

RHINOPLASTY

APPROXIMATE COST: \$2,800-\$6,800

There may be additional charges for surgical facilities and anesthesia. Be sure to request this information.

APPROXIMATE TIME UNTIL COMPLETELY HEALED: Nine months to one year.

BEFORE YOU SET A DATE FOR SURGERY

It's imperative that you meet with your doctor at least twice prior to nasal surgery so you can both be absolutely clear and in agreement over the desired look of your new nose. There's nothing worse than a "surprise nose" sitting in the middle of your face for the rest of your life, so get very specific about what you want. The very best way to communicate your preferences is to bring your doctor pictures from fashion magazines showing examples of the size and shape of the nose you have in mind. Any decisions regarding the shape of your new nose should take into account the shape of your chin. Your new profile must achieve a beautiful balance between the nose and chin. If the chin is receding, an implant often is appropriate to create the correct facial symmetry.

The concept of rhinoplasty is to refine, realign and reposition the nasal tissues. This is accomplished by rearranging cartilage and bone to alter the shape of the nose. Reducing the general size of the nose, removing a nasal hump, reshaping the tip or correcting an unattractive angle between the nose and the upper lip, all can be achieved in a single operation. Tissue often must be added to improve the silhouette of the nose; cartilage is obtained from the septum's or the external ear for this purpose.

PRESURGICAL INSTRUCTIONS

- ❑ If you take medication daily, notify your doctor. You will be given blood and lab tests approximately two weeks prior to surgery. Take no aspirin or aspirin-containing products for two weeks prior to and one week after your surgery. Aspirin can cause bleeding and bruising. You may take acetaminophen (Tylenol).
- ❑ Avoid sunbathing the face for two weeks prior to surgery.
- ❑ If you develop a cold or other illness within a week of your surgery, or if you develop any skin infections about the face and neck, notify your doctor

If you are a smoker you should clearly understand that nicotine can impair and delay healing. Most offices will suggest quitting a week to ten days before surgery, a week post-op. If it were me, I'd stop smoking a minimum of three weeks prior to surgery and not touch a cigarette for a full month post-op. Who needs to be left with scars worse than normal and other complications as a result of smoking through the pre- and postsurgical period?

THE DAY BEFORE SURGERY

- Do not eat or drink anything after midnight. Some offices may ask you to take pills with a small amount of water the day of surgery.
- The night before or the morning of surgery, shower and shampoo your hair.
- Rinse and brush your teeth but *do not eat or drink anything*. Wear no makeup and remove contact lenses. Do not apply moisturizer on your eyelids or facial skin.
- Wear a robe, housecoat or warmup suit that buttons or zips in the front, and wear flat shoes. *No tight-fitting clothes*.
- *Someone must drive you home on the day of your surgery.*
- Preoperative instructions regarding dressings, activity, medications, suture removal and office visits will be given following your surgery.

THE SURGERY

The surgery takes approximately an hour and a half to two hours. Add an additional half hour for preparation and anesthesia. You will be given antibiotics to combat potential infections. There are normally four people in the operating room with you: the surgeon, the anesthesiologist, and two surgical nurses. You will be given a general anesthetic intravenously. An I.V. antibiotic will also be administered.

The entire procedure is performed from inside the nose. Surgery usually begins with work on the septum. Not everyone has septum work, but it's rather common because many people require breathing corrections.

Incisions are made on either side of the nose inside the vestibule (nostril). The tissue, cartilage, fat and skin are “freed-up” (separated) from the overlying bone. Work on the profile includes rasping (filing) the hump down or actually removing it with a fine saw or a chisel. The nasal bones are then cut at their base running vertically at either side of the nose, and are moved inward to form a narrower bridge. If the nasal tip needs elevating, the septum will be trimmed through the incisions in the nostrils. Other tip work, such as reshaping the cartilage and definition of the nasal tip, also is performed via these incisions. Twelve to 15 mini stitches are taken to close up the incisions inside the nostrils. They are absorbable and will dissolve on their

own. Occasionally the doctor may elect to combine the nostril incisions with an incision across the column of the nose. This is the fleshy part between the nostrils. This operation is called open rhinoplasty, and it results in a fine, usually inconspicuous scar in this area.

If the base of the nose is too wide, wedges of the skin are removed and the nostrils are brought closer to the columella (the column between the nostrils) to produce a narrower nose. Tiny scars will remain where the sutures were placed, but they can be camouflaged with makeup after the nose has healed.

Packing is usually inserted in the nostrils to protect the septum for three to five days, and a tape-and-plastic splint or a plaster overlay is applied to adhere the tissue and support the new shape of the bone for about a week.

An alternative surgical procedure for lifting the nose is to make incision lines at the base of the column separating the nostrils and around the base and outside curve of the nostrils, and then lift the entire nose upward. Some doctors approve of this technique, but it will leave you with a visible scar under the tip of your nose.

NASAL IMPLANTS

Implants often are placed in the nose to correct the look of a broad, flat nose or the lack of a bridge. They are also used in reconstruction following accidents. The implant is inserted through an incision inside the nostril.

