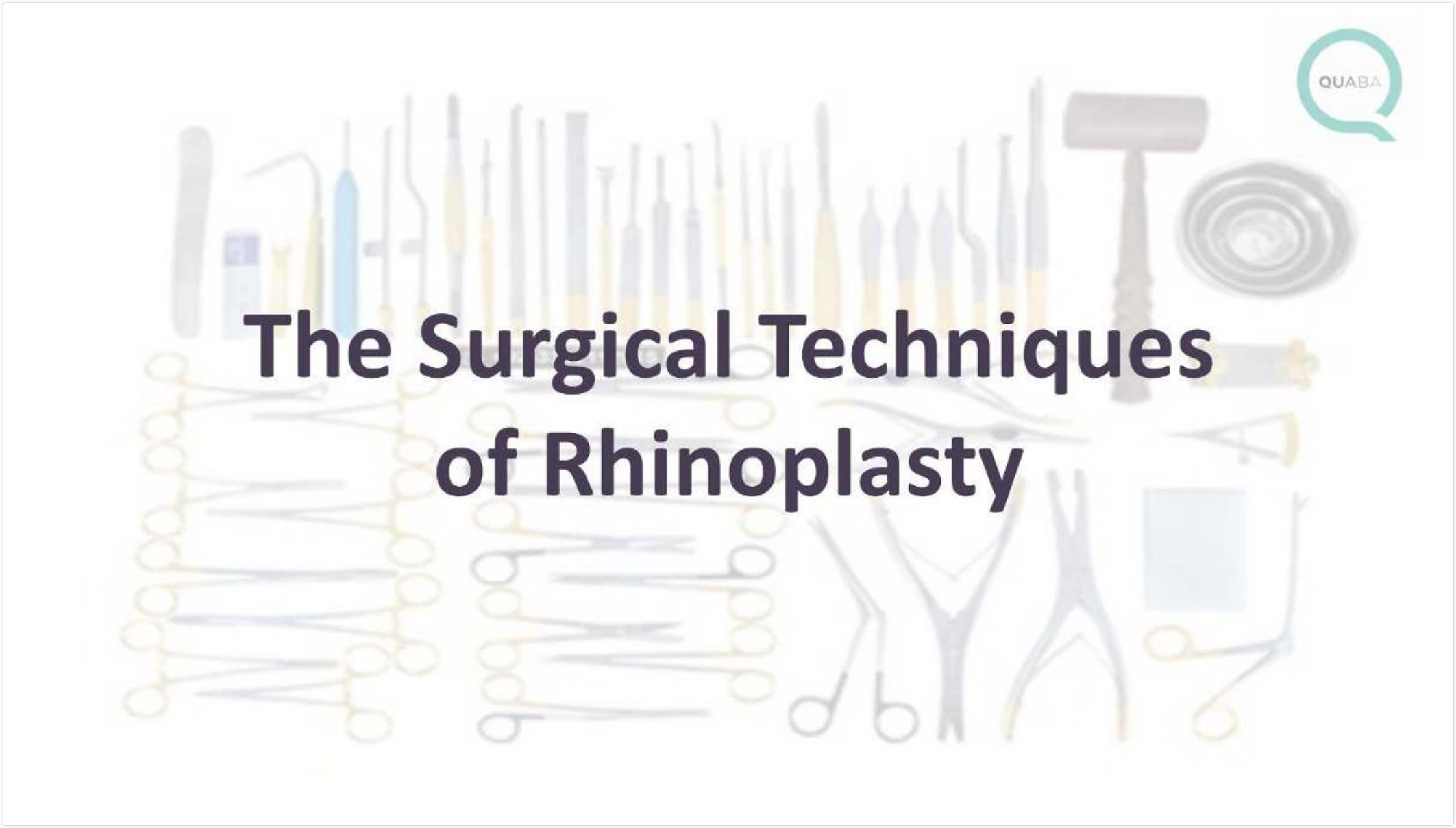


Appearance at seven days post-op when the patient returns to have the non dissolvable stitches removed.

Example of scars following open tip rhinoplasty






QUABA
The Surgical Techniques
of Rhinoplasty

How do noses get reshaped?

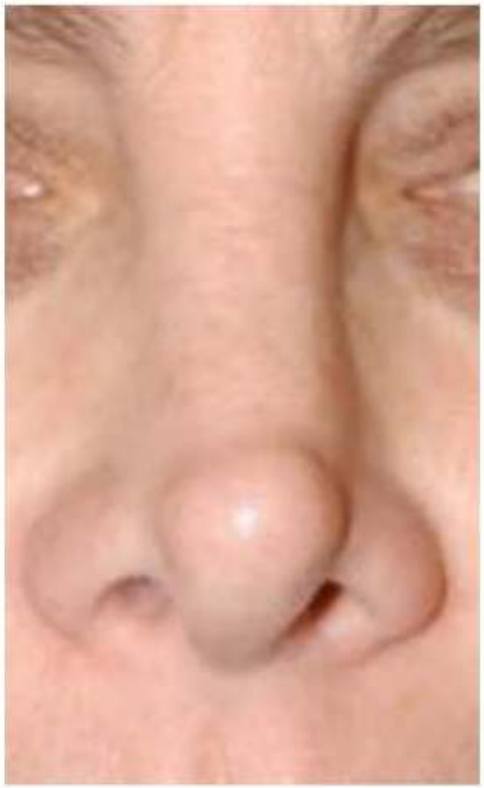
Rhinoplasty has evolved during the past two decades. The popular trend to have a cookie-cutter nose (where the surgeon does the same operation or the same steps on every nose whether needed or not), is gradually changing to a more bespoke approach. This discourages removing tissue to reduce the size and change the proportions of the nose to rearranging and sculpting the internal structure to achieve a result that sits in harmony with the individual's existing facial proportions, respects the ethnic background, and maintains function.

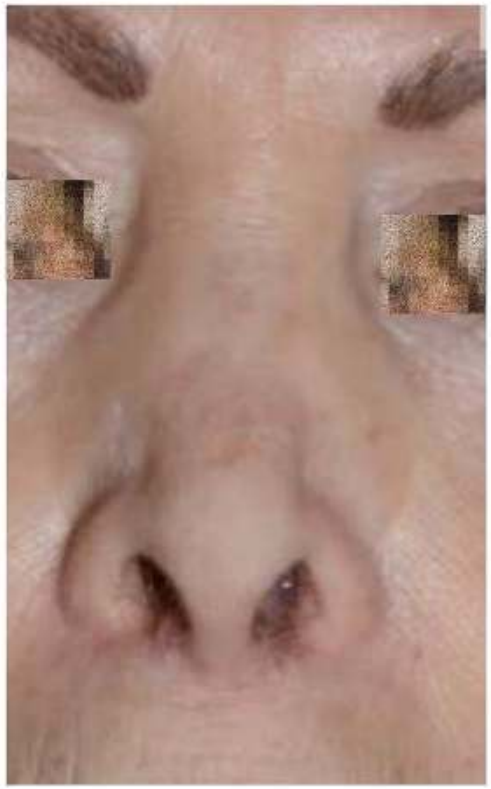
Modern rhinoplasty achieves a more stable result and avoids stigmas previously associated with nose jobs such as **the ski slope, the pinched tip, and the upturned piggy nose deformities.**

Grafting and suturing techniques have replaced the older destructive techniques. There have also been advances in imaging and instrumentation. Most rhinoplasties are carried out under general anaesthesia lasting 2-3 hours. Some patients are allowed home the same day, others stay overnight.

Stigmas previously associated with rhinoplasty

Modern rhinoplasty achieves a more stable result and avoids stigmas previously associated with nose jobs such as the ski slope, the pinched tip, and the upturned piggy nose deformities.





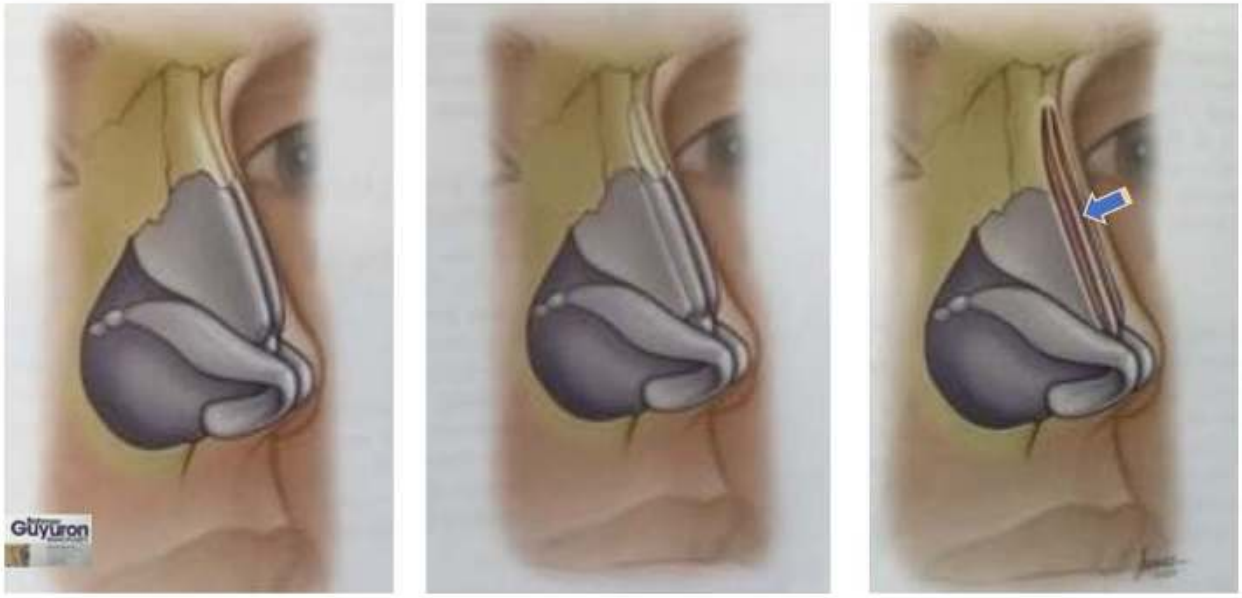
How do noses get reshaped?

