

# **RHINOPLASTY**

## **FUNCTIONAL AND COSMETIC SURGERY OF THE NOSE**

This information leaflet is to support your discussion with your specialist. This leaflet will help explain how the nose functions and what tissues affect the shape of the nose. Before you agree to any treatment you will always have an opportunity to discuss your procedures and raise any concerns or questions.

## **THE NOSE SHAPE AND FUNCTION**

The nose is used for breathing and the sense of smell. There are two openings at the front of the nose (the nostrils). The shape of the nose consists of skin covering bone and cartilage. At the very top of the nose (between the eyes) is bone which is hard. The middle part of the nose consists of a firm cartilage support and the very tip of the nose is made of softer cartilage. The skin itself can have variable thickness which in turn will affect the shape of the nose.

## **WHAT IS RHINOPLASTY?**

Rhinoplasty is an operation to change the shape of the nose. This operation can be combined with a procedure to help straighten the partition of the nose, called a septoplasty. The combined procedure is sometimes known as a septo-rhinoplasty. Further specific types of rhinoplasty can be performed depending on the particular area of the nose that requires correction. The nose can be straightened. Humps over the dorsum of the nose can be removed and the nose can generally be made larger or smaller. The shape of the tip can be changed. Small pieces of cartilage or bone may be added as grafts, or removed, to alter the shape further.

## **WHY HAVE A SEPTO-RHINOPLASTY?**

You may be advised or offered a septo-rhinoplasty if the shape of the septum and the bones of the nose are causing breathing difficulties through the nose. If the nose has been injured this may be apparent to you already. Or alternatively, the shape of the nose may gradually occur with growth.

## **DO I NEED TO HAVE A SEPTOPLASTY OR RHINOPLASTY?**

The shape of the nose will not do you any harm and so can be left alone. Only you can decide if the shape of the nose is bothering you or whether you want to have an operation. Some patients may feel psychologically challenged by their body appearance (body dysmorphism syndrome). This requires careful counselling prior to consideration for surgery. If your main symptom is nasal blockage, and this is related to an abnormality of the structure and shape of the nose, then you may be offered surgery to correct this. Having a blocked nose is unlikely to cause you harm, but if a blocked nose is causing you difficulties you may wish to proceed to surgery. (Please see leaflet on Septal and Turbinate Reduction Surgery)

## **HOW SUCCESSFUL IS THE OPERATION?**

Every nose and facial shape is different and it may not be possible to make your nose look exactly like your idea of a perfect nose.

There are many aspects of nasal anatomy that determine the shape of the nose, not least the thickness of the skin, nasal bones and the cartilage that constitute the nose skeleton. If this skin is very thin any minor blemishes or abnormalities of the skeleton of the nose will be noticeable on the outside.

Your surgeon will aim to produce a nose that looks natural and normal for your facial shape. Your surgeon may not however be able to say exactly how your nose will look after the operation. It is very important that you discuss your expectations with your surgeon.

90% to 95% of patients are happy with the results of their operation, but some people do require and request more surgery.

You may change your mind about the operation at any time and signing a consent form does not mean that you have to have the surgery.

## **HOW IS THE OPERATION DONE?**

A photograph is usually taken of the nose from various aspects. This will be kept as a patient record and clinical document. This may also help to inform the discussion between you and the surgeon prior to planning the surgery.

You may be admitted to the hospital either the night before or the morning after the surgery. A general anaesthetic is used to make you fall asleep during the whole procedure.

Once you are lying on the operating table asleep a series of small cuts may be made inside the nose (incisions). The nasal septum or partition of the nose will be straightened and some cartilage may be taken together with bone. The bones of the nose are also fractured and moved into a straight position. The skin over the dorsum of the nose (on the front of the nose) may also be lifted up. This allows for the shape changes to the tip and middle part of the nose to be addressed. At the end of the operation the nasal bones are stabilised in position and stitches (sutures) are placed to close any incisions that are made within the nose. Some types of surgery can be done by incisions on the outside of the nose- your surgeon will let you know if this is going to be done.

## **AFTER THE OPERATION**

You will notice that there may be some dressings inside the nose (nasal packs). These help to prevent bleeding. Nasal packs prevent you from breathing through the nose. Once they are removed, shortly after surgery, your nasal airway will be improved. However you may then experience a feeling of congestion and blockage, like having a severe and heavy head cold, that may last for two weeks.

