

Rhinoplasty Surgery

A rhinoplasty, or nose job, is surgery we perform to alter the way your nose functions and looks. Rhinoplasty can simultaneously help you improve breathing and achieve a more balanced appearance. Rhinoplasty is a complicated procedure that requires extra training and dedication from the surgeon.

Is rhinoplasty right for me?

Most people request rhinoplasty when they are concerned with both the function and appearance of their nose. Nasal obstruction can cause issues with sleep and exercise, as well as contribute to snoring and daytime energy levels. Rhinoplasty can be purely cosmetic but is generally performed to improve both form and function of the nose (functional rhinoplasty).

When there is no requirement for a change in appearance of the nose, other procedures such as septoplasty with or without turbinate reduction can be all a patient needs.

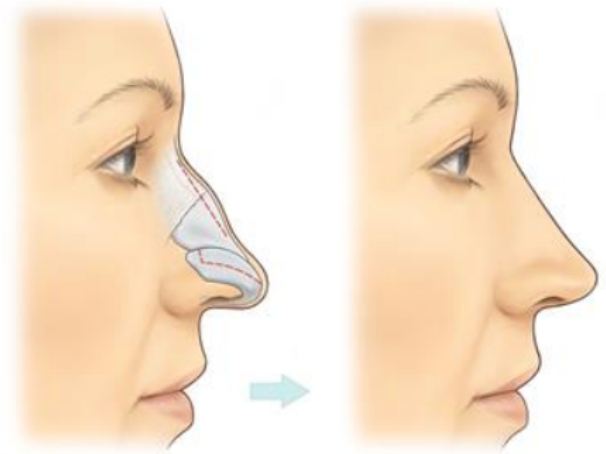
If nasal obstruction is associated with other critical areas of nasal support, a rhinoplasty can be necessary. When done together with a septoplasty, the procedure is termed a 'septo-rhinoplasty'. This procedure encompasses all elements of the nose including the septum, the bridge of the nose (dorsum), and the tip. Septo-rhinoplasty can address most cases of nasal deformity.

The most common areas we work on are the bridge and the tip of the nose. The aim is to provide better breathing and greater symmetry of the nose without compromising the strength of the nose.

We perform both 'Open' and 'Closed' Septorhinoplasty. Open surgery refers to access to the anatomy of the nose through a small incision between the nostrils. This heals very well and is barely visible after a few months. Closed surgery avoids this incision but provides the surgeon with less access to the tip of the nose. The merits of each will be discussed with you at your appointment.

It is vital that you spend at least 2 appointments planning any rhinoplasty procedure. Usually the first meeting is used to discuss your individual concerns, and to design a management plan.

Sometimes the best outcome is one that does not end with a surgical procedure. After the first appointment we will arrange professional 'pre-operative' rhinoplasty photos. At the second meeting we will go through these photos and carefully explain each step of the procedure. We sometimes use these images as a guide to show what can be reasonably expected after surgery.



It is recommended to bring a family member or support person to these appointments so all your questions can be answered - and that we are able to clearly explain what you can realistically expect from your surgery.

Before Surgery

If surgery is recommended it is important to convey to the Surgeon and anaesthetist if you have any pre-existing health conditions or if you are taking certain medicines that increase the risk of bleeding (Aspirin, Xarelto, Plavix, Warfarin, Vitamin E, or any herbal medications).

Smoking greatly increases the risk of complications related to nasal surgery and it is recommended you cease smoking at least 4 weeks prior to surgery.

Some tablets for diabetes can also cause anaesthetic issues and need to be discussed well before surgery.

How is the operation done?

Each rhinoplasty procedure is unique and requires considerable planning. Pre-operative photographs are used to take measurements and to determine the best approach.

Rhinoplasty is performed under general anaesthesia (you will be fully asleep). It usually takes between 1.5 and 3 hours. If it is an 'Open' rhinoplasty, a very small incision is made along the base of the nose, which is barely noticeable after the skin heals. This incision is connected to incisions inside the nose, which are never seen. Those incisions permit access to the cartilage and bones of the nose.