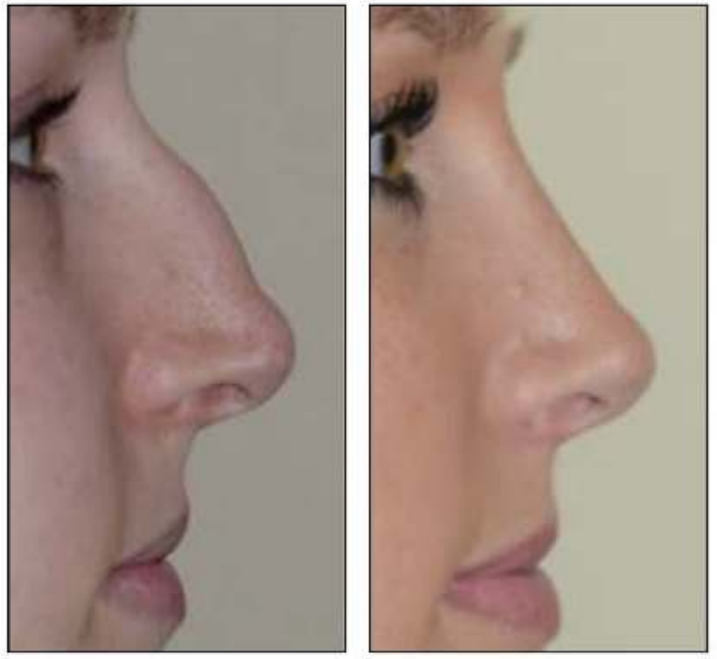
Grafting and suturing techniques have replaced the older destructive techniques. Surgery times for rhinoplasty have increased from an average of 1 hour to 2.5-3.5 hours or longer, particularly in revision cases.

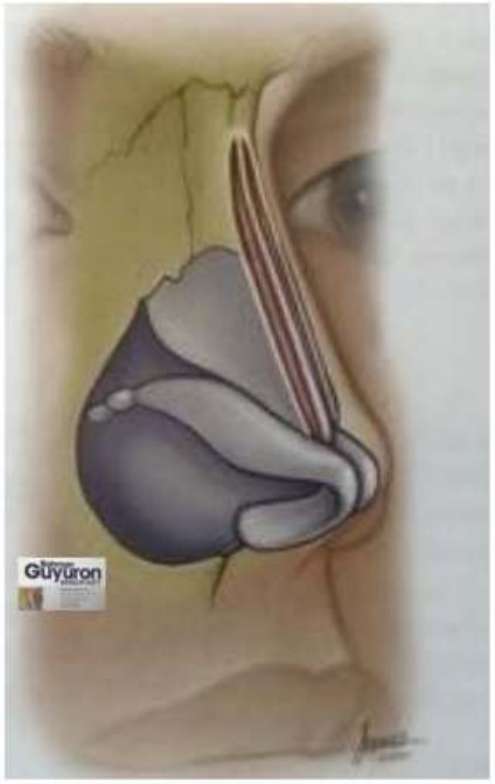
Most rhinoplasties are carried out under general anaesthesia. Modern techniques in general anaesthesia allow for quick and more comfortable recovery. Some patients are allowed home the same day, others stay overnight. Surgeons no longer pack the nose tightly with gauze. In our practice, this has been replaced by internal quilting of the lining of the septum, a loose pack is usually removed before discharge from hospital. A number of advances in instrumentation is assisting surgeons in manipulating the nasal bones.

See Examples

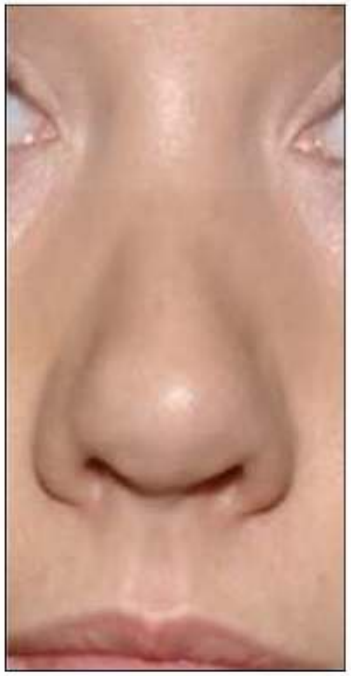
Removal of a hump: trimming of cartilage and rasping of bone. Following removal, the "roof" of the nose (arrowed) may need to be "closed" to avoid postoperative deformities. See next...







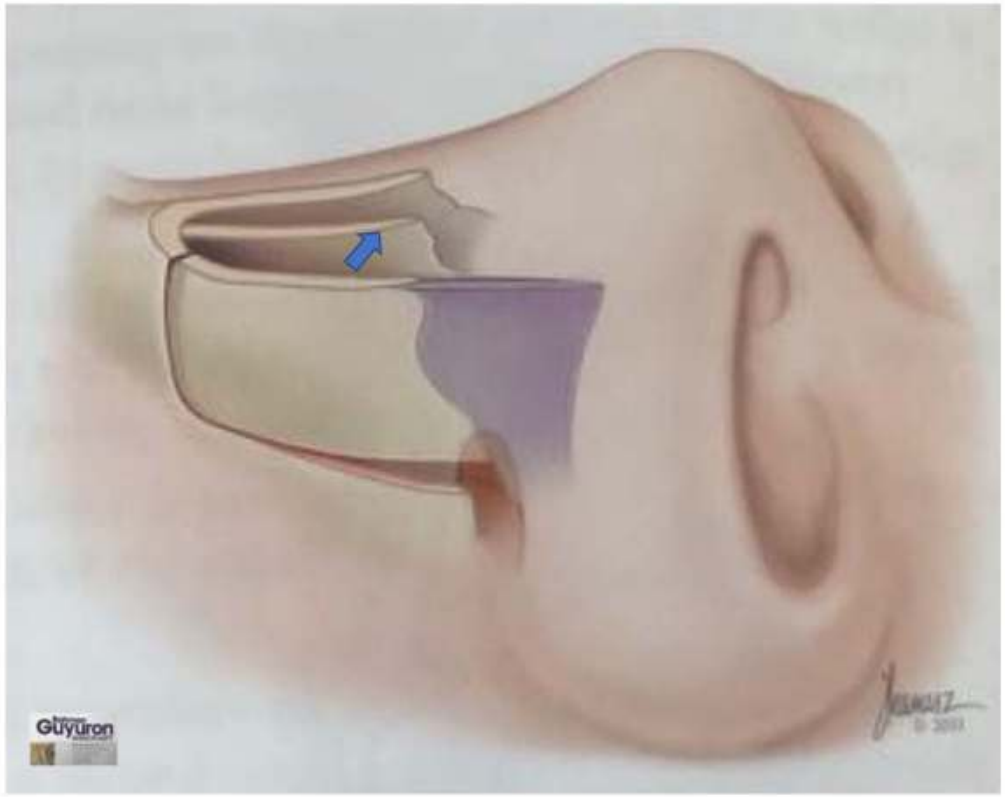
Without support, the cartilages of the mid third of the nose (arrowed) may collapse causing aesthetic **(inverted V-deformity)** and functional problems.

