

Rhinoplasty

The nose forms the central portion of the face and therefore has a very significant impact on facial aesthetics. The nose additionally has role in the airway which may be affected as a result of alteration of the shape of the internal nasal passages. Whilst most rhinoplasties undertaken by Mr. Khan are essentially cosmetic in nature, in some cases the aim may also be to improve the nasal airways. There are a variety of types of rhinoplasty described below.

Tip plasty

In this operation the aim is to alter the shape of the tip of the nose only. No bony work or fracturing is undertaken.

Open rhinoplasty/septorhinoplasty

In this operation the shape of the whole nose is altered via an open approach (the incisions are placed along the inside of the nostril rims and across the base of the columella allowing full exposure of the bony cartilaginous framework of the nose). The bone and cartilaginous elements are reshaped using a variety of techniques and a new nose shape is created.

SMR

This is a procedure whereby a portion of the nasal septum is removed in order to improve the nasal passages. This is a procedure that is undertaken when there is a nasal obstruction as a result of septal deviation and can be undertaken at the same time as an open septorhinoplasty.

Secondary rhinoplasty

The secondary rhinoplasty is an operation in which patients who have previously undergone rhinoplasty surgery wish to have further alteration in the nose shape. This is a procedure that is frequently more difficult as a result of previous surgery and scarring that will inevitably have ensued.

Augmentation rhinoplasty

This form of rhinoplasty is used when the nose is unduly small either as a result of a congenital anomaly, trauma, racial characteristics or substance abuse. The nose is reconstructed either using cartilage obtained from the septum, ear or in many cases from the rib.

Pre-operative Advice

The aims and expectations of surgery and exactly what will be required will be discussed at the initial consultation. Patients are advised to have a clear idea as to the shape and type of nose that they would like to achieve. Smoking in the pre- and postoperative period is discouraged as complication rates are increased. Aspirin and related anti-inflammatories should be avoided for one week before and one following surgery as they may promote bleeding.

What happens before the operation: Patients are usually admitted on the day of surgery and will be seen by the anaesthetist who will discuss with them regarding the general anaesthetic. They will undergo routine pre-operative checks by the nursing staff. Mr. Khan will review the patient before the operation, take pre-operative photographs and discuss with them regarding the surgery. Frequently patients are encouraged to bring in photographs of the type of nose they would like as this aids in the planning process. Some patients before surgery will require a blood test

and all patients will be measured for a pair of stockings. These stockings are worn whilst asleep and in bed to improve the circulation and thereby reduce the risk of thrombosis.

Operative procedure: The operation takes anywhere between one and two and a half hours to undertake depending on exactly what is required. Most of the rhinoplasties are undertaken in an open manner using an incision just inside the nostril rim and across the base of the columella (this is the small bridge of tissue between the nostrils). The bony cartilaginous skeleton of the nose is exposed and corrective surgery undertaken. At the end of surgery sutures are applied, most of these being self-dissolving. In most cases a plaster of Paris is applied to the nose and a Vaseline impregnated Jelonet pack is inserted into the nasal passages.

Rhinoplasty pt2.

On return to the ward patients will usually have an intravenous drip to provide fluids for the first few hours following surgery. A bolster will be placed underneath the nose to collect any discharge. Patients may experience bruising around the eye region and may have black eyes for between one and three weeks following surgery. The pack is usually removed on the day following surgery and patients are allowed to go home. An appointment to reattend 7 days later for removal of the plaster of Paris by the nursing staff is provided at discharge.

Restrictions: Whilst the plaster of Paris is in place and with the bruising around the eyes, driving is discouraged. Any physical activity should be reduced for several weeks following surgery and sports where contact is possible should be avoided for at least six if not twelve weeks. The precise details regarding restrictions will be discussed at the initial consultation. A sick certificate can be issued if required. When the plaster of Paris is removed patients will have a clear idea as to what has been undertaken however the nose will still be swollen, there will be a healing process within the bone and cartilage and scar tissue forming. The full result of the nasal surgery cannot be judged for up to nine months. Patients will notice initially that the nose feels numb and hard especially at the tip. The numbness will gradually return to normal after several months and the woodiness of the nose will likewise settle but may take up to nine months to do so.