Next, the nasal passageways are improved and nasal reshaping (if desired) is performed through careful, meticulous adjustments to the bone and cartilage. For cosmetic reasons, a bony nasal hump may be smoothed down to a straight profile or gentler curve. The nasal bones are often manipulated to ensure symmetry and a smooth nasal bridge. This is the part of the procedure that leaves you with temporary bruising. Cartilage grafts and stitching techniques are often used to strengthen the nose and to refine and elevate the nasal tip.

For revision surgery, cartilage graft material is occasionally harvested from the ear or rib. If this is likely to occur, your surgeon will discuss this with you well in advance.

Other surgical procedures are occasionally performed at the same time such as an inferior turbinate reduction (turbinoplasty) or endoscopic sinus surgery (FESS).

Nasal splints (silicone sheets) and nasal dressings are then placed in the nose and a plastic splint is placed over the nose and secured with tape.

Most patients are able to go home the same day. An overnight stay is sometimes necessary.

Does the surgery hurt?

There is a wide range in patient experience after rhinoplasty. Some find it more uncomfortable than painful, whilst others find it very unpleasant. Most patients will use strong pain killers for a few days after the surgery. Usually once the dressings and splints are removed, things are much more comfortable.

It is important to contact your surgeon if you are struggling after the procedure - it may be necessary to alter your medications or to arrange an extra visit to the office.

What should I expect for recovery?

You should expect to take 7-10 days off from work or school. During that time rest, ice, and a regimen of nasal cleaning with saline rinses will be recommended. While pain medications are provided, most people only require them for a few days.

During recovery, it is difficult breathe through the nose because there will be thin silicone splints and dissolvable dressings inside the nostrils. Swelling peaks on the third day, and then decreases. Bruising under the eyes can sometimes occur. During the week after surgery, you'll wear a small cast on your nose to protect it and reduce swelling.

One week after surgery the splints, dressings and cast are removed in the office. You may then generally return to work and resume gentle exercise, such as walking. You'll need to avoid contact sports for six weeks. Otherwise, within two weeks after surgery, you should be back to your normal activities and routines.

While you are likely to heal quickly during the first month, full healing may take up to one year. The majority of swelling disappears in the first month, and some swelling may still persist for up to 12 months.

Possible complications of rhinoplasty

- **Bleeding.** This may occur either at the time of surgery or in the first few weeks after surgery. Blood loss from rhinoplasty is usually very minor. Occasionally bleeding after surgery may require packing of the nose under local anaesthesia or rarely may require another operation to stop the bleeding. Significant blood loss is rare, but in extreme circumstances a blood transfusion may be necessary.
- **Persistence or recurrence of the original problem with an unsatisfactory cosmetic appearance or lack of satisfaction with the new cosmetic appearance of the nose.** Proper preoperative examination and planning is vital to establish clearly what can be achieved in each patient. Expectations must be realistic. Occasionally an opinion from a surgical colleague is needed to help clarify this. Approximately 10% of cases will require revision surgery at some stage for reasons of unsatisfactory cosmetic outcome or ongoing breathing difficulties.
- **Abnormal healing of external wounds with abnormal scar formation.** This is rare but can occasionally lead to revision surgery
- **Impaired or lost sense of smell and taste.** This has been documented but is extremely uncommon after rhinoplasty surgery.
- **Adhesions or scar tissue forming inside the nose requiring further surgery.**
- **Numbness of the top lip and / or upper front teeth.** This is not uncommon after septoplasty or septorhinoplasty and usually only lasts a week or two.
- **Septal perforation or hole in the partition inside the nose.** This is often asymptomatic but may result in whistling crusting or bleeding and may require further surgery to close the hole in the septum. It is uncommon for this to cause a problem.
- **CSF leaks/Orbital Haematoma (bruising)/Septal Abscess/Haematoma (bruising).** These are extremely uncommon

Is there any alternative treatment?

Only an operation by an experienced rhinoplasty surgeon can reliably and safely improve the nasal airway and the nasal appearance. For those suffering from mainly nasal obstruction, it is important to exhaust all medical options before committing to a surgical procedure.

Surgical Costs

It is important to have a clear picture of all costs related to your procedure well in advance of any surgery. Costs will include those related to the surgery, the anaesthesia and the hospital or day surgery facility. Your surgeon's secretary will be well placed to explain the surgical costs and how the process works with insurance etc. You will be advised in advance who the anaesthetist will be and they will discuss their costs directly with you.