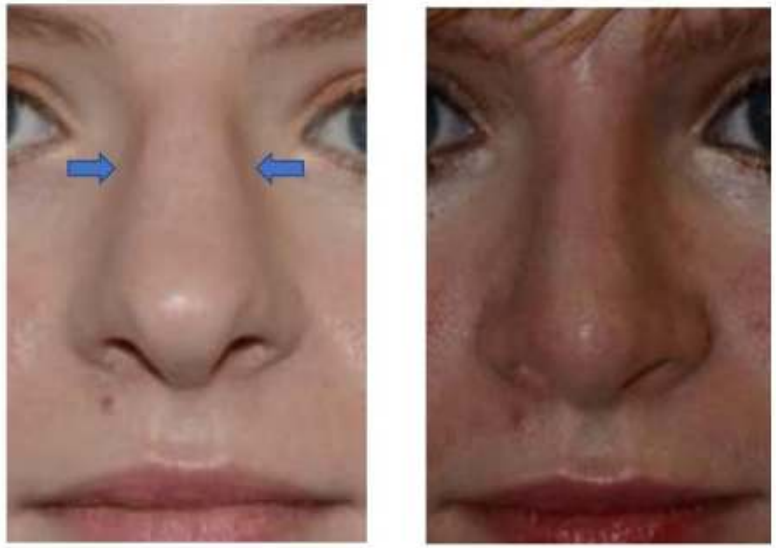


The inverted V-deformity

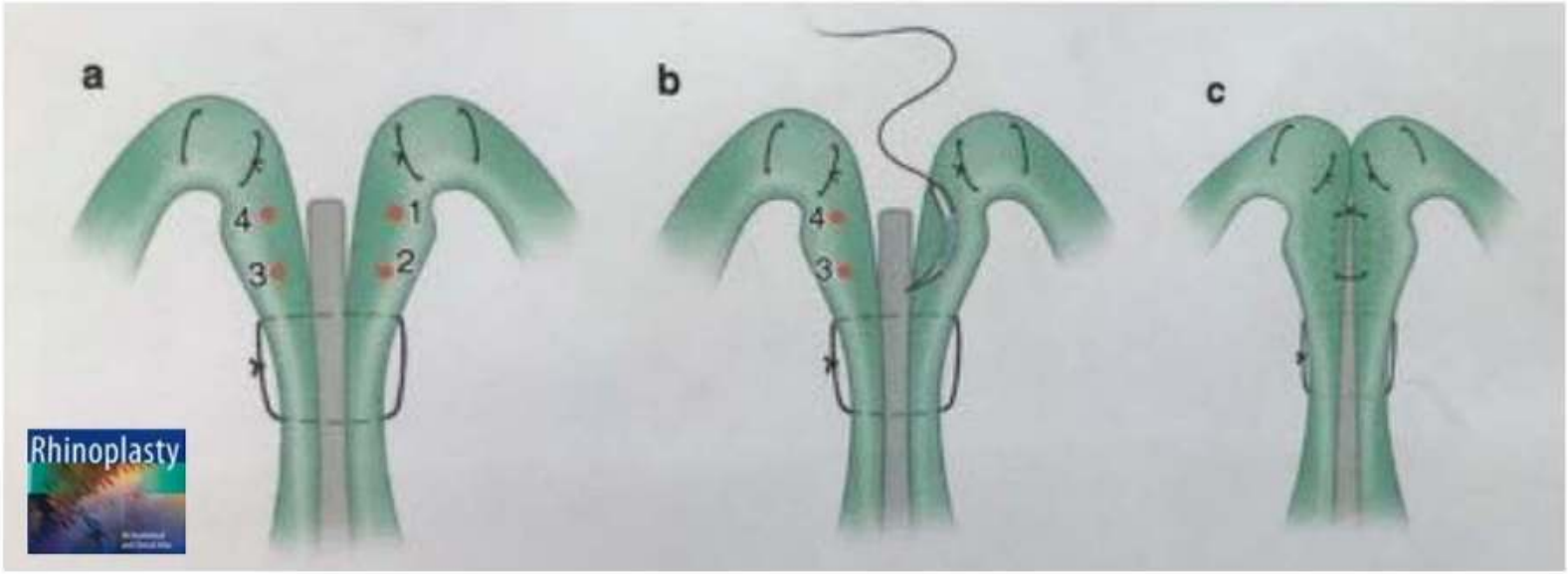
Support achieved by the insertion of **spreader grafts.**

The nasal bones are broken (**lateral osteotomies**) and moved towards the midline to narrow the bridge of the nose

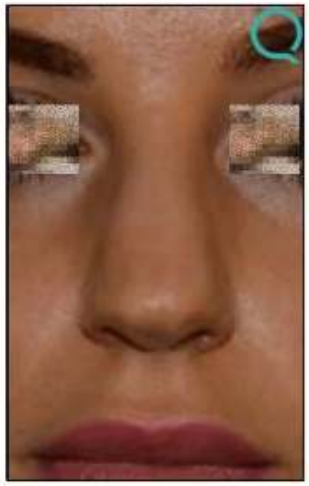


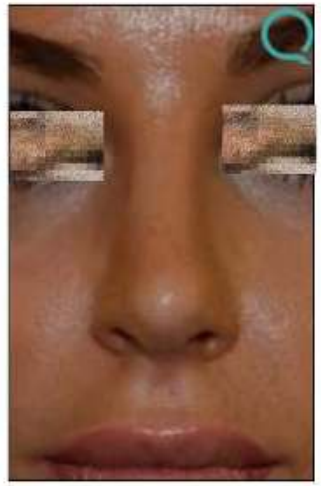


A controlled **break** of the **nasal bones (lateral osteotomy)** is carefully performed using tools that precisely cuts through the bone. This is carried out to narrow the bridge of the nose by moving the bones towards the midline.

