

**INFORMATION SHEET**  
**COSMETIC RHINOPLASTY (RE-SHAPING OF THE NOSE)**

The operation of re-shaping the external appearance of the nose is called a Rhinoplasty. Re-shaping the inner and outer structures to improve the airways as well is called a Septorhinoplasty.

Both operations are relatively complicated and require great skill by the surgeon in analysing what is wrong and planning how the nose is to be altered.

Technical expertise in performing the surgery is of course essential and experience in helping the patient recover physically and psychologically is very important.

It is usually best to have two consultations before embarking on a Rhinoplasty. It can take up to an hour or careful consultation to counsel a person, particularly for a difficult nasal problem so that all the important aspects are discussed and understood.

This information sheet is designed to try and help you understand what to expect in the consultation(s), the operation and the recovery period. A separate information sheet has been prepared to discuss some of the common problems encountered in the recovery period.

It is helpful for you to understand how the nose is formed and what can and needs to be done to alter it and why and how things sometimes go wrong.

It is helpful for you to decide what features you dislike and what you hope your nose will look like after surgery.

The surgeon needs to spend time looking carefully at your nose to analyse what is wrong and more time to study photographs of your nose before formulating a plan for the operation.

Some people have high hopes that a change in the shape of their nose will not only correct what they dislike about it but may restore their self-confidence and solve other problems they have in their lives. Some people have totally unrealistic expectations of what a Rhinoplasty will do for them. The surgeon may well spend some time discussing the psychological aspects of what you are hoping for.

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It is very important to realise that the surgeon can seldom guarantee the changes you and he hopes for and about 5-10% of people need a second operation to put things right. You must be prepared for this and you must discuss the financial implications of it.

The commonest complication of Rhinoplasty is **DISAPPOINTMENT (10% of patients)**. Some people find it difficult to cope with the disappointment. A surgeon who guarantees a certain result is not to be trusted because no-one can guarantee to please all of the people all of the time.

### **THE INTERNAL STRUCTURE OF THE NOSE**

The upper one third of the nose consists of bone which is triangular in shape and has a central partition, called the septum, with a sloping plate of bone on either side. The middle third of the nose consists of the central septum but made of cartilage and two triangular cartilages on either side which attach to the septum along the bridge-line. These cartilages are called the upper lateral cartilages. The lower third of the nose consists of the wing-shaped cartilages, otherwise known as the alar cartilages. The shape of these determine the appearance of the tip of the nose and are often critical in shaping the end of the nose. The size and shape and relationship of the tip of the nose has a great influence on the overall appearance of the nose. The inside of the nose is built like two air tunnels running side by side with a high roof in each. The tunnels are separated by the septum and the outer walls are bent by having three curtain-like structures, called turbinates, hanging down on the inside of the outer wall. These are important for protecting the sinuses and for moistening the air as it passes through the nose.

The shape of the outside of the nose does not always match the shape of the airways inside. The air tunnels are sometimes much narrower than normal and the person is unable to breathe comfortably. The blockage can be due to a twist in the septum or may be due to a deformity in the outer wall.

It may be due to a tendency for the outer walls to collapse inwards, due to the sucking effect on the walls as the person breathes in. 3 -

There are two narrow points in the airways which act like valves. If these bend inwards as the person breathes in it can be even more difficult to breathe in. the nostrils represent the external valve.

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Sometimes these are quite badly distorted in their shape and correction of this can be very helpful in improving the breathing. The inner valve lies inside the back of the nostrils (the back of the “vestibule”).

There are all kinds of reasons for difficulty with breathing through the nose. Some simple tests and internal examination of the nose are often all that is required to show what the actual cause is.

It is often possible to improve the airways by an operation. This may require expansion of the airways, possibly by strengthening the walls, or by raising the height of the vault at the level of the internal valve.

Sometimes simple medications to shrink the lining of the nose may be all that is needed but it is on the whole a bad policy to depend upon nasal spray as a means of a permanent cure.

### **THE CONSULTATION**

The surgeon will need to know about your general health and what problems or past operations or injuries you may have suffered in your nose. It is helpful to provide dates and names of previous operations and surgeons if relevant. He will want to ask you questions relevant to your fitness for a general anaesthetic and any significant past medical history. You might be asked about your HIV status.

