

## RHINOPLASTY

Patient information to assist informed consent

**R**hinoplasty is a common surgical procedure to reshape, repair or reconstruct the nose. For people who are unhappy with the shape or size of their nose, rhinoplasty may improve their appearance and self-esteem.

People who develop nasal deformity and/or nasal obstruction due to injury, infections or disease may benefit from rhinoplasty. These patients would require a reconstructive rhinoplasty. Occasionally, infants with birth deformities may require nasal reconstruction.

The aim of rhinoplasty surgery is to create a functional and aesthetic nose tailored to each individual patient. Using modern techniques, a plastic surgeon can:

- alter the size and shape of the nose
- change the appearance and the width of the tip
- correct nasal septum deviations.

Carefully performed, all of this can be done without compromising function.

Nose reconstruction for severe deformity may require two or more operations, with lengthy periods of healing between operations.

Rhinoplasty may be performed in conjunction with septoplasty, which involves operating on a bent septum.

### Rhinoplasty in teenagers

Many teenagers often consult plastic surgeons if they are concerned about the shape or size of their nose. However, the adult nose does not fully develop until

the major growth spurt during puberty. In girls, the growth of the nose is mostly complete at 15 years; in boys about 17.

Generally, surgeons do not recommend rhinoplasty before the nose has finished growing. If rhinoplasty is performed at too young an age, regrowth and deformity can occur. If the nasal septum is operated on when the patient is too young, the nose may not grow properly.

Psychologically, teenagers may have insufficient maturity to make major decisions regarding any form of aesthetic surgery. It is important for parents to be involved in decision making.

Surgery should be appropriate for each individual, especially the young.

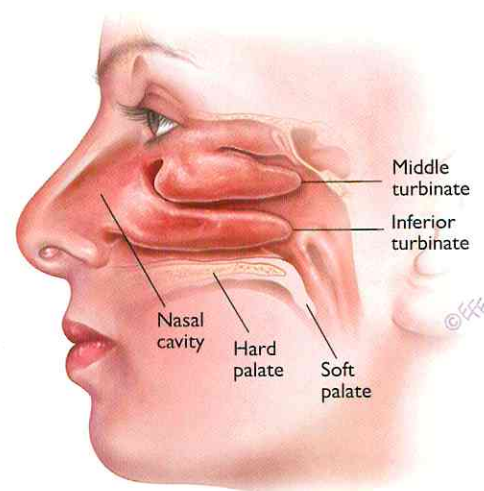
### Chin augmentation or reduction

Reshaping of the chin can be performed at the same time as a rhinoplasty. This can help to achieve a more balanced facial harmony.

The whole face must be considered when planning nasal surgery.

### Realistic expectations

Patients who are healthy and have realistic expectations about what the surgery can achieve are usually suitable for rhinoplasty. Not everyone will get the same results from a rhinoplasty. Factors such as structure of the nasal bones and cartilage, shape of the face, thickness of skin and age can affect the procedure and results.



The nose is a complex structure made of bone and flexible cartilage. A vertical wall called the nasal septum separates the nasal cavity into two airway passages, referred to as the nasal airways. The nasal septum consists of both bone and cartilage. The nose is essential for normal breathing and smell. The nasal airways filter air, and the nose helps to drain the frontal sinuses. The turbinates (shown above) assist airflow through the nose and humidify the air we breathe.

### TALK TO YOUR PLASTIC SURGEON

This pamphlet is intended to provide you with general information. It is not a substitute for advice from your surgeon and does not contain all the known facts about rhinoplasty. If you are not sure about the benefits, risks and limitations of treatment, ask your surgeon.

Read this pamphlet carefully, and save it for reference. Technical terms are used that may require further explanation by your surgeon. Write down questions that you want to ask. You are encouraged to fully discuss with your surgeon:

- the results you desire
- the surgery to be done and why
- the outcome you can expect.

Use this pamphlet only in consultation with your surgeon.

#### IMPORTANT: FILL IN ALL DETAILS ON THE STICKER

DEAR SURGEON: When you discuss this pamphlet with your patient, remove this sticker, and put it on the patient's medical history or card. This will remind you and the patient that this pamphlet has been provided. Some surgeons ask the patient to sign the sticker to confirm receipt of the pamphlet.

