



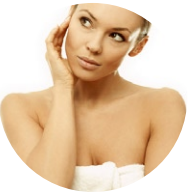
nose reshaping (*rhinoplasty*)

Rhinoplasty (cosmetic surgery of the nose, or nose job) is the most commonly performed operation and by far the most artistic procedure in facial cosmetic surgery. Chosen both by men and women, it aims to reshape the nose in order to give it a natural look and feel, and be in harmony with the rest of the face.



about rhinoplasty

Most people considering rhinoplasty are unhappy about the size and shape of their nose. Many have been feeling uncomfortable since early childhood. For this reason they address a facial surgeon who can help them correct the cause of their embarrassment.



Thanks to the latest advancements in facial cosmetic surgery, rhinoplasty can now improve many undesirable features of the nose such as: nose narrowing, straightening, elongating, or shortening. It can remove humps and better define the shape, size, angle, and definition of the tip of the nose.



Rhinoplasty also addresses breathing problems caused by a deviated septum that can also be corrected during the cosmetic procedure. Nasal cosmetic surgery may be performed for strictly cosmetic reasons (cosmetic rhinoplasty), for strictly breathing reasons (functional septoplasty), and more commonly for a combination of both (septorhinoplasty).



People want to look good and feel good about their faces. The ideal outcome in rhinoplasty is a natural-appearing nose in balance and harmony with the chin. These are the most prominent features of our faces and must always be considered together when operating on one of them, to enhance the beauty of the eyes and lips.

Few of the common reasons why they choose rhinoplasty are:



Bump on the bridge

This is the one of the most common reasons for men and women seeking rhinoplasty surgery. The bump may be made of bone, cartilage, or a mixture of both. In addition to the hump there may be other imperfections in the profile, such as the angle between the nose and the upper lip that can also be corrected.

Hooked bridge and droopy tip

When seen in profile, certain noses may have a hump that hooks down all the way into the tip. Ideally, the angle between the upper lip and the nose should be between 105-120 degrees in women, and between 90-95 degrees in men. If angle is smaller than 90 degrees, it gives the appearance that the tip of the nose is drooping and it can also make the individual seem older than their age.

In these cases, reshaping of the tip of the nose is required to produce a more desirable nasolabial angle.

Wide nose, wide tip

Some noses have their tips too wide or too round, as well a bridge that is too wide. These flaws are also visible from the front.

Correction of a wide tip requires reshaping and sculpting of the tip cartilages in order to reduce tip size and improve its definition. At the same time, the surgeon must be careful to not disrupt the structural support of the nose so that the nasal passages do not become obstructed.

Deviated nose

A deviated nose can throw the entire face off balance. Deviation of the septum can push the lower half of the nose off centre. Noses that have been fractured can also be crooked, as a result of the displaced nasal bones that healed in a crooked position.

Correction of a deviated nose is technically challenging, often requiring a correction of both the cartilage and bone of the nose, as well as the septum.



your consultation

In planning the procedure, your surgeon will decide on the ideal lines of the nasal profile. This planning phase of rhinoplasty requires not only an intimate knowledge of nasal anatomy and structural support, but also a strong artistic sense of facial balance and harmony.

During your consultation, your surgeon will take a full medical history. He will ask you about any injuries or previous surgeries to your nose.

In order to have a good assessment before the surgery, you will need to tell your surgeon why you are unhappy with your nose appearance and what results you are hoping to achieve.

- It is very important that your description of your ideal nose is exact. Failure to do so may result in an average nose that is far from the exact shape and size you had in mind. Your surgeon will then determine if what your expectations are right for your type of face.
- You must, though, have realistic expectations considering the size of your original nose. Skin thickness varies greatly and a small, delicate nose cannot be made from a large, thickened one.
- Photographs of your ideal nose are a great tool in determining your goals.
- Your surgeon may also use computer simulations for you to have a clearer picture of how this change will alter your appearance. They will also help you describe what you want and don't want from your procedure. Keep in mind that a computer simulation is not a guarantee of the result, as each person's tissues have their own healing pattern that may influence the outcome to some extent.

preparing for surgery

If you decide to go ahead with the procedure, Dr. Eleftheriou will perform a full consultation, examining your face and making the necessary preparations. He will also walk you through the steps before your operation. You may be asked to:

- give up smoking to minimize the risk of infection and avoid vein clogging in your legs
- stop taking anti-inflammatory medicines such as aspirin two weeks before surgery to reduce the risk of excessive bleeding

Normally this operation is performed under general anaesthetic. For this reason you will be asked to refrain from eating or drinking for about six hours before the general anaesthetic.



your operation

There are two methods in performing this aesthetic surgery:

- Closed rhinoplasty – your surgeon will make small incisions placed inside the nostrils in order to reshape the tip and bridge of the nose. This procedure leaves no visible scars. If the tip of the nose requires considerable reshaping, a small incision under the midline of the nose will be performed.
- Open rhinoplasty – your surgeon will make also small incision placed on the columella (the small bridge of skin between the nostrils.) this is a procedure preferred by most surgeons, as it allows greater control if major reshaping is required.

