



RHINOPLASTY : COSMETIC NOSE SURGERY

« Version 1 » créée novembre 2008

Information delivered to :

Cachet du Médecin :

Patient's name :

Date :

This document has been conceived under the authority of the French Society of Plastic Reconstructive and Aesthetic surgery (Société Française de Chirurgie Plastique Reconstructrice et Esthétique - SOFCPRE) to complete the information that you received in your first consultation with your Plastic Surgeon. It aims to answer all the questions that you might ask, if you decide to undertake rhinoplasty.

The aim of this document is to give you all the essential information you need in order to make an informed decision, with full knowledge of the facts related to this procedure. Consequently, we strongly advise you to read it carefully.

• DEFINITION, AIMS AND PRINCIPLES

Rhinoplasty means cosmetic surgery of the nose.

This procedure aims to modify the shape of the nasal pyramid (either partially or completely) and can also if necessary correct nasal breathing problems.

A rhinoplasty can be carried out alone or in association with other facial surgery such as a genioplasty (surgery of the chin). This can be done at the same time to modify the facial profile.

The aim is to improve the aspect of the nose. The problems present can be congenital, caused by an accident, or due to aging.

The result should be a nose in harmony with the facial features, and which corresponds to the personality and expectations of the patient.

The technique uses incisions hidden inside the nostrils and remodels the bone and cartilage which give each nose its distinctive shape. The skin covering these elements will be redraped and will adapt to the new nose. This point shows the importance of the quality of the skin for the final result which is obtained with no visible scar.

When a nasal obstruction impedes breathing it will be treated during the operation. This can be due to a deviated septum (the nasal partition) or hypertrophy of the nasal concha (bony structures inside the nasal cavity).

This procedure carried out both for men and women, can be done from the age of 16, when growth is complete.

• BEFORE THE OPERATION

The motivation and expectations of the patient will have been analysed.

Prior to the operation a thorough examination of the nasal pyramid and its harmony with the other features of the face will have been carried with an endo-nasal examination.

A simulation of the desired result can be done using photos and computer techniques. The virtual image obtained should be considered as a guide to help understand the wishes and expectations of the patient. Nevertheless it should be understood that the final result may be slightly different and not an exact copy.

A preoperative check up will be carried out as prescribed.

An anesthesiologist will see you in consultation at the latest 48 hours before the operation.

No aspirin-based medication should be taken during the 10 days preceding the operation.

For certain types of anesthesia you must fast (neither eat nor drink) for six hours before the operation.

• HOSPITAL STAY AND TYPE OF ANESTHESIA

Type of anesthesia

This operation is usually performed under general anesthesia. However, in certain cases local anesthesia with intravenous sedation (twilight anesthesia) may be used.

The type of anesthesia will be chosen after discussion between yourself, the surgeon and the anesthesiologist.

Hospital stay:

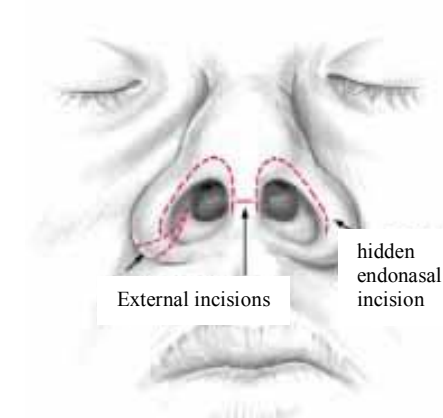
Rhinoplasty is usually carried out in an ambulatory facility, you arrive early at the hospital and are discharged the same day after a few hours under observation.

However, in some cases a short hospital stay can be preferable. The patient arrives in the morning (or sometimes the previous evening) and is discharged the following morning, or the following day.

• THE PROCEDURE

Each surgeon has adopted his or her own specific technique which he or she adapts in order to obtain the best results in each case.

We can however give some basic points :

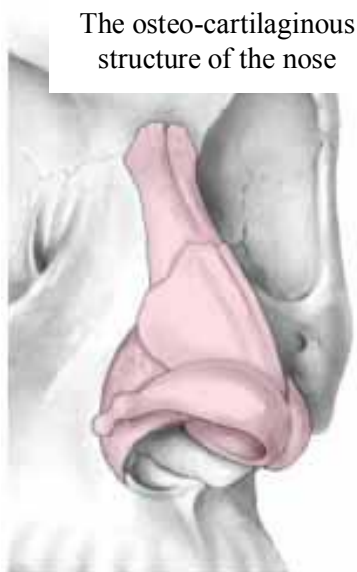


Incisions :

As a rule they are invisible, hidden inside the nostrils or under the upper lip, there are therefore no visible scars. It can however be necessary to

use an external incision which will be hidden beneath the upper lip.

It can be necessary to use an external incision concealed at the base of the nose wings if reducing the nostrils, or across the columella, between the nostrils in order to perform an 'open' rhinoplasty (giving access to the internal structure of the nose. This can be used when repairing serious deformations or for touch-up surgery.



