

RHINOPLASTY

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In order to assist my patients, I have compiled a series of frequently asked questions and answers about rhinoplasty. This pamphlet is not meant to take the place of an individualized consultation but it can be used as a teaching tool to educate and clarify certain misconceptions and fears about the procedure.

This information sheet was created to make my patients educated consumers regarding the art of rhinoplasty surgery. First and foremost, you should be aware that rhinoplasty is a surgical procedure designed to improve the shape, form and function of the nose. It is done to correct either congenital or acquired imperfections of the nasal shape, improve the nasal airway, provide balance to the face and improve appearance. This, in turn, typically enhances self-esteem and reduces anxiety in certain social situations.

Although rhinoplasty is an operation that is tailored to meet the specific needs and desires of each individual patient, in general I strive to preserve normal nasal function and anatomy and produce a natural appearing nasal shape which is in balance with the surrounding facial features. There is *no* such thing as the “*perfect nose*” which can be reproduced on each patient. As individuals, we all possess a unique set of facial features of which the nose is simply one part. As a rhinoplastic surgeon, I strive to achieve a proper balance between the surrounding facial features and the nose itself. My goal is to avoid the typical “nose job” look and to make patients look as though their new nose was what they were born with. Quite frankly, it is amazing how fast my patients become adjusted to the new look afterward.

QUESTIONS AND ANSWERS

1. Please explain what a rhinoplasty (otherwise known as a “nose job”) is.

There are many reasons why patients dislike their nasal appearance. Most patients who I see for rhinoplasty feel their nose is too large for their face. They may feel the nostrils are too wide or that the tip lacks projection and hangs down too low. Others may dislike the large “bump” on their nose and want it removed. Still others feel their nose is too wide and would like to make it appear more narrow. Lastly, there are patients who are not concerned about appearance and are most concerned about their inability to breath through the nose. These patients require a septoplasty which occasionally is done in conjunction with a rhinoplasty.

There are as many different problems with noses as there are people and my job is assess each one patient individually and formulate a plan that is not only surgically sound but also addresses this aesthetic and/or functional desires and goals of the patient and then to execute the plan safely and effectively.

2. What will happen before the procedure is performed?

Prior to the surgical intervention, a complete medical history is taken in order to evaluate the general health of the patient. A careful physical examination is also conducted. The physician and patient discuss realistic expectations of the outcome of the surgical intervention. Photographs may be taken before and after surgery to evaluate the amount of improvement. The type of anesthesia to be used, the nature of the procedure, and its associated risks, benefits and complications are also discussed. Preoperative instructions may include the elimination of certain drugs which contain aspirin and vitamin E in order to minimize the possibility of excess bleeding.

If a nasal breathing deficit and/or septal deviation are present preoperatively, then a **CT scan** may be ordered to evaluate the appearance of the internal aspects of the septal anatomy in preparation for the surgical intervention.

3. Who is an ideal candidate for a rhinoplasty?

The ideal candidate for a rhinoplasty is the individual who is mature and has very specific goals in mind with regard to the outcome of the surgical intervention. The ideal candidate can verbally express what it is that he/she dislikes about the appearance of the nose and is not obsessed or narcissistic about the appearance of their nose. The ideal candidate understands the limitations of the surgical intervention and realizes that there is no such thing as a “perfect nose” and that minor imperfections are acceptable. The ideal candidate understands that the rhinoplasty procedure will improve self-esteem and appearance but will not improve social relationships or solve intimacy problems. In other words, the ideal rhinoplasty patient has realistic expectations with regard to the surgical outcome.

4. Am I asleep during the procedure?

Yes. You will be in a state of unconsciousness (i.e., twilight sedation) during the procedure. You will not feel any pain and you will be unaware of your surroundings. You will, however, breathe on your own **without** being attached to a ventilator. Some patients may require general anesthesia but the vast majority (95%) undergo this procedure with twilight sedation.

You will be comfortable during the surgical intervention and you will not remember anything afterward. You will be sedated before you go into the operating room or immediately after you get into the operating room and will awaken in the recovery room. Postoperatively, any pain will be immediately treated with adequate pain medication.

5. Is packing needed afterward?

Nasal packing is NOT used. A small paper nasal splint is applied over the skin of the nose and this is removed 6 days after the surgery. If a septoplasty is performed with the rhinoplasty, a nasal sponge or tampon (**NOT** the old fashioned nasal packing) is placed in each nostril to prevent postoperative nasal bleeding. These tampons are removed 6 days postoperatively. It is best to keep your lips moist to prevent chapping and drying during this

healing process.