Whilst every care has been taken to make this information sheet as accurate as possible, individual experiences and outcomes may differ. It is important to discuss any concerns with your surgeon prior to considering surgery.

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Rhinoplasty Post Operative Care

This operation may be done in conjunction with a septoplasty, turbinate reduction or endoscopic sinus surgery.

When you wake from surgery you will have a blocked nose and a dressing beneath the nose to catch any ooze. There will be an external plastic splint and tapes that will be removed 1 week post surgery. There may be external stitches that need to be removed at the same time. Occasionally these are dissolvable.

Ice packs may be used over the eyes to lessen bruising in the first day or two but some bruising is expected in all patients. Be careful not to put pressure on the nose with ice packs. The extent and duration of bruising is highly variable. Swelling usually peaks around day 5 but is variable. The tip of the nose may also be numb for some time but this is normal and will recover. Due to swelling after surgery some areas may look a little asymmetrical. Don't worry this is normal as different parts of the nose swell slightly differently.

Diet

Eat light foods such as jelly or soup for the first 24 hours as tolerated. Drink as much water or fluids as you can tolerate without feeling sick. If the nose is completely blocked it may be easier to drink fluids with a straw.

Pain management and antibiotics

Rhinoplasty is generally uncomfortable but after a few days the nose shouldn't be too painful. Take your prescribed medications as ordered by your surgeon. If pain is severe and not relieved by your prescription medication, call the office for advice.

Some pain medicine (Panadeine Forte or Oxycodone in particular) can make you dizzy or constipated. Avoid driving if you feel affected by the medication. Laxatives from the chemist may be needed for a few days if bowel habit is a problem. If you feel nauseated, you may benefit from reducing your strong pain killers.

Avoid aspirin or other blood thinning medications for at least 2 weeks after nasal surgery. You will generally be prescribed an antibiotic to help prevent or manage an infection. Make sure you complete the course prescribed.

Caring for your nose

Don't blow your nose until your first office visit. The nose will be cleansed by using saline sprays or by nasal saline rinses (ie FLO). If you sneeze, do so with your mouth open. The nose will feel congested for 1-2 weeks and occasionally longer. This may cause a temporary increase in snoring or bad breath. Avoid smoking before or after surgery to give your nose the best opportunity to heal and minimise bleeding.

Showers should be lukewarm.

Your nose will nearly always have some dissolvable dressing in it after the procedure. These dressings are made of cellulose and are meant to turn black. Sometimes this may dislodge and come out from the nostril. This is ok. If it is bothering you it may be pushed back in or gently trimmed. Don't try to pull on the dissolvable dressing. It is there to provide support to the healing nose.

Nasal splints (thin rubber sheeting in the nose) are very commonly used in rhinoplasty surgery. They will be removed at the first post op visit (usually 1 week after surgery). They are held in with a single stitch which is easily removed at the first visit.

Bleeding

A small amount of blood stained discharge is normal for the first few days after surgery. If the bleeding becomes heavier, contact the office.

Saline

Saline sprays prescribed after surgery help dissolve the soluble packing placed in the nose. The more you use the better. Three to four puffs a day are recommended. After the first post op visit saline rinses may be recommended for a few weeks.

Exercise

Rest as much as you can in the first week. Keep your head elevated on 3 or 4 pillows. It is important to sit upright when you are not in bed to avoid facial swelling and pain. Exercise is not a good idea in the first fortnight but gentle walking can be started in the second week.

Time off work

1 week is generally sufficient if work is not strenuous. Occasionally 2 weeks is needed though this depends on the individual and their work environment. If you need a medical or a carer's certificate, contact your surgeon's secretary via email.

Rhinoplasty outcomes

The shape of the nose will take several weeks to settle and swelling to subside. Initially the nasal tip will be very swollen. Do not worry - this is normal. The majority of nasal swelling will be gone at 3 months but the final result may not be evident for 6-12 months. It is important to be patient.

Things to report to your surgeon

- High temperature (>38.5 degrees Celsius), or chills
- Excessive pain or vomiting
- Excessive swelling of or around your surgery area
- Troublesome bleeding