#### TREATMENT INFORMATION PAMPHLET

PEEL HERE

PROCEDURE: \_\_\_\_\_  
 PATIENT'S NAME: \_\_\_\_\_  
 DOCTOR'S NAME: \_\_\_\_\_  
 EDITION NUMBER: \_\_\_\_\_ DATE: DD / MM / YYYY

Your Plastic Surgeon

AUSTRALIA PLASTIC  
SURGERY



# RHINOPLASTY – THE SURGICAL PROCEDURES

## Nose with a hump

Two basic methods are used in rhinoplasty: the “open” technique (open rhinoplasty) and the “closed” technique (closed rhinoplasty).

Rhinoplasty is not minor surgery. Most operations take at least two hours. More complex reconstructions may take longer.

### Open rhinoplasty

During open rhinoplasty, the surgeon makes a small incision across the columella between the nostrils, close to the upper lip.

This incision is continuous with small incisions within the rim of the nostrils. This allows the skin to be elevated and entirely separated from the underlying tissues that form the nasal structure.

Open rhinoplasty gives the surgeon full vision of the nasal structure and allows for more accurate reconstruction of the nose, including tip position and size. It offers considerable advantages in main-

taining the function of the nose.

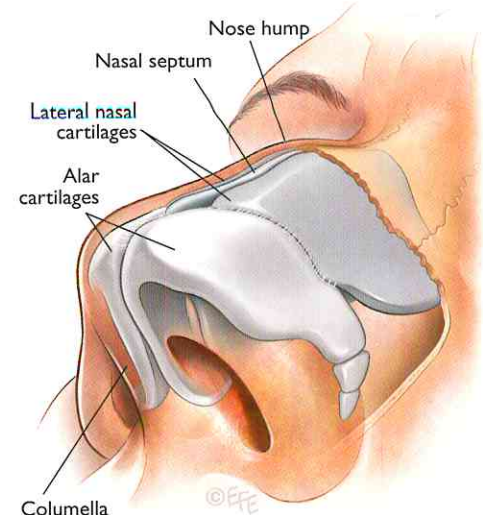
The open technique is used by most rhinoplasty specialists. Some surgeons still use closed rhinoplasty where the structural changes required are minimal.

### Closed rhinoplasty

During closed rhinoplasty, the surgeon makes incisions within the nose to elevate the skin off the underlying nasal tissue, consisting of bone, cartilage and connective tissue. This allows the lining of the septum to be cut and lifted. The septum and the cartilages can then be altered and the skin re-draped to adapt to the new structure.

A surgeon may perform closed rhinoplasty where the structural changes required are minimal and function will not be harmed.

Due to the limited surgical access of the closed technique, a surgeon may find it difficult to properly alter the shape and position of the tip cartilages. Therefore,



closed rhinoplasty may not be appropriate in some cases.

Using the closed technique, it is more difficult to maintain the strength and correct angles of the cartilage structure necessary for unobstructed breathing.

## THE DECISION TO HAVE TREATMENT

The decision whether to have a rhinoplasty should only be made after discussion with your plastic surgeon. The decision should not be made in a rush. Make a decision only when you are satisfied with the information you have received and believe you have been well informed.

When rhinoplasty has been performed by a qualified plastic surgeon, serious problems after surgery are uncommon. Your surgeon will be pleased to discuss the benefits, risks and limitations of treatment.

Keep in mind that your surgeon cannot guarantee that the surgery will meet all of your expectations or that the surgery has no risks. Read about the risks of surgery on page 4. Seek the opinion of another surgeon if you are uncertain about your surgeon's advice.

**CONSENT FORM:** If you decide to have treatment, your surgeon will ask you to sign a consent form. Read it carefully. If you have questions, ask your surgeon.

**REACTION FROM FAMILY AND FRIENDS:** After a rhinoplasty, some people have reported negative responses from family

members or friends. Relatives or friends may feel that the original shape of the nose was a family or ethnic trait and should not be changed.

