

Rhinoplasty Pre-operative Information

Rhinoplasty is the most versatile surgical procedure to correct functional and cosmetic problems with the nose. It can address the full range of anatomical causes for a blocked nose including correcting problems with the nasal septum, alar or upper lateral cartilages, bony nasal vault or skin and soft tissues of the nose. This includes addressing internal and external nasal valve collapse. It can also address cosmetic problems with any component of the nose.

Why would I need a rhinoplasty?

Some simple problems with the nose can often be corrected through a septoplasty or turbinoplasty alone. A broken nose may only need the bony component of the nose to be addressed without a full rhinoplasty. Other conditions generally require a rhinoplasty to obtain the best results. Conditions that may require a rhinoplasty include:

- A blocked nose
- Straighten a crooked nose
- Make the nose look symmetrical
- Make the nose smaller or larger
- Restore the height to an area which has flattened or collapsed
- Change the shape or location of the nasal tip
- Alter the size of the nostrils
- Remove a hump
- Repair damage from injury or trauma
- Correct birth defects
- Repair damage caused by disease such as infection or cancer
- Reconstruct the nose after skin cancer removal

A rhinoplasty may include a septoplasty and hence the operation is sometimes called a septorhinoplasty. A septoplasty addresses any bend in the nasal septum (the cartilage and bone that divides the nose into its two halves).

What does the surgery involve?

Rhinoplasty can be performed as day surgery but generally patients stay one night in hospital after their operation. The surgery takes between one and a half and four hours depending on the complexity of what is required. In some patients, especially revision cases or those with extensive nasal damage, a graft of cartilage may be taken either from the ear or rib. This is needed to rebuild the support of the nose.

Rhinoplasty can be performed through “open” or “closed” techniques. A closed technique involves incisions that are located entirely within the inside of the nose. Many simple alterations in the nasal shape can be performed using this approach. More extensive changes or repairs require a small incision hidden on the skin between the two nostrils called the columella. This is called an “open” technique and has become the most frequently used technique used by rhinoplasty surgeons due to the excellent visualisation of nasal structures and long-term quality results that can be obtained.

External incisions may be needed to decrease the size of large nostrils. The surgeon can mostly hide the incisions within the natural folds and creases of the nose. Once they heal, these scars are usually difficult to see.

Adjunctive procedures – chin augmentation

Sometimes in order to improve the profile (side view) of the face, it is preferable to increase the size of the chin. This can often bring a large nose more into proportion and give a more natural, balanced look. Chin augmentation is generally performed through a small incision under the chin and a soft, carefully shaped implant is inserted at the same time as the rhinoplasty procedure.

What is the recovery like after surgery?

Once surgery is complete, you are taken to a recovery room where your recovery is monitored. Your nostrils may contain soft splints to help align the nasal septum. You will still be able to breathe through these splints. You will have a splint taped to the outside of your nose that will stay in place for either one or two weeks after surgery. This helps to maintain the new shape of the nose while it is healing.

You will most likely stay one night in hospital. You will need to arrange for someone to drive you home following surgery, even if you do not stay overnight.

What to expect at home

- Common side effects of surgery include nose pain, headache, inability to breathe through the nose and facial puffiness. Elevating your head will help these side effects settle. Rest in bed with your head on a few pillows for the first 48 hours.
- Oral antibiotics, pain relief and antibiotic ointment will be prescribed. Please use these as directed.
- You should expect your nose to bleed a little for the first few days.
- Your nose may feel numb, but this will improve as the tissues heal. Some numbness can persist for a number of months.
- You may be unable to breathe properly through your nose for a few days and a stuffy feeling may persist for a few weeks while your nose heals.
- Swelling and bruising of your nose and eye area will peak two to three days after surgery, then gradually subside after four or five days. The application of ice packs over the first 24 hours will help to decrease the swelling and bruising around the eyes. By day 10, swelling and bruising will have improved. In some cases, the nose may be subtly swollen for several months.
- The bruising and swelling may upset you. Depression is common in the first few days after surgery and is a normal reaction. These feelings should subside within a week or so. However, consult with your surgeon if your depression lingers or worsens.