Dissection :

These incisions permit separation of the cartilage from the skin and mucosa.

Reshaping the nose :

The osteo-cartilaginous structure will then be reshaped as planned. This important step can be carried out in a multitude of ways taking into account the individual case

and the preferred technique of the surgeon. The nose may be made smaller or straightened, a bump removed, the tip may be redefined, the septum may be straightened or the nasal

concha reduced in size. In some cases a cartilage or bone graft will be used to fill a hollow zone, to support part of the nose or redefine the tip.

Sutures:

The incisions are closed with fine sutures, usually dissolving ones.

Dressings and splints:

The nostrils are packed with wadding. An external dressing of tape is applied then a splint of plaster, plastic or metal is molded and fixed to the nose, this can sometimes extend to the forehead.

The operation can take between 45 minutes and 2 hours depending on the specific requirements and complexity of the case.

• AFTER THE OPERATION

There is rarely actual pain, it is rather the fact that the wadding makes it impossible to breathe through the nose which is a problem for the first few days.

Swelling can be observed around the eyelids with bruising which is variable in degree and duration for each patient.

During the first few days rest is advised, with no physical strain.

The wadding is removed 2 to 5 days after the procedure. The splint is removed 5 to 8 days after surgery, to be replaced by a smaller splint for a few more days.

The nose will appear bigger because of swelling and it will still be difficult to breathe because of swelling of the lining of the nose and possible scabs in the nostrils.

The visible signs of the operation will disappear gradually and a return to normal social and professional life is possible after 10 to 20 days.

Sport and strenuous exercise should be avoided for 3 months.

• THE RESULT

Two to three months are necessary before the final result becomes appreciable, and it will only be after 6 months to one year that the final aspect will become apparent after a slow and subtle healing process.

This result usually corresponds to the expectations of the patient and is fairly close to the initial project drawn up before surgery.

This procedure brings about not only an improvement in appearance which is usually considerable, but also an undeniable psychological benefit.

The changes brought about by this operation are permanent.

The only modifications which can occur are those which would have occurred in the normal aging process as for a nose without surgery.

• DISAPPOINTING RESULT

These can result from a misunderstanding concerning what can reasonably be achieved, or be caused by unusual scarring phenomena or unexpected tissue reactions such as poor healing and retractile fibrosis.

These imperfections can be remedied by corrective surgery if necessary, usually under local anesthesia from the 6th month following surgery. It is necessary to wait until the healing and

scar tissue are stabilised. This touch-up surgery is more simple than the first procedure both regarding the technique used and the postoperative care.

• POSSIBLE COMPLICATIONS

A rhinoplasty, although essentially an aesthetic procedure, is nevertheless an operation, and this implies that the risks inherent to any surgery apply here.

We must distinguish here between risks related to the anesthesia and those related to the surgery.

For the anesthesia, the risks will be explained by the anesthesiologist during the preoperative consultation. You must be aware that anesthesia can cause unpredictable reactions, which can be difficult to control : the presence of an experienced anesthesiologist, in a surgical context, means that the risks are statistically practically negligible.

In fact techniques, products and monitoring methods have progressed considerably over the last twenty years, giving optimal safety, especially when the operation is not an emergency and the patient is in good general health.

Concerning surgery : by choosing a competent, qualified Plastic Surgeon, used to performing this procedure, you limit the risks, without however eliminating them completely.

Fortunately, real complications are rare following a rhinoplasty which has been carried out correctly. In fact practically all the operations go well and patients are completely satisfied with the result.

In spite of the fact that complications are so rare you must be aware of the following possible problems :

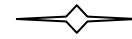
- Bleeding : this can occur in the first few hours after surgery but is usually moderate. If bleeding persists more wadding should be added, or a return to the operating room may be necessary.

PERSONAL OBSERVATIONS

- Hematoma : these must be drained if too painful or too large.
- Infection : in spite of the natural presence of germs in the nostrils this is very rare.
- Abnormal scarring : this can only concern external scars (if any) and is rarely a problem to the point of requiring a second procedure.
- Sores : these are rare but can be caused by the splint. Small sores or wounds heal spontaneously leaving no mark, but skin necrosis, which is very rare, will leave a small scar.

All things considered, the risks must not be overestimated, but you must be conscious that an operation, even a minor one, always has some degree of unforeseeable unknown factors.

You can be assured that if you are operated on by a qualified Plastic Surgeon, he will have the experience and skill required to avoid these complications, or to treat them successfully if necessary.



These are the facts which we wish to bring to your attention, to complement what you were told during the consultation.

Our advice is for you to keep this document and to read it and think it over carefully after your consultation.

Once you have done this you will perhaps have further queries, or require additional information.

We are at your disposal should you wish to ask questions during your next consultation, or by telephone, or even on the day of the operation, when we will meet in any case, before the anesthesia.