In such cases, it is helpful to remember why the shape of your nose is important to you. Taking a family member to your consultation can be helpful, both for support and to help remember details relevant to the surgery.

### Before surgery

Depending on the structure of your nose and the indications for surgery, your surgeon may recommend diagnostic tests, particularly if you have had symptoms of sinusitis or previous nasal or maxillary surgery. Tests may include a CT (computer-assisted tomography) scan or nasal endoscopy, where the internal structure of the nose is examined.

Photographs will be taken from various angles to record the preoperative shape of your nose and help with the treatment plan. Computer imaging may be used to help give you an idea of the possible result. However, this is an image only and not a guarantee.

Your surgeon needs to know your medical history. Fully disclose any health problems you have had. Some may interfere with surgery, anaesthesia and aftercare.

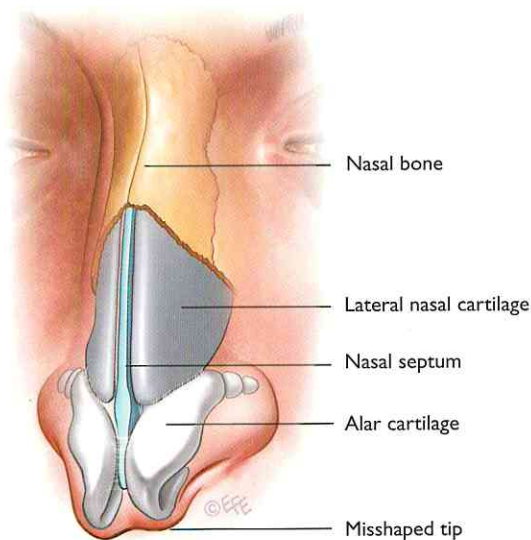
Before surgery, tell the surgeon if you have had:

- a previous injury to the nose or nose surgery, even if it was a long time ago
- pre-existing nasal airway or sinus problems
- allergy or reaction to antibiotics, anaesthetic drugs, any other medicines, surgical tapes or dressings
- prolonged bleeding or excessive bruising when injured
- previous problems with blood clots in the legs or lungs
- recent or long-term illness
- psychological or psychiatric illness
- keloid scars or poor healing of scars after previous surgery.

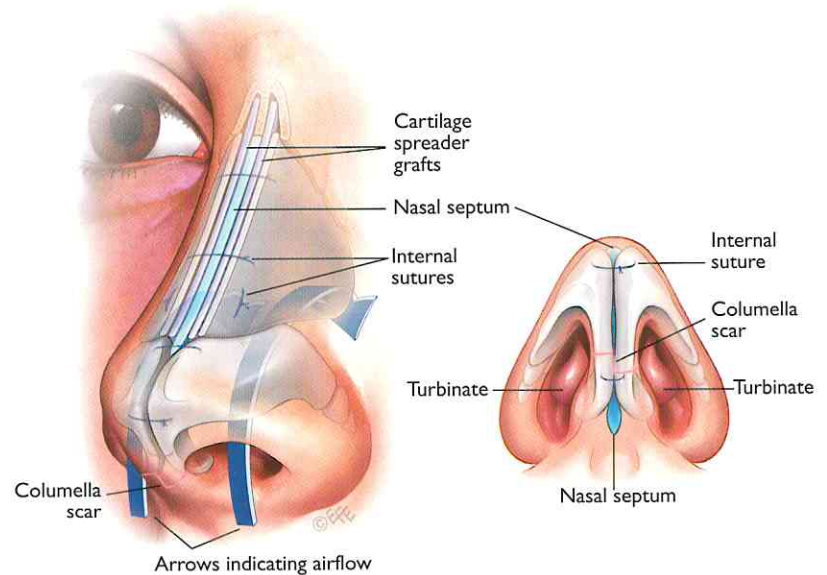
To detect problems that could complicate surgery or anaesthesia, blood tests may be taken. Chest X-ray examination and electrocardiograph (ECG) tests may be ordered to assess your suitability for general anaesthesia.