Good judgment and a strong artistic sense of facial balance and harmony are required to maintain a natural outcome.

Reduction Rhinoplasty

Reduction rhinoplasty is the most commonly requested procedure by both men and women. It aims to reduce the size of a larger nose and smooth their appearance.

If the reduction procedure is significant, all elements of the nose are influenced, and the skin will take more time to redrape and settle down fully.

Augmentation rhinoplasty (ethnic rhinoplasty)

Augmentation rhinoplasty is a group of procedures that aim to increase the projection of the bridge and the tip of the nose. The operation is performed more commonly on patients from ethnic groups that tend to have a softer cartilage support to the nose and a less defined configuration of the bridge.

It may also be performed on patients who have undergone injuries, or multiple procedures.

Very commonly, your surgeon will use implants for augmentation purposes. This is a simpler procedure to do, but carries also higher risks of infection and revision.



Revision rhinoplasty

Sometimes people are not happy with the outcome from the initial operations and choose to have revision rhinoplasty.

- As a result of technical errors, healing problems, or injuries after the first operation or lack of sufficient communication with the surgeon before the procedure, repeated rhinoplasty is the only solution. It often involves use of grafts, commonly cartilage from inside the nose but also from other areas (rib, ear), and will often require a longer period of time to settle down.
- All rhinoplasty surgery demands customized solutions from you surgeon. Communication and time to think it through are a given for the success of operation. For this reason more than one consultation is often needed prior to surgery.

Rhinoplasty is typically carried out under “twilight” anesthesia.

Your surgeon will first remove the hump to provide a new profile. It is usually necessary to fracture the nasal bones in a carefully controlled way to allow them to meet at the midline and form a narrow bridge line.

During the procedure, cartilages under the skin that shape the tip of the nose are adjusted in size and shape to match your new profile. When surgery is complete, a small plaster cast is placed on your nose for seven days to support and protect the bones while they set in their new position.

Your surgeon will most likely use internal silicone rubber nasal splints to ensure the lining of the nose sets correctly. For the first week after surgery you will have to breathe through your mouth until they are removed during a simple procedure.

Even without splints your nose may feel blocked up and you’ll be unable to breath through it fully due to normal post-operative swelling.



recovery

“Black eyes” after your surgery and a swollen face should not worry you. This is normal as your nasal bones have undergone re-setting. Most of this swelling will settle in two weeks. Make up can then cover any bruising.

You will experience a certain degree of pain after rhinoplasty that is relieved with a mild analgesic such as Paracetamol in the following days.

Sometimes your surgeon will place a package inside the nose that will prevent you from breathing through the nose. This is usually removed 2 days after the operation.

After your surgery you will be asked to:

- Avoid taking aspirin for some time because it can provoke bleeding.
- Avoid vigorous activity for two or three days to reduce the risk of a nosebleed.
- Do not blow your nose or sneeze through it for 10 days after surgery. If you sneeze, please open your mouth.
- Take Arnica for a week before your surgery and two weeks after to reduce the swelling and bruising.

You may remove any crusts or clots on the insides of your nostrils using water on a cotton bud rolled around inside the nostril margin.

Light to moderate bleeding from the nose is normal. The gauze dressing under your nose will collect the blood and may be changed as needed or removed when no longer needed. In the beginning, it is normal to have to change this dressing frequently. Significant bleeding (secondary haemorrhage) is very rare and usually caused by infection.



At home after procedure:

- Try to sleep with your head elevated on 2-3 pillows.
- Ice packs (crushed ice in zip lock bags or frozen pea bags work well) placed over the eyes will help reduce swelling; they may be used (10 min on, 10 min off) until bedtime.
- You may climb stairs or go to the bathroom with assistance.
- Take your medications as prescribed.
- Eat light, soft meals as tolerated, avoiding gas-stimulating or salty foods.
- Shower with warm (not hot) water only, avoiding water on the face.
- Try to breathe normally, however the internal swelling may cause you to feel very congested.
- After the cast is removed, avoid striking or bumping your nose; try not to roll onto it while asleep. Clean the external nasal skin gently with soap.
- After the cast is removed, wear padding between eyeglasses and the nose for one month. Do not smoke or drink alcohol for at least 2 weeks after surgery.
- Do not expose your nose to the sun for 4-6 weeks. Use a sunscreen (SPF 30 or greater) for 6 months after surgery if sun exposure is absolutely necessary.

It is essential to remember that the healing process takes at least six months and only then you will be able to see the final shape of your nose.

It is normal for the tip of the nose to feel a little numb after surgery, but this sensation will disappear as the nerve supply to the skin regenerates.

Scar tissue will form beneath the skin of the nose. This scar maturation takes around six months and will have a profound effect on the final shape of your nose.

risks and complications

There are risks associated with any surgery, such as bleeding, infection, allergic reaction to anaesthesia and haematoma.

The particular risks of rhinoplasty include numbness, nosebleeds, scarring at the base of the nose (this may happen when “open rhinoplasty” is performed), and swelling.