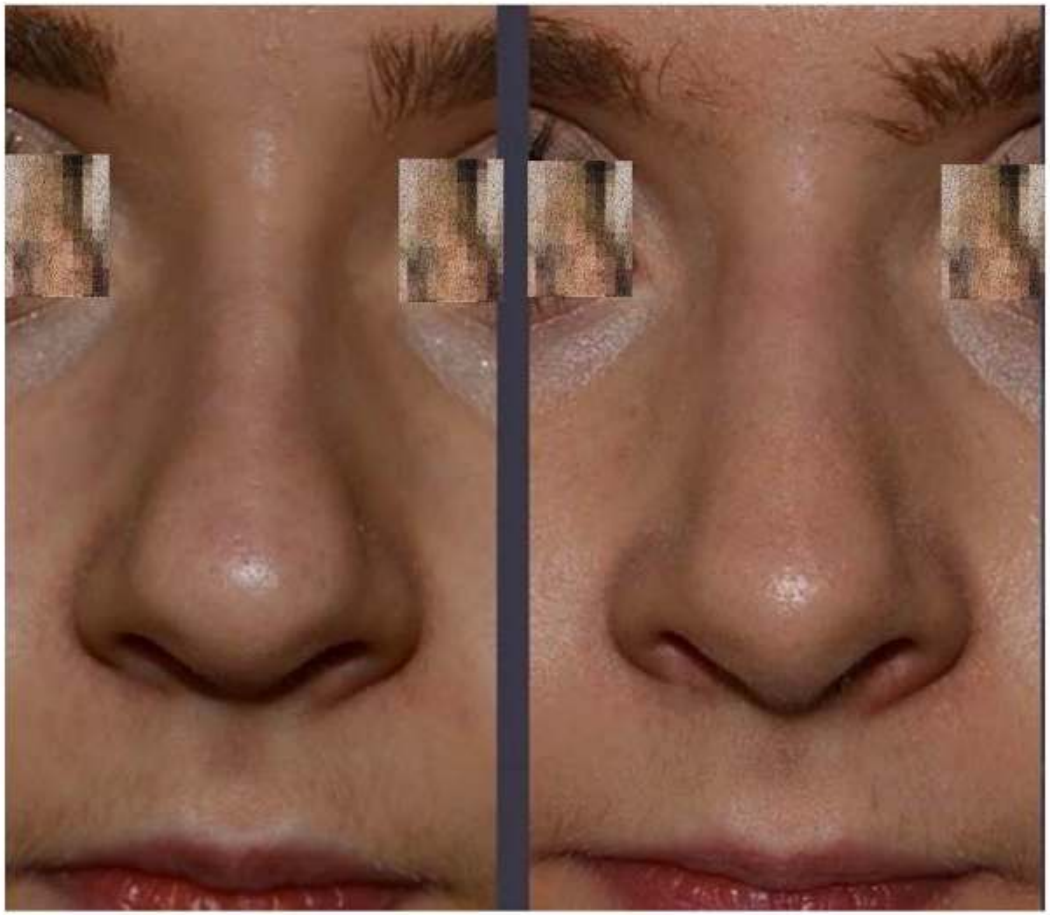


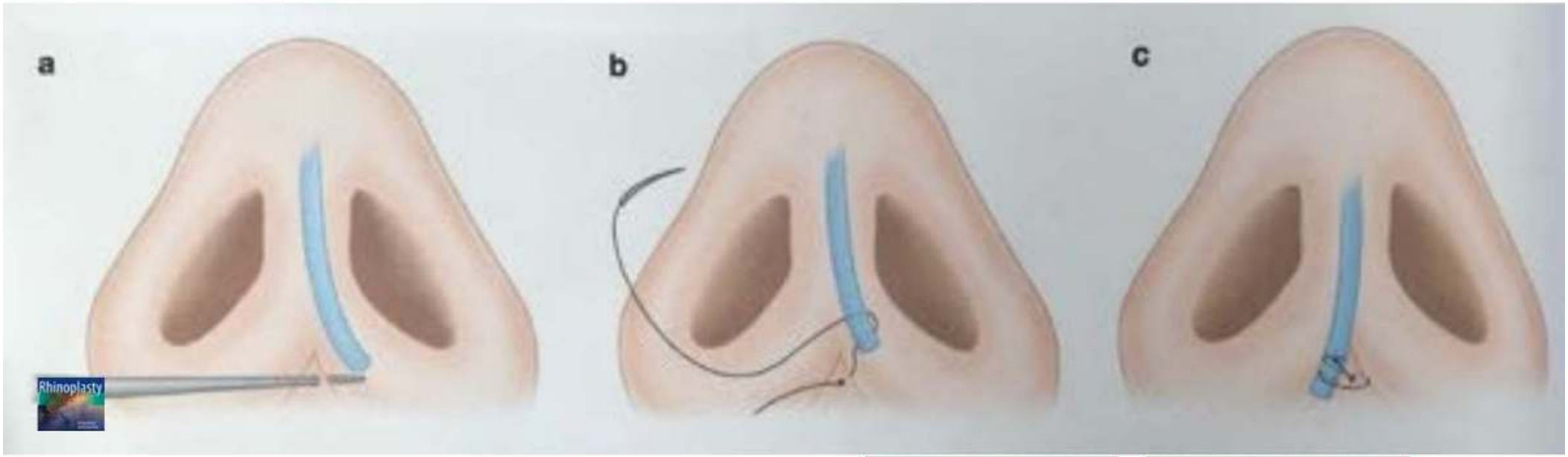
The tip of the nose is narrowed and refined by the insertion of a number of **sutures to reshape** and approximate the cartilages.



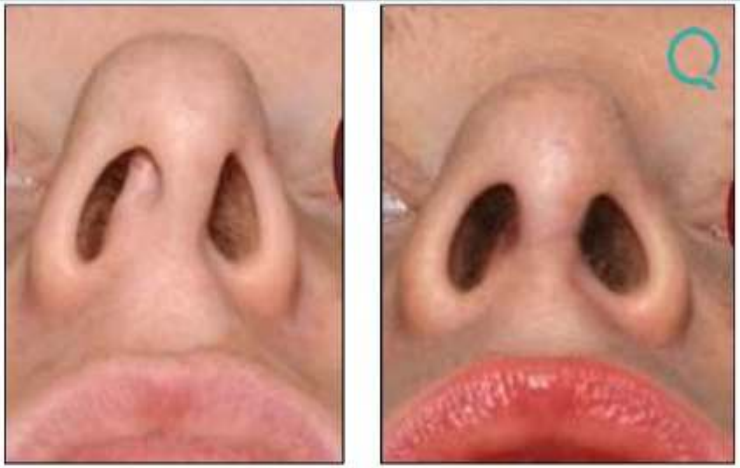


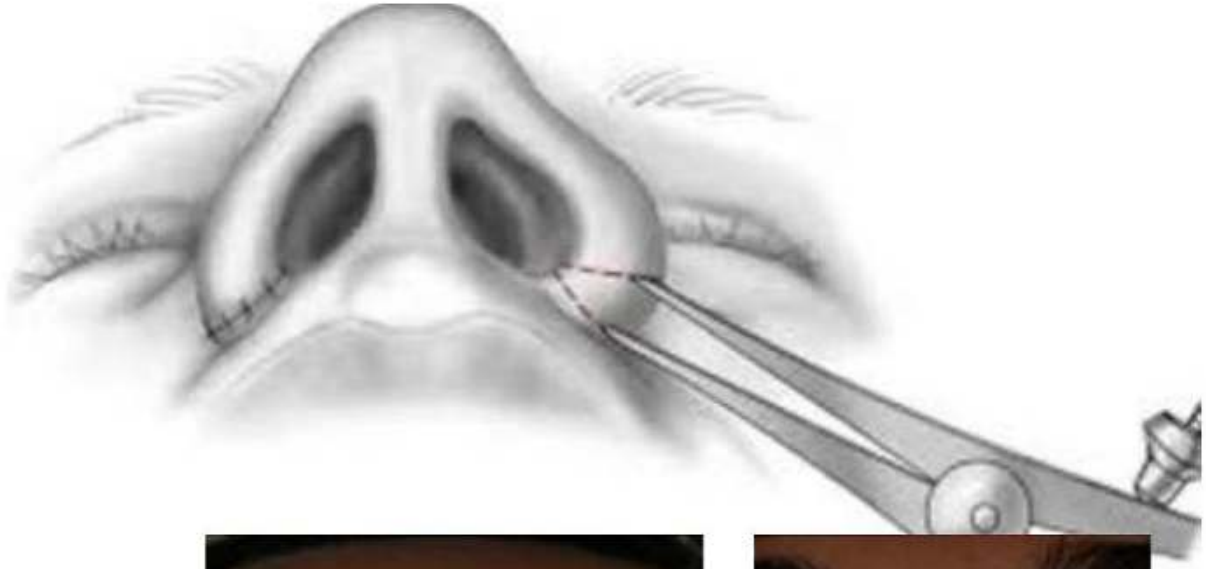
The bulbous tip: a rounded tip of the nose that looks like a bulb or ball on the end of the nose. It is corrected by **reshaping, repositioning, and/or conservative reduction of the cartilages.**



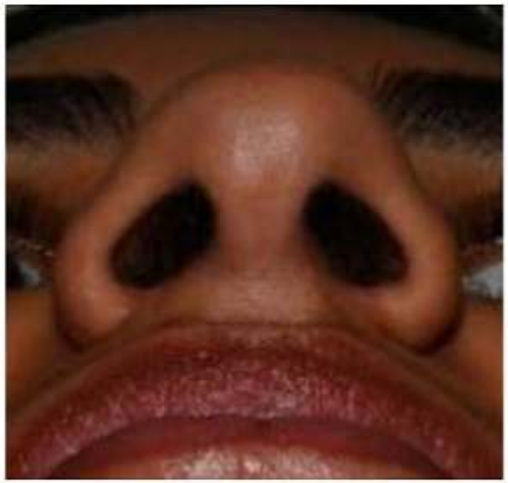


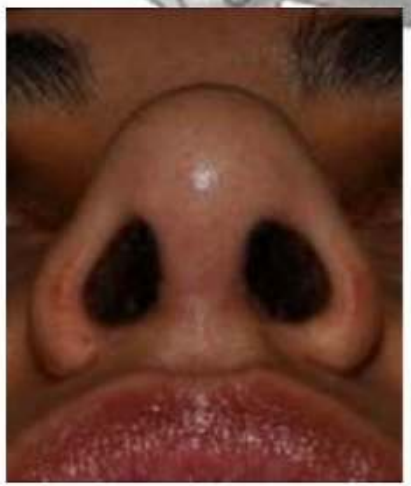
An example of **septoplasty**:
Moving the lower part of the septum to a more central position and fixing it to the underlying bone.