Risks & Complications

As with all surgery complications can occur. In the initial stage following surgery the main risks are of 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 following rhinoplasty surgery is adverse healing which can alter the shape of the nose leading to an undesirable aesthetic result. However because it takes nine months for the nose to settle, the final result of the nose should not be assessed until this time period has expired. In approximately one in twenty cases some revisional secondary surgery will be required though this is frequently relatively minor and often undertaken as a daycase procedure. As with all cosmetic surgery undertaken by Mr. Khan there is a fixed fee policy which means that no further charges are incurred should treatment or surgery be required for complications that occur within one year following the initial surgery.

Follow up: Patients are usually reviewed by the nursing staff for the removal of the plaster of Paris and then in the outpatient clinic by Mr. Khan at 1 and 4 months post-operatively.

Rhinoplasty - Discharge Advice

Dressings/Stitches: At the end of the operation a plaster of Paris will be applied to the nose which is usually kept in place with Elastoplast tape applied to the forehead and cheeks. Underneath the plaster of Paris on the nose there will additionally be some tapes applied directly to the skin, the purpose being to mould the skin on to the bony cartilagenous skeleton underneath. Additionally in most cases a Vaseline impregnated gauze pack is inserted into each side of the nose. This pack is removed on the day following surgery prior to discharge. The plaster of Paris is left on for a period of 7 days and patients are given appointment to reattend for this to be removed in the outpatients by the nursing staff. Whilst the plaster of Paris is in place patients are reminded not to get this wet. Sutures are used to close the wounds both inside the nose and on the base of the nose. Most of these stitches are self-dissolving but those on the skin at the base of the nose will need to be removed at 7 days post-operatively.

Appearance: In most cases there will be significant bruising around the eyes which may persist for one to three weeks following surgery. On many occasions the bruising gets worse in the first two to three days following discharge. 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 to raise the head end of the bed for several days following surgery. After the plaster of Paris has been removed there will inevitably still be some swelling around the nose. At this stage whilst patients will have a reasonable idea as to what has been undertaken, in order to judge the final result after rhinoplasty surgery, one must wait up to nine months. This is as a result of swelling within the skin, scar formation and healing within both the bones and cartilages. The presence of lumpiness, either to touch or on occasions to see, should not be a matter of significant concern as in the vast majority of cases these will resolve spontaneously.

For several weeks and sometimes several months following surgery the nose skin will feel numb and the tip of the nose feel woody and solid. These will all resolve by themselves.

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 plaster of Paris and swelling around the eyes, patients will not be able to wear glasses or contact lenses for several days following surgery. The plaster of Paris will prevent glasses from being properly worn and even when the plaster of Paris has been removed, glasses should be worn with extreme caution to avoid disturbing the nasal bones where the glasses rest on the bridge of the nose. Avoidance of any pressure on this area is essential for several weeks following surgery.

Activities: Whilst the plaster of Paris is in place patients are advised not to drive. Once the plaster of Paris has been removed patients are advised to be cautious and avoid vigorous activities or sports (including swimming, tennis, aerobics) for four to six weeks as the nose is still somewhat fragile during this time. For sports where contact is possible these should be avoided for three months.

Follow up: Patients will be reviewed by the nursing staff on removal of the plaster of Paris at 7 days following surgery and then subsequently by Mr. Khan at 1 month and 4 months. The appointment for the removal of the plaster of Paris should be made prior to discharge and the appointments to see Mr. Whitworth will be sent in the post.

Causes for concern: The rhinoplasty operation is fortunately 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 will resolve spontaneously within a few weeks. These should not be a cause for concern. The nose skin is as mentioned above numb and care needs to be taken when exposed to sun as sunburn can occur easily. Patients are advised to use high factor sunblock for several months following surgery if exposing their nose to the sun.