



Nose Reshaping (Rhinoplasty)

Rhinoplasty is the alteration of the shape of the nose, which has a very important impact on facial aesthetics. The nose has a significant role in the airway, and this can be affected following alterations in the shape of the internal passages of the nose. There are a number of different types of rhinoplasty, described below.

Tip rhinoplasty

The aim of this procedure is to alter the shape of the nasal tip and is performed under direct vision. There is no bony work or fracturing required and a nasal splint is not applied post operatively.

Open rhinoplasty

The shape of the whole nose is altered via an incision placed along the inside of the nostril rims and across the base of the columella (the strip of skin between the nostrils in the midline). This allows good access to the bony and cartilaginous parts to the nose to allow accurate reshaping using a number of techniques.

Secondary rhinoplasty

This operation involves those who have undergone previous rhinoplasty surgery, but who wish further nose reshaping. This can be more difficult as there is often more scarring and corrective work can involve more complex procedures.

Augmentation rhinoplasty

This involves increasing the size of the nose, and often requires the use of cartilage obtained from the back of the nasal septum, from the ear or sometimes even from rib cartilage.

SMR

This procedure involves removing a portion of the central cartilage septum deep within the nose in order to improve the nasal airway. The central cartilage septum can be bent or deviate significantly enough to affect breathing. Once this bent septum is removed, the airway is improved. This operation does not affect the shape of the nose from a cosmetic point of view, but instead is aimed to improve the airway/breathing. This procedure can be performed at the same time as an open rhinoplasty.

Other useful information

Preoperative advice: The aims, expectations and other considerations of surgery will be discussed at the initial consultation. Smoking in the preoperative and postoperative period is strongly discouraged, as this might increase the risk of complications. Aspirin and related anti-inflammatory painkillers (Ibuprofen, naproxen, diclofenac/Voltarol etc.) should be avoided for two weeks before and two weeks following surgery as they can exacerbate bleeding.

Before the operation: Patients are admitted on the day of surgery and will be seen by the anaesthetist who will discuss aspects of the general anaesthetic with you. Routine preoperative



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checks are performed by the nursing staff. Mr Adams will review you prior to the surgery, take photographs and discuss the surgery once more prior to consent. Some patients might require a blood test and all patients will be given a pair of stockings to wear. These are worn whilst you are asleep to improve the circulation and to reduce the risk of thrombosis.

Operative procedure: The operation time can vary depending on the nature of the procedure(s) to be undertaken. Most of the rhinoplasties are undertaken in an open manner, using an incision placed just inside of each nostril rim and across the base of the columella (the small bridge of skin between the nostrils). The bony and cartilaginous skeleton of the nose is exposed and corrective surgery undertaken. At the end of surgery, sutures are applied to the incision sites and are self-dissolving. In most cases, a plaster of Paris splint is applied to the nose and a Vaseline impregnated jelonet pack is inserted into the nasal passages.

What to expect following surgery: On returning to the ward, patients will usually have a drip to provide fluids for the first few hours until they are able to eat and drink. A bolster dressing is placed gently under the nose to collect any discharge. Patients should expect some bruising around the eye regions, and may have black eyes for between 1-3 weeks following surgery. The nasal pack is usually removed on the day following surgery and patients are allowed to go home, with an appointment at one week to ten days later for removal of the nose splint.

Risks and complications: As with all surgery, complications can occur. In the initial stage following surgery the main risk is bleeding. Very occasionally, patients need to be readmitted in the initial few days following surgery for nasal packing. This is a rare complication. The most common complication is adverse healing which can alter the shape of the nose leading to an undesirable result. However, because the nose takes up to nine months to settle, the final result cannot be fully assessed until that time. Rarely, some revisional secondary surgery might be required, though this is usually minor and often undertaken as a daycase procedure.

What happens when I leave hospital?

Dressings/Stitches: Whilst the Nose splint is in place, patients are reminded not to get it wet. Sutures are used to close the incision sites both inside and at the base of the nose (columella). All of these sutures are self-dissolving and the exposed suture material will usually rub out by ten days to two weeks postoperatively.

Appearance: In most cases, there will be significant bruising around the eyes which may persist for 1-3 weeks following surgery. On many occasions, the bruising and swelling can get worse in the first 2–3 days following discharge from hospital. In order to reduce the degree of swelling and bruising, patients are advised to sleep on two or three extra pillows at night and possibly also raise the head end of the bed for several days following surgery. After removal of the splint, there will still be some swelling around the nose. Whilst it will be possible to have a reasonable idea of what has been achieved, one must wait 9 months to judge the final result. This is as a result of the persistent swelling within and under the skin and the time it takes for the internal scarring to mature. The presence of lumpiness, either to touch or on occasions to see, should not be a matter of significant



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concern as in the vast majority of cases, this will resolve spontaneously. *For several weeks and sometimes months following surgery, the skin of the nose will feel numb and the tip can feel woody and solid.* These features will resolve by themselves. The columella scar can remain pink for a number of weeks before fading.

Pain relief: The rhinoplasty procedure is not normally associated with significant pain or discomfort. Immediately following surgery, pain relief will be offered and should be taken on an 'as required' basis.

Glasses and contact lenses: As a result of the splint and swelling around the eyes, patients will not be able to wear glasses or contact lenses for several days following surgery. The splint will prevent glasses from being properly worn, and even when the splint is removed, caution is required when placing glasses over the bridge of the nose, in order not to disturb the nasal bones. Avoid pressure to this area for several weeks following surgery. It can be useful to strap glasses to the forehead with tape to relieve pressure over the bridge of the nose.

Activities: whilst all dressings are in place, you are advised not to drive. You have to be cautious even after the splint has been removed as the healing has yet to be complete. Avoid vigorous activities or sports (swimming, tennis, gym aerobics) for four to six weeks as the nose is still fragile during this time. Contact sport should be avoided for three months. Patients can return to work even with the splint on, as long as this does not involve significant physical activity. Further details will be provided to you preoperatively, and please do ask.

When the nose splint is removed, patients will begin to have a clearer idea as to what has been undertaken, however, the nose will still be slightly swollen, and the healing process within the bone and cartilage will still take some considerable time to settle. The full result of the nasal surgery cannot be judged for up to nine months following surgery. Patients will notice that the nose may feel numb and hard, especially at the tip. This numbness will gradually return to normal after several months and the woodiness of the nose will likewise settle, but after a number of months.

Follow-up: Patients will be reviewed by the cosmetic nurse on removal of the splint at one week to 10 days following surgery. An outpatient appointment is made to see Mr Adams at 6 weeks and nine months. The appointment for removal of the nose splint will be made before you leave the hospital.

Causes for concern: The rhinoplasty operation is usually associated with relatively few risks. Some bleeding may be experienced in the first few days following surgery. Should this be marked then patients should seek medical advice. The airways and sense of smell may be reduced initially though in the vast majority of cases this will resolve spontaneously within a few weeks. These should not be a cause for concern. The nose skin is numb and care needs to be taken when exposed to sun as sunburn can occur easily. Patients are advised to use high factor sunblock on the nose for several months following surgery during sun exposure. This can be provided for you.