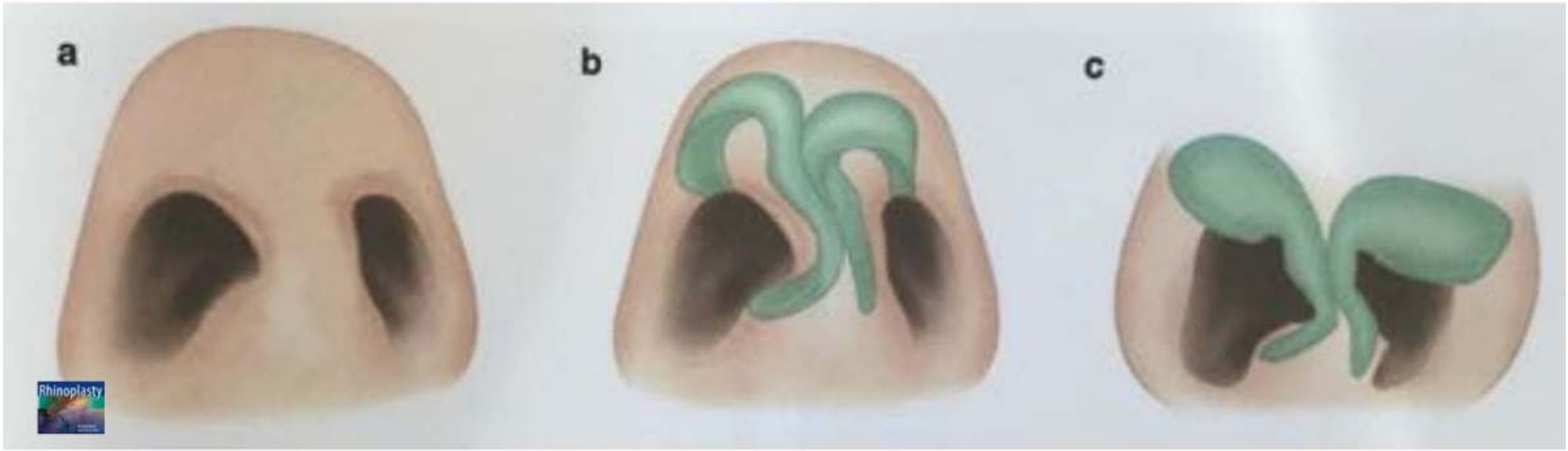




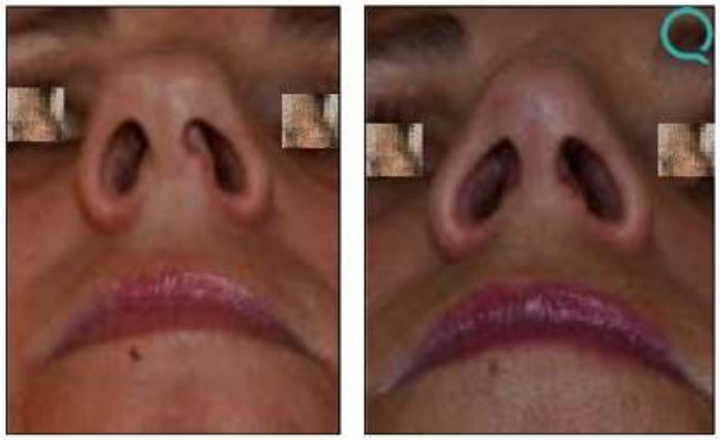
The flare of the nostrils is reduced by **removing a wedge** of tissue followed by meticulous repair.

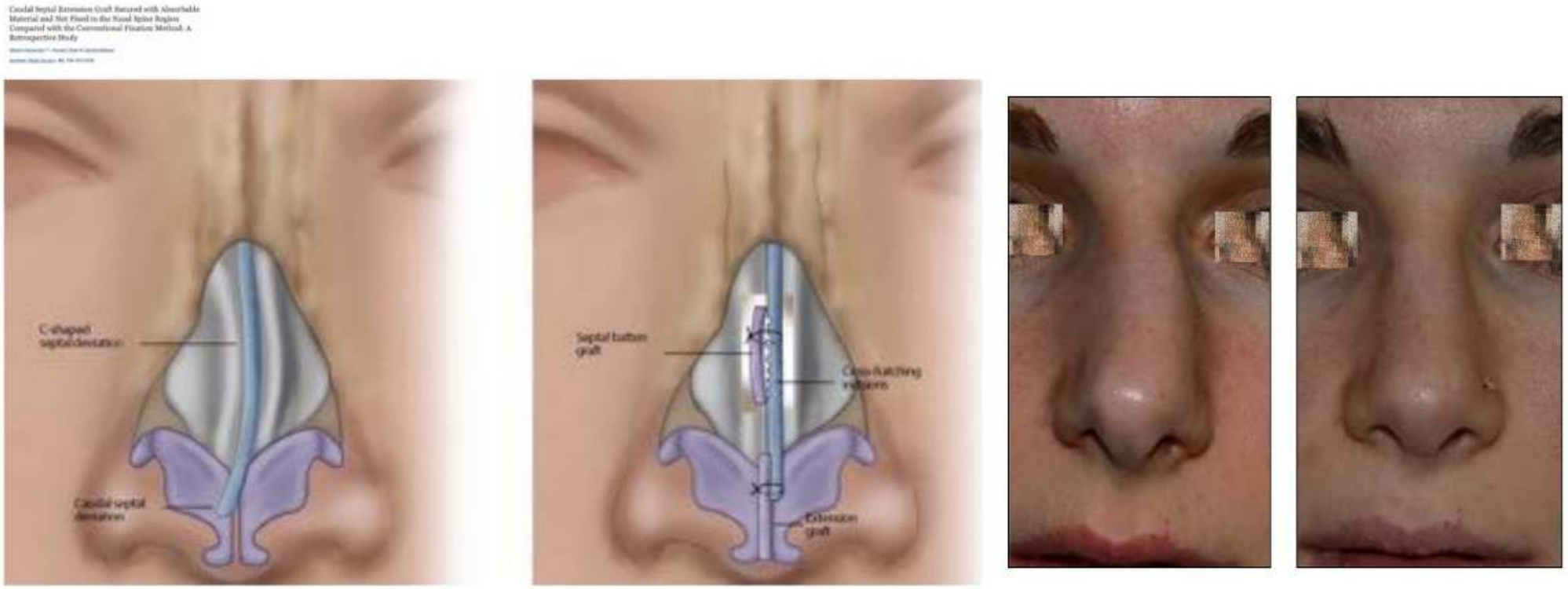






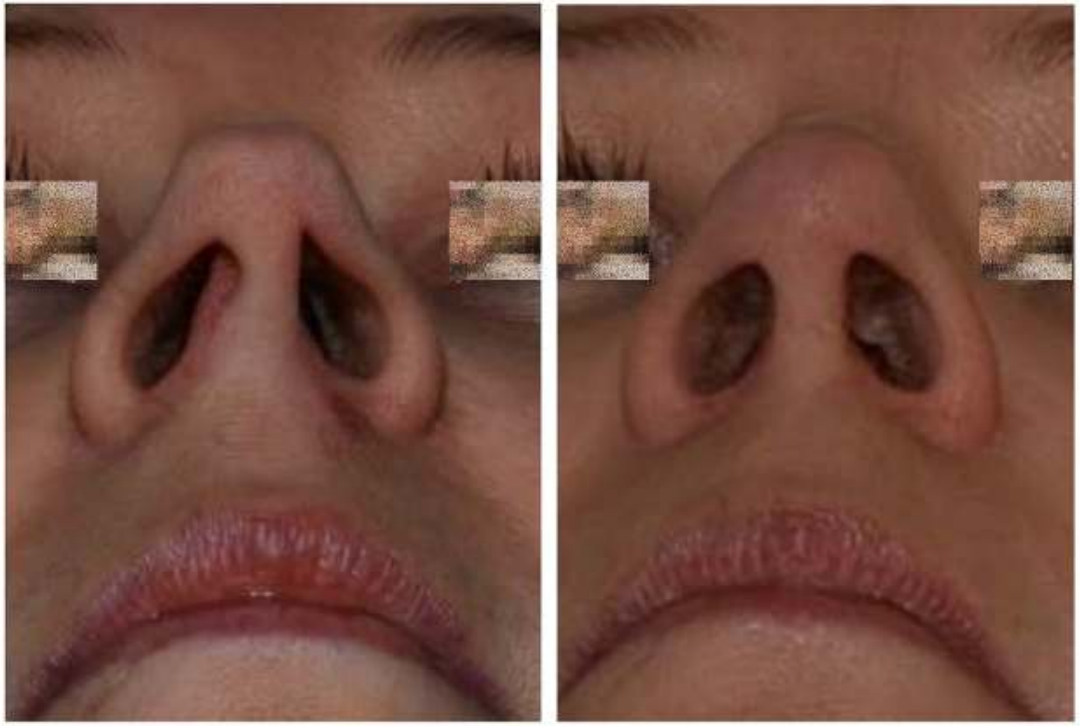
Deformed tips and obvious nostril asymmetries can be corrected by a combination of techniques including **septoplasty, the insertion of grafts , and reshaping by sutures.** Perfect symmetry may not be possible.