It is helpful to say what you hope will be achieved by a Rhinoplasty and why. It may help to bring up to date photographs of yourself and also photographs of what you had looked like before, if you have had an accident or an injury. It is also sometimes helpful to bring magazine photographs to show what you might like to look like in the future.

The surgeon may well show you before and after photographs of other patients with similar problems to your own. By the end of a 20 minute consultation the surgeon may well be able to give you an indication of whether it is going to be possible to achieve what you are hoping for. A discussion about costs and date of surgery may follow. It will then be necessary to take a series of photographs of your nose and to make arrangements for a further consultation to discuss details of the operation and possible complications.

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It is very important that you should not feel pressurised at the first consultation to make a decision about whether to have the operation. If you are still hesitant about the matter it is better to put the operation off until you are quite certain that you want to go through with it.

### **THE SECOND CONSULTATION**

It usually takes about 10 days to get the photographs developed and printed. I often send photographs to the patients so that they can draw on them the changes that they would like. It also gives an opportunity for the surgeon to study the photographs carefully and to plan the surgery.

A careful discussion must take place to minimise the risk of misunderstanding.

A lot of people think that changing a nose is a simple matter of making one part smaller than it was and that this will solve the problem.

I am afraid to say that it is hardly ever as simple as this. You must appreciate that as soon as one part of the nose is changed it will automatically change the proportions and the balance of the nose. This may mean that more than one part is going to have to be altered to achieve the desired overall shape.

In the past surgeons used to think that all that was required in a rhinoplasty was to change the shape of the underlying skeleton of the nose and the skin would simply re-drape itself. With very thick skin this can be true but very often thickish skin will not contract and the surgeon may have to change the style of the operation quite drastically to take account of this.

It may be necessary to take away tissue in one part but add it to another to achieve the correct balance.

In the past 5-10 years there has been a quiet revolution in understanding how to shape noses and different styles of surgery have developed. In the past nearly all surgery was done by making small cuts inside the nose and doing things more by feel than by actually seeing the new shape.

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Nowadays it may be safer, simpler and more predictable to make a tiny cut across the underside of the end of the nose close to the upper lip. The skin can then be lifted gently off the end of the nose so that one can see all the structures inside the nose and then reshape them accordingly.

Cartilage grafts may be needed from within the nose or from the ear to help re-build the nose. These different possibilities will need to be discussed in the second consultation.

Some plastic surgeons are using computer generated imaging of the nose to try and help patients choose the style of the nose they want.

In fact there are many pitfalls in computer imaging of the nose. It can lead somebody into believing that they can choose the exact shape they want and then expect the surgeon to be able to produce it, when in fact this may be virtually impossible.

### **COMPLICATIONS**

The commonest complication of rhinoplasty is that the patient is disappointed with the result. This can happen in about 10% of cases. Only half of these people decide to have a second operation but if you want a rhinoplasty you must be prepared for disappointment and the possibility of a second operation and its cost. Put the other way, however, one can say the operation has a 90% success rate. Disappointment may be about something temporary and quite minor, or it may be fundamental and long-lasting and require further surgery. All operations carry a degree of risk. Anaesthetic problems, bleeding during or after surgery, bruising and swelling and, rarely, infection, can all occur. Some patients may have some blurring of vision or swollen eyelids for a day or so after surgery and nearly all patients have difficulty breathing through their nose for two or three days after the operation. Many have problems until the splints have been removed after about 10 days.

It is important to realise that only the basic shape of the new nose is revealed after removal of the splint. The real new shape is not really established until about six months have passed.

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It is therefore, never advisable to praise or condemn the appearance of the nose too soon after the operation, and one should never consider having a second operation until at least six months have passed after the first one. It can take this length of time for the scarring from the first operation to settle completely.

### **DIFFICULT PROBLEMS**

There are certain types of nose problems which are inherently more difficult to correct than others. These include very bent noses with a so-called deviated septum, noses with very thick skin, noses which have already operated upon, noses which need enlarging rather than reducing, noses with very contracted or diseased linings, noses with external scars due to injury or surgery and noses which have artificial implants within them.