6. Will I need intravenous fluids or blood afterward?

You will get intravenous antibiotics and some intravenous fluid while you are in the recovery room postoperatively but the intravenous catheter will be removed once you are fully awake. You will not need blood afterward.

7. How do I know what my results will look like postoperatively?

I listen to my patients desires preoperatively and I take a profile view of the nasal region and draw in the nose to show what can realistically be achieved with the surgical intervention. Although this is not a guarantee of the postoperative result, it acts as a bridge between the expectations of the patient and the aesthetic eye of the surgeon. This bridge must be crossed before the surgical intervention is scheduled.

8. How long do the results last?

The result is **PERMANENT** – forever. The bump that is removed or the tip that is softened will not “grow back” afterward.

9. How do I prepare for the procedure?

First and foremost, you must read the “**DRUGS TO AVOID**” handout and discontinue the medications listed since they can cause bleeding. Secondly, if you smoke, you must discontinue nicotine abuse for at least two weeks before and two weeks after the surgical intervention otherwise the healing process will be jeopardized.

To ensure a satisfactory result, the patient must convey his/her special concerns and desires to the surgeon and be confident that the surgeon understands and appreciates them. The patient must also feel that the surgeon has adequately prepared them for the surgery by thoroughly explaining every detail about the operation. Unless a patient-physician relationship based on trust and confidence is established before surgery, the rhinoplasty should *not* be performed.

10. Are there any special instructions suggested after the procedure?

You will have a soft nasal splint afterward which must stay dry and clean. Once the splint is removed (6 days after the surgery), you may take a shower and get the nose wet.

You need to put ice packs around your eyes (15 minutes on-15 minutes off) for three days postoperatively to prevent swelling and bruising. Sleep on two to three pillows and do not bend your head below the waist for 7 days postoperatively. Do not lift anything greater than 20 lbs. for two weeks postoperatively.

Your nose may ooze some minor amounts of blood and serum for 3-4 days afterward. This is

normal. You will change the nasal drip pad under your nose 3-4 times a days but this will diminish as the healing process takes place.

Your lips will get dry and chapped afterward because breathing through the nose will be difficult. At night and during the day, apply Vaseline around on your lips for moisturization and drink plenty of fluid. For the first two weeks after the rhinoplasty, allow a *mist* humidifier (can be purchased at Bed, Bath and Beyond) to blow over your head while sleeping so as to humidify the surrounding air going through you mouth and nasal air passages. This will improve and hasten the healing process.

Sneezing can be problematic but it is best to sneeze through your mouth rather than the nose for two weeks postoperatively.

There are no special exercises per se but we recommend that you avoid your usual exercise routine for two weeks after the procedure. After two weeks, resume one half of your usual exercise routine for one week and then, three weeks after the procedure, you can resume your normal routine and full capacity.

Avoid contact sports for three months after the surgical intervention. Do not go out into the sun without a sun block cream with an SPF of 40 or above for three months after. Starting 2 weeks after the procedure, we recommend self massage with a moisturizing cream of choice to the skin over the treated areas. This is done to help soften areas of hardness and to smooth areas of irregularity. It is most effective when done in a shower or Jacuzzi. It is maintained until the healing process is complete i.e., 6-10 weeks.

11. What can I expect as an outcome?

I will do the best I can to accomplish the aesthetic goals and desires outlined during the initial consultation.

12. What will my nasal skin feel like afterward?

It is not uncommon for the tip of the nose to remain numb, tight and swollen for several months after the procedure. This is more of a nuisance than an actual medical problem. The nose smoothes out and softens over time and the numbness will go away. This is the normal healing process and always settles with time.

13. What are the risks involved?

There are very few risks involved with rhinoplasty. Infection and bleeding can occur rarely. To avoid these, we give each patient intravenous antibiotic preoperatively and oral antibiotic postoperatively and we will not operate if a patient has been taking medications that can lead to bleeding afterward.

Although I strive for complete symmetry and balance, occasionally cartilage and/or bone will heal in an unusual or uneven way. Calcification can occur in the cartilage and/or

callusformation may develop in the bone, leading to contour irregularities which may resolve by themselves or require additional surgery for correction. This is rare but may occur postoperatively.