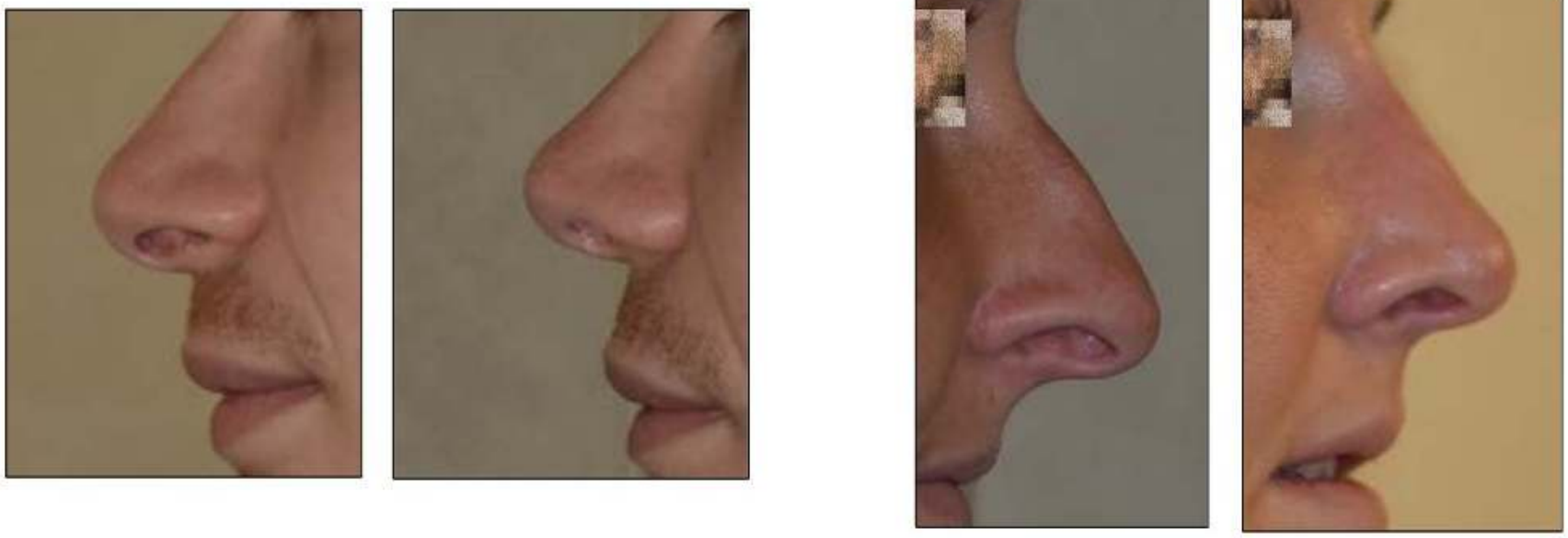




Grafting **is an essential technique in Modern rhinoplasty**. They are particularly useful in secondary (revision) rhinoplasty and in correcting squint noses. We use autologous (self) grafts. Most grafts in the nose are made up of cartilage and help serve to support the structure of the nose for either functional or aesthetic purposes. The nasal septum typically has enough cartilage to create a graft to be placed in other parts of the nose. However, sometimes it is necessary to harvest cartilage from the ear (auricular cartilage graft) or rib (costal cartilage graft). **The main risks with graft placement are potential visibility or asymmetries.** Fascial (soft tissue) grafts, taken from behind the ears, are useful in camouflaging minor irregularities along the bridge or the tip of the nose and act as a "natural filler" which is permanent.

A common site for grafting is the nasal tip. For many patients, the tip is the area that makes the nose unattractive. Cartilage grafting enables the surgeon to strengthen and reshape the structure of the nasal tip.

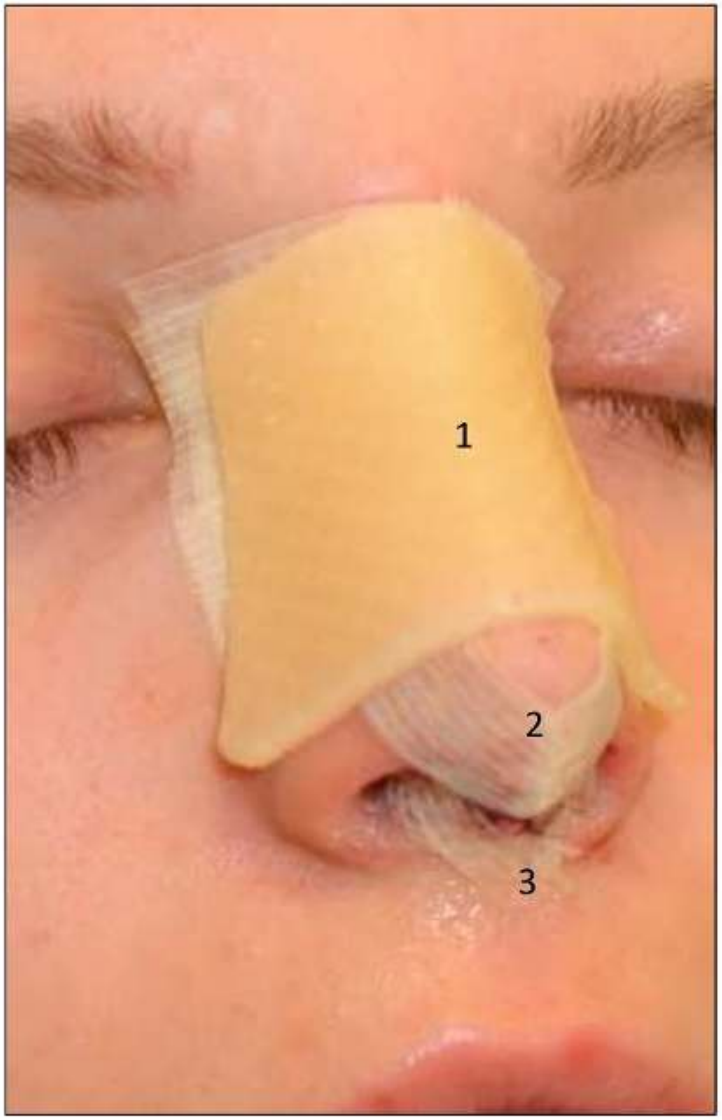




A combination of grafting and internal suturing were used to lift and reshape the tip in these two separate cases.

Appearance after the conclusion of standard rhinoplasty

1. Light thermoplastic cast moulded to shape
2. Tape to protect the skin
3. Light dressings to be removed before discharge from hospital



YOUR FIRST CONSULTATION

Your surgeon will take a thorough history and examination to assess the function and shape of your nose. They will obtain as clear an understanding of your wishes as possible and conduct a facial analysis using standard images of the nose. The goals of surgery will be explained and confirmed with you.

Computer imaging or morphing has drawn a lot of interest in the last decade. It can be a useful tool to get an idea of what you are looking to achieve, but it also has many limitations.

YOUR FIRST CONSULTATION

We mainly rely on alterations achieved in real cases with comparable features in setting realistic expectations. Your surgeon may examine you in front of a mirror, and look at and analyse your standardised photographs with you.

The aesthetic proportions of the nose and face, and the basic techniques that address common features, such as hump removal or tip alterations (or other features specific to your nose), will be explained with diagrams that illustrate the relevant anatomy of the nose. Before and after examples of real patients with features comparable to your nose will be shown (or are available on our web site). The main aims for what you are looking to achieve and a provisional plan will be agreed.

YOUR SECOND CONSULTATION

It is essential that you fully understand what rhinoplasty can and cannot achieve. For this reason, we recommend that you return for a second consultation.

Perfection or near perfection is difficult to achieve in rhinoplasty. No nose is perfect after rhinoplasty. If your expectations are unrealistic or you cannot cope with less than a perfect result, you should reconsider your decision. Some patients will benefit from an assessment by a psychologist before surgery. All patients are encouraged to complete a psychological screening test (see section on body dysmorphia).


Happiness after rhinoplasty:
The factors at play
1. The Surgeon
2. The Nose
3. Communications - setting realistic expectations
4. The healing process

Happiness after rhinoplasty: The factors at play

1. The Surgeon

Rhinoplasty is amongst the most challenging of all cosmetic surgeries. **No rhinoplasty result is ever perfect, but the chances of achieving a satisfactory cosmetic outcome are good when the procedure is carried out by an experienced artistically skilled surgeon.**

Modern rhinoplasty aims to preserve or enhance skeletal support and function by reshaping, repositioning, or reinforcing the cartilage, if necessary, by grafting. This is technically more demanding and that is why many plastic surgeons think rhinoplasty is best left to the relatively few who specialize in it.

Happiness after rhinoplasty: The factors at play

1. The Surgeon

Rhinoplasty can transform a misshapen nose, sometimes dramatically, but the basic architecture can only change so much otherwise, sooner or later, the form and/or the function of the nose would suffer.

It is a fact that **great surgical skills do not guarantee a good outcome.** Unfortunately, every surgeon who carries out rhinoplasty has some results that are not ideal, but there can also be some truly upsetting cases which end up causing both patients and their surgeons much unhappiness.

