

FREQUENTLY ASKED QUESTIONS - NOSE RESHAPING

1. What is a Rhinoplasty?

Rhinoplasty or 'Nose Job' refers to a nose reshaping procedure.

2. What is involved the Rhinoplasty procedure?

In the pre-operative consultation, Dr Gahankari will take detailed history and will establish your desires with respect to the structural modifications. He will also examine the proportions of your nose in relation to the chin and the rest of your facial profile. He will then perform an intra-nasal examination to look at the nasal septum and the turbinates. He will then discuss the procedural details and make suggestions for achieving your goals.

In the Rhinoplasty the bony and cartilaginous structure of the nose is modified to address the aesthetic desires of patient. Rhinoplasty may also be performed to improve the functional problems of breathing. This part of the procedure generally corrects the septal twists and distortions and occasionally may involve trimming of the prominent inferior turbinate.

3. What is possible by Rhinoplasty procedure?

Functional improvement: The septoplasty or the surgery of the septum can improve breathing significantly if you have a crooked septum and you suffer from long term breathing problems.

Cosmetic improvement: Rhinoplasty surgery can balance the nasal profile to the profile of the rest of your face.

Common indications of Rhinoplasty are:

- Nose that is too large, too flat, too humped, too wide or fat, too thin, too long, too short, pinched, bumpy, bifid tip (or "buttnose"), denty, hooked, "piggish", pointy (Pinocchio nose), bulbous, crooked, or scooped. It can also address breathing problems and narrow large nostrils or nostril sills.

It is therefore important to know that you may need a relatively small procedure such as reshaping the top of your nose to remove a hump or a 'complete nose reshaping' for a more extensive cosmetic and functional correction. Dr Gahankari will tailor your Rhinoplasty procedure to your individual needs and requirements.

4. Who are unsuitable patients for Rhinoplasty?

Following complaints are generally considered as irrational reasons for Rhinoplasty.

- Non-specific complaints ("I just want it to look a bit better")
- Wanting more 'dates' or to attract a mate
- Gain popularity
- Not getting a job
- Body Dysmorphic Disorder (BDD) or other self image disorders
- Low self esteem due to emotional issues without apparent reason
- Weight problems
- Eating disorders
- Deficient chin
- Deficient jaw/mandible
- Weak or prominent maxilla (upper jaw)
- For someone else
- To evade detection by authorities
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5. How is Rhinoplasty surgery performed?

The surgical approaches for Rhinoplasty could broadly be 'open' or 'closed'. The 'Open' Rhinoplasty approach means only a small part of the incision is visible at the base of

the columella. In the 'closed' approach, the incisions are placed inside the nose and the entire procedure is performed through incisions inside the nostrils. Dr Gahankari will discuss the pros and cons of both the approaches with you and suggest the best approach suited for your Rhinoplasty.

Rhinoplasty is usually performed either under General Anaesthetic or under Local Anaesthetic and sedation. Few mls of local anesthetic is injected into various areas of your nose to make it numb and also to reduce bleeding.

Your Rhinoplasty may need one or more of the following steps:

- i. Tip work- reducing size of the tip, correction of bifid tip or tip overhang etc
- ii. Dorsal hump reduction
- iii. Nasal bone osteotomy in which the thin bones of the nose are broken in measured manner to reduce the width of the nose
- iv. Septoplasty or septal cartilaginous graft harvest
- v. Alar reduction
- vi. Dorsal or tip bone/ cartilaginous grafting

The order in which some or all of the steps performed depends on the predetermined goals. Generally speaking Rhinoplasty can take from one to two hrs.

Bone and Cartilage grafting: Some times if there is a need to add prominence to the tip or the nasal dorsum, a small bone or cartilage graft may be needed. It is most commonly obtained from your own septum. However occasionally it may need to be obtained from ribs or ears. Occasionally a strip of fascia is obtained from your temple through a small incision in your hair. Of course, Dr Gahankari

will discuss this with you in the pre-operative consultation.

Sometimes Rhinoplasty is combined with a chin augmentation to better proportion the face if needed. Although every case is individual and consultation with Dr Gahankari can help you understand what may be needed to reach your goals. Dr Gahankari may use a special medical image morphing program to simulate the result after the procedure and to understand your goals.

6. What is pre-operative preparation and post-operative recovery?

The Rhinoplasty surgery is not advisable in presence of active cold and sinus infection. Certain medications such as aspirin, warfarin or other non-steroidal medications are stopped before surgery as advised by Dr Gahankari. If you are taking steroid intranasal medication on regular basis, this is continued until surgery.

Post-operatively, most patients are operated as a Day surgical procedure if you could be driven home and looked after by an adult at home. Otherwise a night's stay in the hospital may be preferred. The nasal packs, if used are removed in 24 – 48 hrs and the external splint is worn continuously for at least 10 to 14 days. It is preferable not to blow your nose for at least a couple of weeks following the surgery. Dr Gahankari also advises conscious avoidance of direct injury or manipulation of the nose for at least 3 weeks. Contact sports are avoided up to at least 6 weeks following the procedure.

Most of the swelling of the nose and that around the eyes subside in 2-3 weeks but subtle bruising and swelling subsides gradually and may take up to 6 months to one year.

7. When do the sutures come out?

If external sutures are used, they are removed between 5-7 days.

8. What kind of scars should you expect?

There are no externally visible scars in closed technique. However open technique leaves a tiny scar under the columella, which usually fades in several weeks. Very occasionally tiny scars may be present between the eyes. These are from tiny incisions, sometimes used to facilitate precise breakage of the nose bones in re-shaping of nasal skeleton.

9. When will you be able to see the results?

Although results of Rhinoplasty are noticed in couple of weeks once the swelling has subsided, it is generally believed that the good

results of Rhinoplasty are best appreciated at approximately one year mark.

10. What are the risks of Rhinoplasty?

The documented risks of this operation include wound infection, bleeding or haematoma, bruising, asymmetry or unevenness. Rarely scar may be visible. Another very rare documented complication is 'septic shock'. It is important to disclose all the medications that you take – some – such as aspirin, arthritis medication and others may cause more bleeding. It is also essential to quit smoking at least 2 weeks before surgery to avoid reduce wound healing related complications.