Also rare is the patient who is dissatisfied with the result postoperatively. If dissatisfaction occurs postoperatively, I will address it head on and remedy the situation if needed. The dissatisfied rhinoplasty patient is usually unhappy because preoperative expectations of the final result far exceeded what the surgeon could actually accomplish. Before surgery, you must convey to the plastic surgeon precisely what type of nose you desire. Your plastic surgeon must also be sure that this type of nose is appropriate for your face and that, as a surgeon, he can obtain (or come close to obtaining) the desired result. This doctor-patient understanding is critical to achieve success.

I listen to my patients desires and expectations preoperatively and if I feel they can not be accomplished, I will inform them before the surgical intervention is performed.

Each of my patients receives a complete medical work-up prior to the procedure to make sure they are healthy enough to safely have it performed. One can take Vitamin C (500 mg twice daily) for two weeks before and two weeks after the procedure to help with the healing process.

If you have a problem with motion, car or sea sickness or are known to get nauseated after anesthesia, please notify my anesthetist so that medication can be administered to counteract this.

After a rhinoplasty, one can expect the treated areas to be black and blue around the eyes for 1-2 weeks postoperatively. This will vary from patient to patient. Most patients has little swelling and bruising and some have none. This is the normal healing process and will go away in time.

14. What is the recovery period? When can I drive my car, go back to work and exercise?

Most patients return to work within one week after a rhinoplasty. This can vary depending on the patient's age, nutritional status, healing capacity, individual skin chemistry, smoking history and overall state of health. With the newer techniques and instruments in rhinoplasty surgery, recovery is now much faster than in the past. 75% of the swelling in the nose resolves within one month of the surgery but it can take anywhere from 6 to 18 months for the remaining 25% to resolve and complete healing to take place. It may take this long to appreciate the absolute final result in some patients.

Strenuous sporting activities, exercise and other physical activity that will increase your heart rate or blood pressure (such as sex) is strictly forbidden for 2 weeks.

You may drive your car within 48 hours of the surgical intervention as long as your eyes are not excessively swollen. If they are, then wait until the swelling subsides (usually 4-5 days) so you can see without obstruction.

15. What is the difference between a rhinoplasty and a septoplasty? Will my insurance pay for these procedures?

A rhinoplasty is a cosmetic procedure performed to improve appearance whereas a septoplasty is a functional procedure performed to improve nasal breathing. A rhinoplasty itself will not improve nasal breathing and a septoplasty itself will not change appearance. A rhinoplasty can be performed with a septoplasty if the patient has a nasal breathing deficit preoperatively and dislikes the appearance of the nose as well. This is called a septorhinoplasty.

The septum is the tissue that separates the nostrils. Inside the septum is cartilage, a soft yet firm tissue that provides support. If the cartilage is twisted, misshapen or broken either at birth or by trauma later in life, it can veer off on one side or the other and obstruct nasal breathing. A CT scan of the nasal region can identify this abnormality.

A septoplasty is the procedure used to correct this condition. It involves straightening out the nasal septum and removing the nasal turbinates whose enlargement is the most common cause of nasal breathing deficit. This surgical intervention is performed to improve nasal breathing. Its performance will not change the shape of the nose **nor** will it eliminate snoring. Changing the shape of the nose requires the performance of a rhinoplasty and snoring is caused by a different problem.

A rhinoplasty is not covered by insurance whereas most insurance companies will cover the cost of a septoplasty. The inability to breathe through the nose is considered functional in nature and its presence will impair your activities of daily living therefore insurance will pay to have it fixed.

If the distorted shape of your nose and/or your inability to breathe were **both** caused by an identifiable traumatic event, then insurance may cover the cost of both parts – the septoplasty and the corrective rhinoplasty.

If you simply dislike the shape of your nose and it was never broken or injured, then your insurance company will consider the rhinoplasty as a cosmetic procedure and it will **not** pay for it.

As stated previously, packing is not needed with rhinoplasty alone but if a septoplasty is performed, then nasal sponges (not the old-fashioned nasal packing) is placed in each nostril to prevent postoperative bleeding. The sponges remain in the nose for 4-6 days and then are removed in my office. After a septoplasty, it can take up to 6 weeks for the mucosal swelling to subside and the patient to realize an improvement in nasal air entry.

16. How long does a rhinoplasty take and is it painful?

Typically, a standard rhinoplasty takes approximately 1-1.5 hours for completion. If a septoplasty is combined with the rhinoplasty, the procedure will take approximately 2-2.5

hours for completion.

Rhinoplasty is not a painful procedure. The patients complain more of discomfort and swelling than of actual pain. We provided pain medications if needed but most state they were not needed.