Happiness after rhinoplasty: The factors at play

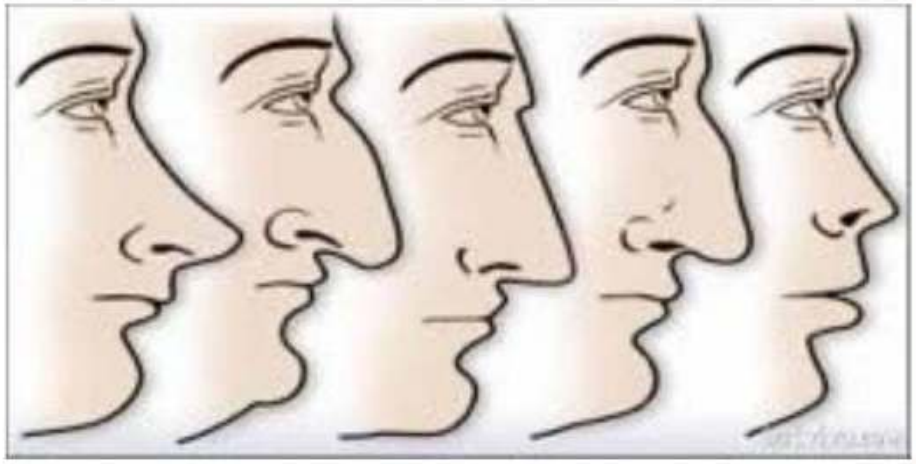
2. The Nose

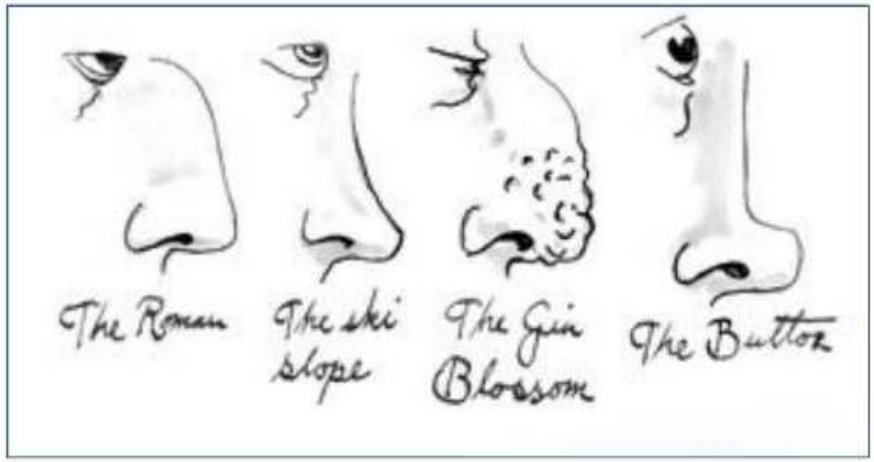
There are so many types of noses and a confusing array of descriptions. Each nose has its own challenges and requires a careful estimation of the deformity before surgery and appraisal of the techniques available for correction.

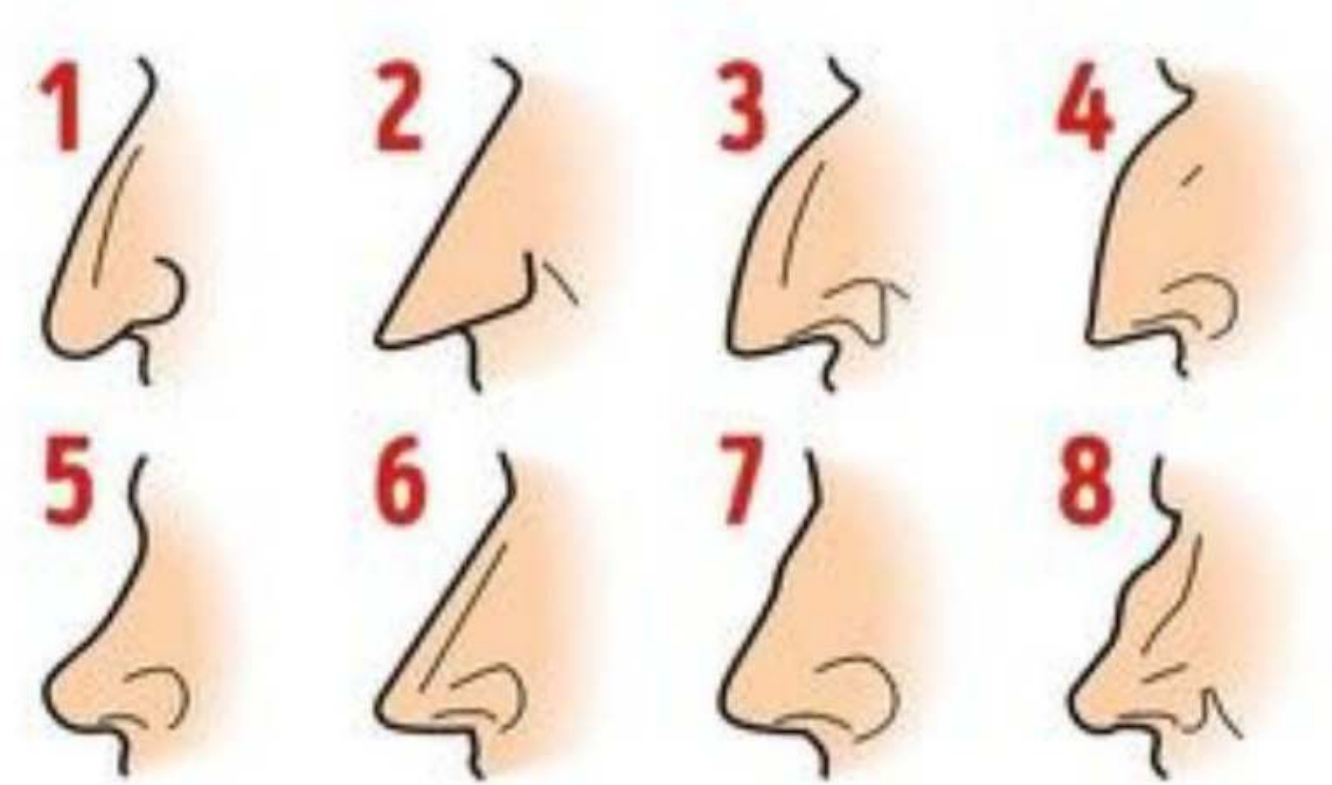
A nose with **a bump** visible on the side profile as the main deformity is easier to correct compared to one which requires additional work to reshape the tip. **A squint nose**, usually with underlying deviation of the septum, is more complex when compared with a straight nose. **Previous alteration of the structure of the nose** by trauma or surgery makes posttraumatic and redo rhinoplasties technically more demanding and the results less predictable.

Happiness after rhinoplasty: The factors at play

2. The nose:
There are so many types of noses and a confusing array of descriptions.







Illustrator: Daniil Shubin
Source: Creat Life and more

Happiness after rhinoplasty: The factors at play

2. The Nose

Extra care and experience are needed in reshaping **ethnic noses**. Ethnic patients have different standards of beauty. Ethnic noses are, on average, wider and shorter than a typical European nose, and tend to have thicker nasal skin with a bulbous fatty nasal tip, weak cartilage, and large nostrils. The anatomical characteristics of ethnic noses often require a different, more challenging treatment approach than the technique that is suitable for the Caucasian nose.

The cosmetic domino effect

Nasal tissues can be wayward, **the cartilage refusing to bend to the surgeon's will or the skin too thick or too thin to drape smoothly and evenly to disguise the seams and scars,** that are an unavoidable product of surgery. Furthermore, an alteration such as the removal of a hump from the bridge can change the shape and position of adjacent parts of the nose, prompting **a cosmetic domino effect.**

Extra care and experience are needed in reshaping ethnic noses

Plastic surgeon says Janet Jackson's nose appears to be 'collapsing'

By Spencer Bergan November 13, 2017 | 4:42pm

Janet Jackson circa 2011 (left) and on Nov. 9, 2017

Happiness after rhinoplasty: The factors at play

3. Communication, highlighting limitations, and setting realistic expectations

When it comes to successful cosmetic surgery results, this is often dependent on the communication between you and your surgeon. Make sure you feel comfortable with your surgeon and can communicate openly and honestly with them.

Individual results of cosmetic surgery and the way they are perceived by patients and judged by relatives and friends, can vary a great deal. One of the challenges in cosmetic surgery is how to set patient expectations.

No surgeon can guarantee that outcomes will in every way match patient's expectations.

Happiness after rhinoplasty: The factors at play

4. Healing: individual variations

Great surgical skills alone do not guarantee a good outcome. A "real wild card", is **how a patient heals.** It is not unusual for a result that looks great on the operating table to be less spectacular when healing is complete. This can be due to scar-tissue formation that masks subtle aesthetic nuances in shape. Soft-tissue contraction during healing can distort cartilage that has been modified as part of the reshaping process. Complications such as serious local infection can damage the cartilaginous framework and result in structural collapse.

It may take a year or so for all the swelling to settle down after surgery. During the first 8-10 weeks you may notice that there's still a bit of a bump or the tip is not quite right and need reassurance that some of these perceived imperfections will continue to improve. In some cases, surgical swelling will distort the nose for months after surgery and good results may look disappointing at first, particularly if you have thick sebaceous skin or if your skin had lost some of its natural elasticity through the aging process. **Remain patient.**

BODY DYSMORPHIA

Body Dysmorphia is defined as a preoccupation with one or more perceived defects in one's appearance which other people can hardly notice or do not believe it to be important. In addition, the symptoms must also either cause significant distress or handicap.

People affected with body dysmorphia often seek out cosmetic procedures to try to "fix" their perceived flaw. Afterwards, they may feel temporary satisfaction or a reduction in their symptoms, but often the anxiety returns, or they may move on to focus on other perceived problems related to their appearance.

VOGUE

CELEBRITY BEAUTY

Kim Kardashian West Admits She Suffers From Body Dysmorphia

BY LAUREN VALENTI

Seventeen

SUBSCRIBE SIGN IN

Miley Cyrus Tells Lili Reinhart She Has Struggled With Body Dysmorphia Her "Entire Life"

The two got real about how Instagram impacts body image.

By Kelsey Stiegman

BODY DYSMORPHIA

The degree of dissatisfaction you have with the appearance of your nose may range from mild natural concern to body dysmorphia (BD).