Taking care of yourself at home

- Make sure you have a responsible adult available to help you for at least the first 24 hours at home.
- Do not blow your nose for at least seven days.
- Do not engage in any activity that is likely to raise your blood pressure, such as exercise or bending over, for between two and three weeks.
- Protect your nose from sunburn and accidental knocks for at least 8 weeks.
- Do not rub your nose for a minimum of 8 weeks.
- Do not smoke. Smokers are at increased risk of wound breakdown and slow healing.
- Make sure to attend all follow-up consultations. These are important.
- Use ice packs to reduce bleeding and swelling.

Stitches, dressings and nasal packs

Typically, stitches on the outside of the nose are removed between four to seven days after surgery. If splints are used on the inside these will be removed at the same time. Stitches placed inside the nose are generally absorbable and can be left to dissolve by themselves.

External splints are removed at either 7 or 14 days. You should avoid wearing spectacles until you have discussed this with me as they can put pressure on nasal bones if they have been broken and move them inwards. Contact lenses can be worn whenever you feel ready.

Possible complications of surgery

Most rhinoplasty patients do not have complications, but every surgical procedure has risks. If you have concerns about particular complications, please discuss them with me.

General risks of surgery

- Allergic reaction to anaesthesia, antiseptics, sutures or dressings.
- Short-term nausea following anaesthesia.
- Painful incision sites.
- Excessive bleeding from the wound.
- Infection of the wound that may require antibiotics or surgical drainage.
- Build-up of blood around the wound that may need to be surgically drained.
- Delayed healing, which is more common in people who smoke.
- Failure of the wound edges to knit together.
- Formation of keloid or hypertrophic scars, which are raised, thick and itchy.

Specific risks of rhinoplasty

- The pain may be severe and ongoing. You might need prescription painkillers for longer than you thought.
- The nose may still feel numb or have altered sensation after bruising and swelling subside.
- The upper front teeth may feel numb but this is usually temporary.
- The nose's appearance may be unsatisfactory and may require revision surgery.
- The sense of smell may be impaired, or rarely, the sense of smell may be lost or distorted.
- The nose may be slightly swollen for months. In some cases, it may take at least a year before the nose's final shape is known
- The skin under the eyes may be darkened, but this usually subsides over six to twelve months.
- The underlying support structures of the nose may be weak and cause the nose to flatten. This can be corrected only by surgery.
- An implant (if one was inserted) may extrude into the nose or through the skin.
- The nasal airways may become narrowed, causing difficulty in breathing through the nose. When major changes to the nose are undertaken, there is a risk that nasal breathing may be altered.
- The tiny blood vessels (capillaries) in the skin of the nose may enlarge, leading to a reddened nose. Laser surgery can usually improve this.
- Around one in twenty rhinoplasty patients' needs further surgery to the nose in order to achieve the desired effect.

Specific risks of septoplasty

- Permanent perforation of the nasal septum
- Septal haematoma or abscess, requiring drainage

Realistic expectations

Results following rhinoplasty vary according to the person's facial shape, skin thickness, age and shape of their nasal structures such as bone and cartilage. Healthy patients who have realistic expectations of what surgery can achieve make the best candidates for rhinoplasty. Disappointment after the operation may be due to unrealistic expectations of how much improvement can be made. It is important to realise that improvement, not perfection, is the aim of rhinoplasty.

Cosmetic surgery is sometimes thought to be the answer to life's problems but a "new nose" is not a guarantee of happiness. These issues can be complex and may require psychological help rather than cosmetic surgery. In some cases, the patient may be satisfied with the results of surgery but their family and friends react negatively. For example, some people may like the original shape of your nose or may feel that you have rejected a family trait. Comments may be hurtful, but it is important to keep in mind your reasons for choosing rhinoplasty.