Sometimes small pieces of plastic or silicone may be placed in the nose (splints). These will need to be removed one week after surgery. When the nasal packing is removed from the nose there may be a little bit of bleeding, which usually settles quickly.

On the outside of the nose you may also have a plaster cast dressing applied which helps to stabilise the nasal bones and this will remain in place for one week.

## **DOES IT HURT?**

You will not feel much discomfort or pain, although the nose does feel sore and require some simple pain-killing medication.

## **HOW LONG WILL I BE OFF WORK?**

You can expect to go home the day after your surgery or possibly on the day of your surgery (Day Case Surgery). You will need to take it easy for at least a week, until blood stained discharge from the nose stops and the dressing on the nose are removed.

If you are involved in physically strenuous work you must avoid work for two weeks.

## **AFTER THE OPERATION**

Since the nasal bones have been broken they will be very soft and very easily knocked out of position, so care will be required for at least six weeks.

You must avoid strenuous activity that raises blood pressure as this is likely to cause bleeding. If you are involved in physically strenuous work you must avoid work for two weeks. You should avoid contact sports.

You should also avoid blowing your nose for two weeks after surgery to minimise the risk of bleeding.

You may notice that the nose discharges a small quantity of blood-stained liquid. This usually occurs for one to two weeks after surgery and settles on its own. As the nasal shape is being corrected there will also be some bruising under the skin of the nose, and this may extend around the eyes and the middle part of the face. This area of the face will also feel sensitive and sore and will require simple analgesia, or pain killing medication, to keep the discomfort under control.

Your nose will feel blocked for one to two weeks after surgery and it may take six weeks before the nasal airway feels normal.

You may be prescribed some drops and sprays to help reduce blockage and congestion in the nose.

Avoid dusty, smoky and irritative environments as they may affect the nose. There will be some stitches (sutures) in the nose. These will usually dissolve on their own. If

there are any sutures that require removal your surgeon will advise you accordingly and arrange an appointment for this to be undertaken, either in the General Practitioner practice or in the clinic.

Following rhinoplasty or septo-rhinoplasty the skin of the nose is very sensitive. You must avoid exposure to strong and direct sunlight as this will cause harm. Use a hat, skin sunscreen for at least six months.

The nose will feel stiff and the tissue under the skin will feel thickened initially. These feelings are normal and the surgery usually involves lifting the skin over the front of the nose.

## **POSSIBLE COMPLICATIONS**

There are some potential consequences and risks that you need to be aware of prior to giving consent for surgery. The complications are uncommon. Listed below are some of the problems associated with surgery, This is not a comprehensive list of the complications associated with surgery but does cover most problems including rare ones associated with this procedure. If you wish to discuss further specific issues, please do not hesitate to do so with your doctor.

### **Infection**

Infection in the nose is rare but if it occurs after this type of surgery it may be serious. It requires prompt attention from a doctor or your surgeon and you may require antibiotic therapy. You may notice facial pain, fever, bleeding or a smelly (offensive) nasal discharge.

### **Bleeding**

This usually occurs during the surgery and settles. If bleeding occurs after surgery you may require readmission to the hospital or nasal packing to control the bleeding. There is a small risk of this occurring.

### **Septal Perforation**

Very rarely the operation may leave a hole in the septum inside the nose. This may not be noticeable and is commonly asymptomatic, however it may give rise to whistling in the nose during nasal breathing, or nose bleeds. If necessary further surgery can be carried out to repair a hole in the septum.

### **Nerve Injury**

Very rarely you may have some numbness of the upper teeth which usually settles with time. Occasionally the sense of smell maybe reduced or diminished. This usually recovers.

**Appearance**

There may be a failure to completely correct the deformity of the nose. Sometimes it is necessary to repeat the procedure.

**IS THERE ANY ALTERNATIVE TREATMENT?**

There are no pills or tablets that can be taken to change the shape of the nose. Very rarely an injectable filler might be helpful for small refinements in the shape of the nose.

In some cases a patient's wish for rhinoplasty may be related to a disorder of the body image (body dysmorphic disorder). These patients would not be suitable for surgery and should be offered a referral to a psychiatrist.