17. Are the scars noticeable?

I use what is known as the “closed” rhinoplasty technique in 90% of my rhinoplasty patients so that the incision scar is located inside the nose and as such, is not visible. In certain cases, such as in patients who have had rhinoplasty in the past, I must use the “open” approach so that the incision is placed in the central part of the columella which is the column of skin between the nostrils. This incision is necessary in those cases to perform meticulous tip work within scar tissue because visualization is not possible by other means. The scar typically heals so well that it is not visible to a casual observer from a conversation distance. The incision placement will be detailed preoperatively and you will know before the surgical intervention is performed which incision you will get.

18. Will I have stitches that need to be removed and is this painful?

Since the incisions are inside the nose, the stitches used to close the incisions dissolve spontaneously. If your nostrils require narrowing, some outside skin will need to be removed one week after the surgery. This is done painlessly.

19. What drugs do I have to avoid before the surgery?

Aspirin, Vitamin E, Motrin, Advil, garlic and garlic pills all affect platelets in a way that causes them to malfunction for approximately one month so that the coagulation cascade is defective for that time period and excessive bleeding can occur. There are other medications as well that can cause bleeding.

These are outlined in the “**DRUGS TO AVOID**” handout that you will receive. Make sure you read the “**DRUGS TO AVOID**” handout and follow its recommendations carefully. This will ensure that you are not taking a medication, nutritional supplement or herb that could increase the risk of postoperative bleeding or alter your response to the anesthetic medications. We recommend that you discontinue any medications listed on the handout for one month before to ensure proper healing without postoperative bleeding or hematoma formation.

20. Is your surgical facility state-licensed and certified?

The Renaissance Center for Plastic Surgery is licensed by the State of Pennsylvania as a Class C (the highest available) Ambulatory Surgery Center (Certificate No. 71140). The Renaissance Center for Plastic Surgery is also Medicare-approved and certified by the Accreditation Association for Ambulatory Health Care (AAAHC). The Renaissance Center for Plastic Surgery is also a member of the American Association of Ambulatory Surgery

Centers (AAASC) and Susan, my business manager, is vice-president of the Foundation of Ambulatory Surgery in America (FASA).

21. How many of these have you done?

Since 1996, I have performed over 400 rhinoplasties which averages to about 33 rhinoplasty procedures per year.

22. Are you board certified and is that important?

It is very important for your doctor to be board certified in his field. Board certification means that your doctor has achieved the highest level of excellence and competence in his/her field. To become board certified, you must display a level of proficiency to your peers that is exemplary in your field.

I am board certified in both plastic surgery and general surgery. As a board certified plastic surgeon, I do not perform general surgery.

I achieved a lifetime board certification in plastic surgery in 1992 but in 2004, I voluntarily re-certified in plastic surgery by taking and passing a rigorous written examination. This was done to ensure that I was up to date on the latest developments in my field. I was one of only 9 plastic surgeons in the country to pass the re-certification examination that year. You may view my other credentials and achievements by linking onto my [curriculum vitae](#).

23. Is there anything else I should know about this surgery?

As with any nasal surgery, there is a small but definite risk of infection, bleeding, hematoma, seroma, postoperative nausea/vomiting and/or headache, nasal collapse, poor healing, permanent or temporary nasal asymmetry, septal perforation, injury to the lacrimal apparatus, nasal obstruction, permanent or temporary anosmia (altered sense of smell), aberrant cartilage growth, red nose syndrome (worsening of telangiectasias on the bridge of the nose), notching of the nostril, functional impairment and permanent scarring and disfigurement.

24. Finally tell my about the photographs.

Photographs are a necessary part of this surgical procedure. The preoperative photographs are taken to the operating room and serve as important aids to your surgeon in planning and performing certain portions of the surgical procedure. Photographs are also taken postoperatively not only to complete the medical record but also to serve as an educational and reference tool for both the surgeon and the patient. These photographs become a permanent part of your medical record but may be used for a variety of instructional and professional purposes within your surgeon's practice including, but not limited to, illustrations in scientific articles written by the surgeon and/or for demonstration purposes to prospective patients with a similar nasal shape.

If I sign this document, it signifies that I have read the above, it has been explained to me and I

fully understand and accept the inherent risks, potential benefits, limitations, anticipated outcome, expected postoperative course, the likelihood of success, the estimated duration of care, the nature and purpose of the proposed procedure of rhinoplasty, alternatives, options and all the known possible complications associated with this procedure. I hereby, therefore, consent to have this procedure performed.

PATIENT:_____ **WITNESS:**_____

DATE:_____