## Nose with a misshaped tip



## Reconstructed nose



### Cartilage spreader grafts

Usually, enough cartilage is within the septum to reshape the nose and reinforce the new nasal structure. However, some patients may have insufficient septal cartilage, especially if they have had previous nose surgery. The surgeon may

have to obtain cartilage grafts from other organs, such as an ear or rib.

### Surgical scars

Surgical scars on the nose are avoided with the closed technique. With the open technique, a stepped or zig-zag incision is made across the columella, which usually

heals well and is undetectable within a few weeks.

Occasionally, incisions are made to reduce excess width of the nostrils. When placed in the natural creases at the sides and base of the nostrils, these incisions are usually hard to see after healing.

Give the surgeon a list of ALL medicines and supplements you are taking or have recently taken. Include medicines prescribed by your family doctor and those bought "over the counter" without prescription. Include medicines taken for longer-term treatments, such as insulin, warfarin and contraceptive pills. Include any herbal or alternative preparations. Some herbal preparations such as ginseng and St John's wart may affect blood clotting and anaesthesia.

Medicines that interfere with the clotting of blood can cause excessive bleeding during surgery. If you take a medicine to prevent a blood clot, seek the

advice of your surgeon and prescribing doctor before stopping the medicine.

Some surgeons advise that particular patients should continue to take aspirin before surgery, especially if they have a risk of heart attack or stroke. Some doctors recommend stopping the contraceptive pill for a time before surgery to reduce the risk of blood clot problems. Discuss your medications carefully with your surgeon.

Your surgeon may prescribe drugs, such as antibiotics and small doses of blood-thinning agents, to be administered prior to surgery.

**SMOKING:** Stop smoking at least two

weeks before surgery. Smoking increases surgical and anaesthetic risk and impairs healing, especially of the nose. It is best to quit.

### Anaesthesia

Rhinoplasty can be performed under general anaesthesia or local anaesthesia with sedation.

Modern anaesthesia is safe and effective, but does have some risks. Rarely, side effects from an anaesthetic can be life threatening. Ask your anaesthetist for more information.

Give your anaesthetist a list of all the medications you are taking or have taken, and any allergies you may have.

## RECOVERY AFTER SURGERY

**R**hinoplasty may be performed as a day procedure or as an overnight stay in hospital. After surgery, you will be transferred from the operating theatre to a recovery room. Nursing staff will monitor your heart rate, blood pressure, breathing and general recovery.

**GOING HOME:** If you are a day surgery patient, you may be ready to go home

after a few hours, or your surgeon may recommend that you stay overnight.

Arrange for someone to drive you to and from the hospital or clinic. After you return home, an adult should stay with you for at least 24 hours. You should have a telephone available in case you need to contact the surgeon, hospital or clinic.

**SWELLING AND BRUISING:** The face may

feel puffy, and the nose may ache. You may have a dull headache. Stay in bed with your head elevated for the first 24 hours to help these side effects subside. The nose and the area around the eyes will be swollen and bruised. Swelling and bruising will increase in the first two to three days after surgery and then begin to settle after four to five days. By 10 days,

*Continued on page 4*



the bruising and swelling are usually greatly reduced. Allow at least two weeks to recover. Social activities and work may be limited by swelling and appearance. Some subtle swelling may remain for several months. Healing can be a slow and gradual process.

Breathing through the nose may be difficult for several days. Breathing will improve as the swelling and bruising go down. Stuffiness may persist for several weeks.

**DRESSINGS:** If soft splints or any form of packing has been placed inside the nose, they are usually removed shortly after surgery. Stitches inside the nose are usually dissolvable, and do not need to be removed. External skin stitches are removed after four to seven days. All dressings, splints and stitches are usually

removed in one to two weeks.

**BLEEDING:** It is common to have some spotting of blood from the nose for the first few days after surgery.

**SENSATION:** The skin of the nose may be numb, especially the tip. Sensation usually returns gradually over the coming year.

**RETURNING TO NORMAL ACTIVITIES:** Avoid blowing your nose for at least a week. Avoid activity that increases blood pressure (such as jogging, swimming or bending) for two to three weeks. Take every precaution to avoid having your nose hit, rubbed or sunburnt for at least eight weeks after surgery.

