



## Patient Information sheet

# Rhinoplasty

Rhinoplasty is undertaken to surgically change the shape of the nose which the patient may find objectionable, to correct traumatic deviation of the nose and obstruction or inability to breathe, and to change the contour and profile of the nose very subtly consistent with the patient's wishes, ethnic group or family appearance.

### **WHAT DOES THE NOSE DO?**

The nose has not only a structure but a physiology, that is, we breathe through it and the air is moisturised as we breathe into our lungs. The nasal passages are lined by shelves of tissues, the turbinates, which can become congested, ie stuffy nose, or which swell up with allergies, but its normal function is to moisturize the incoming air together with filtering any dust particles by trapping them on a carpet of mucus which the tiny hairs move along. The nose also directs air for sampling for the sense of smell high up in the nose, well out of the way in operations.

### **THE OPERATION**

The operation is often performed as a day stay but if particularly complex may involve an overnight.

There is a splint placed externally on the nose that is in place for 10 days and little packs that are removed after 24-36 hrs. The nose generally is bruised and swollen for about 3-4 days with much of the swelling subsided by 10 days, the remainder taking a few weeks.

Medication is given at the time of operation to reduce the overall swelling. The operation plan is done in consultation with the patient and involves more than one consultation. The first consultation is charged for the subsequent planning consultation is part of the operation and not separately charged. The operation itself is all done from within the nose.

### **BACK TO WORK**

Patients are off work for a minimum of two weeks, often three, following this operation on average. Some procedures allow a quicker return to work.

### **COMMON OPERATION CATEGORIES**

- Correction nasal deviation and obstruction
- Nasal reduction of hump and/or prominent tip
- Nasal re-shaping of tip cartilage with or without grafts
- Nasal dorsal graft to define bridgeline
- Reduction nostrils too wide or thick
- Rebalance elements of nose consistent with ethnic group

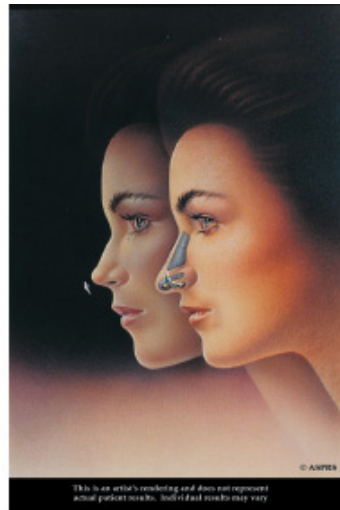
- Correction congenital deformities.

### THE PRE OPERATIVE PLAN

A plan for the operation is prepared. This is generally completed at the second consultation and translated into the technicalities required. This is also an opportunity to ask further questions and to get clarity on any undefined areas. This further consultation is not charged for but is part of the operation.



Trimming of underlying structures for shaping that is revealed as the skin shrinks to the new shape.



Reposition of the tip by moving relationship of parts and also adding for definition

### OPERATION DETAILS

The operation is generally done under a general anaesthetic though it is possible to do some minor procedures under local. The operation commences with the administration of various agents to reduce both swelling and bleeding. A small incision is made at the base of the columella and extended inside the nose where the operation is performed.

There are few external incisions in this operation. The underlying bones and cartilage is reshaped according to the plan and any necessary grafts are added after careful shaping and fixed in position. In these instances the materials removed for trimming are reused for additional grafts so there is seldom any need for additional donor areas. In thin-skinned people of Celtic decent I often add grafts of temporalis facia to thicken the skin fractionally from within to disguise any irregularities from becoming visible in the healing process. Operations take from one and a half hours to three and a half hours depending on complexity.

At the conclusion of the operation an external splint is applied, generally a soft foam backed malleable metal one for protection. Small foam packs are placed in the nose to be removed after a day or two.

Patients are advised to not bend down, no stooping or heavy lifting and to rest at home with the head up after discharge from hospital.

### POST OP

Swelling after the operation is generally reduced with the agents given but some still occurs. This is variable and the eyes may shut for a day or so. Ice packs can be used. When the splint is removed most of the swelling has gone down over the ensuing week or two.

There is however still swelling over the bridge of the nose and between the eyes for another week or so. A very subtle degree of swelling may persist within the nasal tissues particularly around the sides and tip of nose that settles over the next few months.

The new profile is obvious as soon as the splint is removed. Patients can usually breathe quite well through the nose after the first couple of weeks and the crusts separate. Breathing may take 6 to 8 weeks to return to normal, providing the patient has no pre-existing allergies which remain unchanged.

Scar activity starts after two weeks and is felt rather than seen as a thickening beneath the skin and a woody feeling. This is combined with some numbness which takes a few weeks to go. The scar resolution is complete at one year and the skin has by this time returned to normal.

### **REOPERATION RATE**

The reoperation rate for this procedure done by a plastic surgeon is 10% pooled. For other specialists is above 20%. The reason for this is that if the cartilage curls in the healing process and may produce a visible asymmetry. A second stage if required is usually fairly short.

In my practice this is rare with cases I can count on one hand after over 20 years of practice.

### **WHAT IS THE COST?**

Surgical costs for this operation range from around \$1500-\$4000, depending on complexity. Ancillary costs such as anaesthetic range from \$550-\$1000 depending on time in theatre. Hospital costs range from approximately \$2500-\$3500 depending on time in theatre, materials used and length of stay.

### **YOUR RESPONSIBILITIES**

- To reveal all medications, conditions, history, allergies and recreational drug use.
- To understand all aspects of the information discussed at consultation and all written information given and to seek clarification if needed.
- To understand that you are entering a process where your surgeon is dedicated to the best possible outcome. This requires engaging in the complexities of biology, healing and individual differences.
- That additional stages or further surgeries are occasionally required and that the surgeons best efforts are the basis of the charges. Further surgeries will incur additional charges in pursuit of a particular result.
- To understand that the initial consultation is charged for but all subsequent pre operative consultations pertaining to this surgery are at no charge.
- To understand and accept the above conditions.