All of these difficult noses represent major challenges to the skill of the surgeon. It may, in some cases, be so difficult that either the operation should not be undertaken or a very limited and cautious procedure should be carried out.

### **WHAT TO EXPECT IF YOU HAVE A NOSE OPERATION**

You should expect to come in on the day of the operation usually an hour or two before the actual procedure, having had nothing to eat or to drink for about five hours beforehand.

The operation will be delayed if you had a bad cough or cold. You will be seen by the surgeon and the anaesthetist before you have your operation. If you have any last minute questions it is a good idea to write these down in case you might otherwise forget them.

You can expect to wake up from the operation in the operating theatre recovery area and then return to your bed, either in the day ward or your own room. You may be able to return home later the same day or the following day. You should not plan on driving a car for at least 36 hours after receiving a general anaesthetic, and so it is usually better to make arrangements for somebody else to bring you to and from the hospital.

When you wake up from the operation you will have a splint on your nose. You may well have some kind of sponge or packing inside the nostrils which will prevent you from breathing through the nose until these have been removed.

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The sponges are often left in for 24 hours or so (occasionally longer) and it is usually a simple matter to remove these because they slide out smoothly. In some cases there is no need of any sponge or packing inside the nose after the operation and if it can be avoided it is obviously more comfortable for the patient.

The operation is seldom painful but the nose will feel as though it is tender and bruised. It may well ache for 24-48 hours and you may well benefit from taking a simple painkiller, such as Paracetamol. You should receive a warning against taking Aspirin because this is far more likely to make you bleed. If in doubt stick to taking Paracetamol if you have pain in your nose. The nose often produces a small discharge from the nostrils for a day or so and it may be more comfortable to wear a small absorbent gauze across the nostrils for the first day or so. When you return home you should plan on resting as much as possible for at least two or three days. You may, if you are unlucky, feel rather sorry for yourself and want to spend a day or two in bed. Most patients don't feel the need for this and can be quite active within their own home. The majority of patients prefer not to go back to work until the plaster splint has been removed because they don't want people to know that they have had an operation on their nose. Some people, however, don't worry about other people knowing that they have had an operation, and some people try to get back to work within two or three days of the operation.

I often advise businessmen and women that they should be quite capable of making rational decisions and sorting out their work over the telephone from home, but it is probably not sensible to be driving around meeting clients for at least five or six days.

The cuts inside the nose are usually closed with dissolvable stitches. Sometimes these stitches fall out after the first four or five days and so do not be surprised if you notice small little brown pieces of thread (cat-gut) on a cotton bud, if you decide to clean the inside of the nostrils.

**N.B Cleaning the nostrils is worthwhile after two or three days. It often helps to ease the breathing. It is extremely unlikely to do any harm.**

Many patients find that they sneeze a great deal after a rhinoplasty but this is seldom a problem and doesn't do any harm. It hardly ever causes bleeding.

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It is probably not sensible to blow your nose purposely and vigorously for about two weeks after the operation because this might well provoke a nose-bleed. If your job involves a lot of physical activity then it is probably sensible to plan to take two weeks off work.

### **SPECTACLES AND CONTACT LENSES**

You may have some difficulty wearing your ordinary spectacles when you have a plaster splint on your nose. You may have to wear your spectacles halfway down your nose. This may be awkward and/or comical. The spectacles may not be particularly comfortable even when the splint has been removed because the nasal bones remain tender for a few weeks. It may be helpful to put a small piece of elastic foam across the bridge-line where you normally rest your spectacle frames. Contact lens wearers are advised not to try using their contact lenses for a day or two after the rhinoplasty because they may have rather watery eyes for a day or two and the eyelids may feel uncomfortable for a day or so.

### **BLACK EYES**

Many patients develop “black eyes” after a rhinoplasty. This is because blood leaks from the edges of the bones where they have been broken in re-setting them. The bruising and swelling takes about a week to two weeks to disappear. A very small number of people develop a darker colour in the skin of the lower eyelids for a month or two but it nearly always returns to normal within six months. Most people wear dark glasses to hide the fading colour of black eyes if they are embarrassed about it.

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Revised September 2006**