Among patients who seek rhinoplasty are those whose aesthetic defect is interpreted by themselves disproportionately, leading to significant suffering. These patients may have body dysmorphia. They commonly have high expectations regarding the surgical outcome and are often not satisfied postoperatively.

The central position of the nose in the face makes the nose one of the most common areas of concern in patients with BD. This accounts for the higher incidence (5-20%) in patients seeking rhinoplasty. It is generally accepted that patients suffering from **BD are more likely to be dissatisfied with the results of cosmetic procedures.**

Do I have Body Dysmorphia?

"Only a trained health professional can make a diagnosis of Body Dysmorphia, but a questionnaire can help guide you and your health professional. **The questionnaire assumes that you do NOT have a disfigurement or a defect that is easily noticeable or appears only slight to others.** The judgment on how noticeable your feature(s) is made by your plastic surgeon. The questionnaire can also be used as a measure of severity of your symptoms so you can use it before and after surgery and provide feedback on whether your symptoms have improved or not. The questionnaire comprises of just 9 items. The range is 0-72 where 72 is the most severe".

Questionnaires – Do I have BDD? - BDD Foundation
https://bddfoundation.org/helping-you/questionnaires-do-i-have-bdd/

Is satisfaction with rhinoplasty as high as it is with other cosmetic procedures?

It is an established fact that patients' satisfaction rate with rhinoplasty is not as high when compared with other cosmetic procedures. This is due to several factors including the intricate and challenging nature of rhinoplasty surgery, the huge spectrum of nasal deformities each requiring individualized surgical plan, the need to preserve function which limits the room for surgical maneuver, potentially unrealistic undeclared expectations, and possibly undiagnosed body dysmorphia.

Researchers studied all patient's reviews which were submitted following primary Rhinoplasty (2032 females, 294 males) on RealSelf (a social media website for patients undergoing cosmetic surgery). They recorded an overall satisfaction rate of 83.6%. The same researchers found that males were significantly less satisfied with surgery than females.

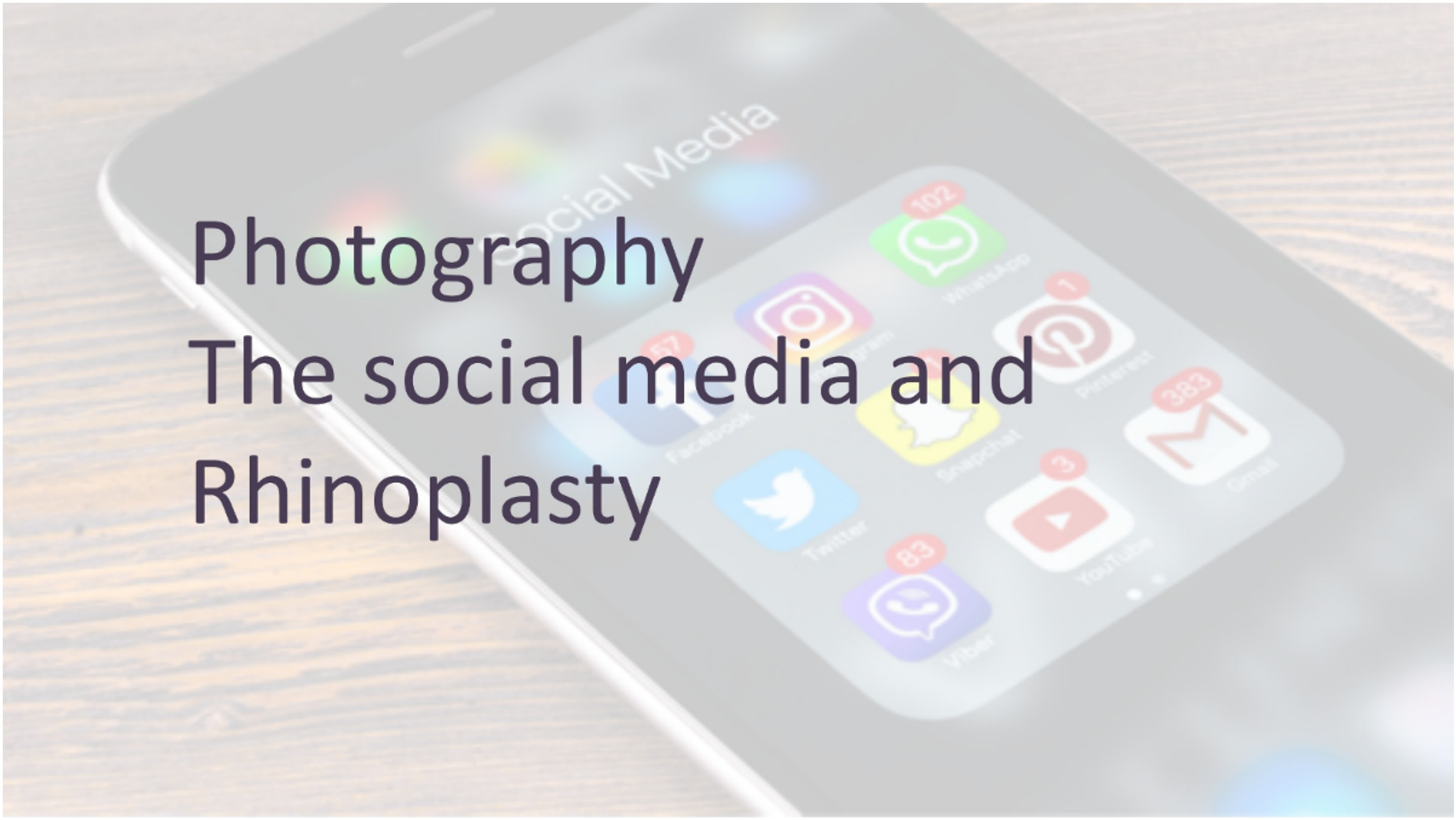
Factors influencing patients' perception of the outcome of Rhinoplasty

It is possible that surgeon and patient disagree when assessing the cosmetic outcome in rhinoplasty.

Cosmetic surgery is self-demanded and self-judged. However, it is important to know that your judgement or perception of the outcome can be influenced by any of the followings:

1. Remarks from friends and family. Since there is still a stigma around cosmetic surgery, you might have confided only in close family or friends that you planned to have rhinoplasty. After healing, you may wish to share the result with others. It is possible that people won't notice the difference! You may react to this with quiet disappointment. This could also negatively impact on your perception of otherwise a good cosmetic outcome.
2. Undeclared unrealistic expectations.
3. The current fashion taste, the media and your cultural and ethnic background.

A reappraisal of the result may follow a review of what had or could not have been done and objective comparison of the before and after pictures.


Photography
The social media and
Rhinoplasty

The social Media and Rhinoplasty

Some patients contemplating rhinoplasty surgery spend hours on end scrolling through Instagram and other online media and get bombarded with snaps of beauty bloggers, makeup artists and models with picture-perfect features. They admire the online "before" and "after" pictures remaining unaware of the fact that the perfect symmetrical looking noses were probably photoshopped and make-up contoured.

You are warned that although you may desire someone else's nose, a nose that looks great on someone else may not suit your face. For sure, no one-size-fits-all.

Also,
Remember
No nose is perfect after surgery.

..they admire the online "before" and "after" pictures not realising that the perfect symmetrical looking noses were probably photoshopped and make-up contoured !!

Photography and Rhinoplasty

The **before and after** images published on our website are of patients who have consented to have their pictures published **online**. During in-person consultations, additional images which could be more relevant to your individual case can be viewed thanks to the fact that a larger proportion of our patients prefer that we show their before and after images in a **clinical setting** rather than publish them on the web.

On www.quaba.co.uk we attempt to include **a spectrum of results** to help prospective patients visualize potential outcomes but not necessarily the result that an individual patient can expect from a particular procedure.

Your nose standard clinical photographs were viewed and studied during the consultation. We do so to help you understand the deformity, to actively participate in the surgical planning and to set your expectations. Some deformities may become more apparent in certain photographic views. A review of patient photographs immediately before and during surgery can also serve to refresh the surgeon's memory and help in assessing the effectiveness of various techniques in addressing a particular deformity.

Photography and Rhinoplasty

When we assess the outcome of rhinoplasty, we refer to your standard **before photographs. Selfies** and other images captured from unusual angles, taken in various shades of lights and different degrees of animation can be unrepresentative, misleading and may not compare like-for-like. In photography "almost anything can be made to look good or not so good from at least one angle". Seeing images from multiple angles is the only way to get some idea of the quality of a surgical result in three dimensions, when viewing two dimensional photos.

We are happy to see images of your nose captured by yourself or others, with or without morphing, or of other individuals or celebrities. These may help to give us an idea about your expectations and the opportunity to highlight any pitfalls or assumptions.

It is essential to remember that different patients undergoing rhinoplasty by the same plastic surgeon can end up having **different results** due to inherent factors such as age, skin quality, nose structure, and an unpredictable healing process. **Surgeons will not promise accurate reproduction of results that appear on a specific image**.