**GLASSES AND CONTACT LENSES:** After the splint is removed, glasses can be worn, but they must not exert weight on the healing nose. To prevent pressure on the

bridge of the nose, tape the frames to your forehead for six to seven weeks or until the nose is completely healed. Some people prop the frames on their cheeks. Contact lenses can be worn as soon as you feel up to it.

**EMOTIONS:** Some patients may have depression after plastic surgery, especially when they see the swelling and bruising. This is normal and may last for a few days. If emotions worsen, tell your surgeon.

**PAIN RELIEF:** Patients have aching in the nose and surrounding areas after surgery. The surgeon will prescribe a pain reliever. Report severe, ongoing or worsening pain to your surgeon.

**FOLLOW-UP:** Your surgeon will schedule follow-up appointments to check on healing and general health.

## POSSIBLE COMPLICATIONS OF RHINOPLASTY SURGERY

Modern surgery is safe but does have risks. Despite the highest standards of practice, complications are possible.

It is not usual for a surgeon to dwell at length on every possible side effect or rare but serious complications of any surgical procedure. However, it is important that you have enough information to weigh up the risks, benefits and limitations of rhinoplasty. Most patients will not have complications, but if you have concerns about possible side effects, discuss them with your surgeon.

The following possible complications are listed to inform you and not to alarm. There may be other complications that are not listed.

### General risks of surgery

Possible complications of any surgery include:

- wound infection (treatment with antibiotics may be needed)
- pain and discomfort around the incisions and operative site
- haematoma (an accumulation of blood around the surgical site that may require drainage)
- nausea (typically from the anaesthetic; this usually settles down quickly)
- heavy bleeding from the incisions
- keloid or hypertrophic scars. Most scars fade and flatten, but some become and remain raised, itchy, thick and red. A keloid or hypertrophic scar can be annoying but is not a threat to health. Additional surgery or chemical treatment may be needed to try to improve the scar

- slow healing (most likely to occur in smokers and people with diabetes)
- separation of wound edges
- allergies to anaesthetic agents, antiseptic solutions, suture material or dressings
- a blood clot may form in a leg (deep vein thrombosis, DVT) which may become life threatening. DVT requires immediate treatment.

### Specific risks of rhinoplasty

- Numbness of the nose or change in feeling that continues after the swelling has gone down.
- Asymmetry of the nose.
- Rarely, reduced sense of smell or loss of smell.
- Visible swelling that persists for weeks and sometimes months; in some cases, a year may pass before all swelling has gone and the final result can be seen.
- Loss of structural support may cause collapse of the nasal airways during breathing, resulting in a "flattened" nose and a need for further surgery.
- Perforation of the nasal septum.
- Airway obstruction caused by over-alteration of cartilage when decreasing the size of the nasal passages.
- If an implant is used, it may extrude through the skin.
- Reddening of the nasal skin caused by increased prominence of tiny blood vessels in the skin (this can be treated by laser surgery in most cases).
- Persistent pain and discomfort during recovery that may require prescription pain relievers.

- Reoperation: some patients may need a second procedure to further improve the outcome; this occurs in about one patient in 10.

### REPORT TO YOUR SURGEON

Tell your surgeon at once if you develop any of the following:

- temperature higher than 38°C or chills
- heavy bleeding from the incisions
- severe pain or tenderness
- spreading redness near an incision
- feeling dizzy, faint or short of breath
- any concerns you have regarding your surgery.

If your surgeon cannot be contacted, attend your family doctor or the Accident and Emergency department at your nearest hospital.

### COST OF TREATMENT

Ask your surgeon to provide an estimate of the surgical, anaesthetic and hospital fees. This can only be an estimate as the actual treatment may differ from the proposed treatment. If further treatment is needed due to complications or the patient chooses other options, extra costs are likely to apply.

Ask your surgeon about the costs that may be covered by private health funds or public healthcare insurance. Medicare benefits are payable in specific cases but not for purely cosmetic reasons. Discuss costs before treatment rather than afterwards. Public or private insurance may cover treatment of complications.