Synthetic implants are tolerated very well in Asians and African Americans, but Caucasians seem to have problems with them, and the removal rate is as high as 60 percent. Caucasians should opt for cartilage implants in the nose. Cartilage implants are well tolerated by all races.

POSTSURGICAL INSTRUCTIONS

1. Rest at home and limit yourself to light activities for one week.
2. Continue your antibiotics until your doctor instructs you to stop.
3. Frequently change the “mustache dressing”—the gauze under your nostrils—to catch any light bleeding from the nose. You may need to change it four or five times an hour for the first two to three hours after surgery. Then, as the bleeding diminishes, the dressing will probably require changing one to two times an hour until the morning.
4. Vigorous sports or exercises that cause straining should be curtailed for six weeks following surgery. You may gently swim in a swimming pool after a time to be determined by your doctor. No *diving* for two months.
5. Sleep and rest with head comfortably elevated.
6. Do not blow your nose until advised, and then do so gently, one nostril at a time.

7. If you wear glasses you will be shown how to tape them off the bridge of your nose for approximately six weeks.
8. Do not sunbathe or burn the nose for six weeks after surgery.
9. If you sneeze open your mouth widely.
10. If you have nasal packing, it may be removed three to five days after the operation. Often it will fall out (partially or fully) prior to that time. Gentle removal or cutting the protruding portion with scissors is appropriate. If the packing is still in your nose on your return visit, the doctor or nurse will remove it for you.
11. The splint should remain dry. It will be removed on our return at five to seven days after the operation.

THE RECOVERY PERIOD

Be prepared to be annoyed by the packing in your nose. It's uncomfortable, and although it's a tube-packing with a tiny hole in the center for air, you'll end up having to breathe through your mouth until the packing is removed. One nice improvement is that today's tube packing is coated and slips out of the nose quite painlessly.

Unlike the painless face-lift, any work on the nose will leave you quite uncomfortable, tender and sore for a good week to ten days. The nose will remain very tender to the touch--sensitive even to the weight of a washcloth--for about six weeks post-op. But don't worry, it never gets really terrible, and it all passes with time.

You'll probably wake up with a couple of black eyes and some more bruising on the nose. The bruising usually is gone in 10 to 14 days.

You'll be swollen, of course. You really won't be able to judge your new nose for the first four months after surgery. That internal swelling makes it look fatter and wider than you perhaps imagined, but by the fifth month, you'll like what you see. However, you should know that it takes a full nine months to a year for all of the swelling to disappear following rhinoplasty.

Your nose will be stuffy for about two to three weeks following surgery. Be prepared for a constant dry throat, because you'll be breathing through your mouth a lot during this period. Throat lozenges are very helpful, and if your doctor says it's OK, an antihistamine at night could help open up your breathing passages.

Take it very easy for the first weeks following surgery--rest and do only very light activities. Absolutely no exercising or heavy physical activities, not even bending, for six to eight weeks. You don't want to do anything that will raise blood pressure or create nose bleeding.

You'll be able to return to work a week to ten days following surgery. You'll be slightly tired, swollen and bruised, but you can resume your work routine as long as it's not overly physical.

Some years ago an 8-year-old child accidentally broke my nose. The break was camouflaged with a cartilage implant, and the septum was realigned. I was surprised to experience a kind of shaky and fragile recovery from nasal surgery. Apparently most people feel a bit more vulnerable following rhinoplasty than after a full face-lift. The nose is an extremely sensitive area. But even at its worst, rhinoplasty is never an unbearable experience. It's uncomfortable and fatiguing and tender for a while, and then it all passes and you're fine again.

One large “possible catch” you should prepare yourself for is that 15 to 30 percent of all nasal surgery will require a second touch-up surgery. This is because the surgeon cannot judge how the body will respond to bone rasping (filing) and cutting. The minute a bone is rasped or cut, it thickens while healing. The surgeon must guess how much to remove knowing the bone will thicken. Sometimes he guesses perfectly, but often, the bone will appear slightly larger than desired due to final thickening, and the surgeon will need to go back in nine months to a year post-surgery and remove more bone by further rasping.

Granted, this possibility is a major snag, but it's really not your doctor's fault. He couldn't accurately know how much thickening your body would produce. With luck, you won't need a touch-up surgery, but if you do, know the problem can almost always be fixed.

PROBLEM SIGNS

A small amount of bloody oozing or discharge from the nose is normal. However, any significant bleeding is a problem that requires an immediate call to your doctor. Sometimes the packing needs to be changed, or perhaps it's another type of problem. The rule to remember is, if your nose is bleeding, call your doctor at once.

MAKEUP TRICKS

Once the splint and packing have been removed you can cover the bruises around the eyes and nose with Dermablend, Clinique Continuous Coverage, Prescriptives Camouflage Creme, Cover Mark or Natural Cover sparingly dabbed over the bruised areas and carefully blended out into your normal foundation. *Do not rub* the nose for at least six months following surgery. No rubbing of cosmetics, creams or cosmetic removers. Just gently rub everything on and off.