

WHEN YOUR NOSE DOESN'T “FIT”

EVERYTHING YOU NEED TO KNOW
ABOUT RHINOPLASTY

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SECTION III

FREQUENTLY ASKED QUESTIONS

CHAPTER 20: NON-SURGICAL NOSE JOB

You're probably familiar with dermal fillers as a very useful and popular solution for wrinkles and scars. When injected, they will push the skin up and soften the line or scar. The filler, once injected under the skin, can generally be molded into position to achieve the desired improvement.

Some doctors are now using fillers under the nasal skin to simulate changes that would otherwise occur through surgery. The filler under the nasal skin is going to augment or add volume to the nose, making it bigger. Unlike an implant (which is solid and not likely to move around or change shape when placed under the skin), a filler has more fluidity. It doesn't necessarily stay exactly where it's injected. I have used fillers to correct asymmetries and dents as a result of prior surgery or trauma, but fillers have additional limitations. Being soft and liquid-like, fillers aren't as sturdy as implants. They'll also eventually dissolve, whereas implants are permanent. I discourage patients from considering permanent injectable fillers (like Bellafill®), particularly for nasal augmentation. If it's not perfect after injection, it's permanently not perfect and it's very difficult to correct.

CHAPTER 21: CHIN AUGMENTATION

A recessed (or under-projecting) chin is very common in patients with congenital nasal deformities, such as nasal bumps and over-projecting nasal tips (Figures 12, 18, 22). Approximately 20% of the patients I see for rhinoplasty surgery have an under-projecting chin. In assessing someone's chin projection, I look at their profile, and drop an imaginary line straight down from the most projecting point of their lower lip. A male chin should come close to meeting this line, and a female chin should ideally sit a few millimeters behind it.

An under-projecting chin will exaggerate the appearance of a nasal bump, as the middle one-third of the face seems more over-projecting. There are three ways to address an under-projecting chin. First, the entire lower jaw can be moved forward with orthognathic surgery. This procedure can be quite involved and is generally reserved for individuals with dental malocclusion. Second, the midline bone of the chin can be moved forward by itself, through a procedure called a genioplasty. Saw cuts are made in the bone to pull the lower part of the chin bone forward. Plates and screws are then used to fix the bone in place. The plates and screws are foreign materials and carry a risk of possible infection.

The third approach to correcting an under-projecting chin is augmentation with a synthetic implant. (Figures 12, 18, 22). These implants are often a hardened silicone material (such as Silastic®), pre-shaped to fit around the chin and advance the chin's soft tissue forward. Polytetrafluoroethylene (like Gore-Tex®) and polyethylene (like Medpor®) implants can also be used. Implants come in small, medium, large and extra-large sizes. Which implant is selected is determined through extensive examination and consultation with my patients.

WHEN YOUR NOSE DOESN'T “FIT”...

Implants can be placed through an external incision in the submental crease, or through an intraoral incision. Although the risk of infection with either route is very small, a chin implant is a foreign material. Because of the bacterial flora inside the mouth, the intraoral route of placement carries a slightly higher risk. An infected implant can often be salvaged with appropriate antibiotic treatments if initiated soon enough. If this is unsuccessful, the implant can be removed and replaced at a later time.

CHAPTER 22: REVISION RHINOPLASTY

Many of the maneuvers and techniques used in revision rhinoplasty have already been discussed in previous sections. Revision rhinoplasty requires a detailed understanding of all rhinoplasty principles, and should be conducted by only the most experienced rhinoplasty surgeons. You must do your due diligence in finding the best surgeon if you are in need of revision surgery. Each failure only makes the next revision all the more difficult. There is only so much native cartilage that can be harvested for reconstruction, without compromising the integrity of the nose. Understand that with each revision surgery, the options become more limited. I can't stress enough the importance, in revision cases, of finding an experienced rhinoplasty surgeon you can trust. Figure 16 demonstrates a disastrous result from overly aggressive surgery. In addition to the cosmetic deformity, she also had severe nasal obstruction with internal nasal valve collapse in the middle aspect of her nose. These types of cases require thoughtful planning and experienced hands.

CHAPTER 23: RISKS

Bleeding after rhinoplasty surgery is not unusual. The nose is a highly vascular organ. If bleeding does occur, it's usually red-colored mucus drainage, which may persist for 24 to 48 hours after surgery. A gauze drip pad under the nose will help collect the drainage and avoid soiling your clothing. More aggressive bleeding is unusual but not life-threatening. More than likely, it's just annoying. I instruct my patients to avoid lifting or bending for the first 72 hours after surgery to avoid provoking any bleeding. Try to keep your heart rate and blood pressure at a resting state. If bleeding does occur, don't panic. Sit up with your nose over a basin to avoid having the blood go down the back of your throat. Swallowing blood will only upset your stomach. If the bleeding persists and becomes more aggressive, call your doctor immediately for further instructions.

Bruising can also occur with rhinoplasty surgery. Some patients bruise more easily than others. Eating fresh pineapple (yes, really) for several days prior to surgery may help decrease this risk. You can also use arnica (an herbal treatment for bruising), orally or topically, before surgery, with your surgeon's permission. Prior to surgery, you will want to stop taking anything that would increase the risk of bleeding or bruising, such as aspirin, ibuprofen (Advil®), naproxen (Aleve®), or other non-steroidal anti-inflammatories.

Infection is a risk, but it's highly unusual unless an implant is used. Signs of infection may be a foul-colored nasal drainage or odor, fever or redness, as well as simply feeling worse rather than better during your recovery process. Patients with allergies or those who are prone to sinus infections may also be at increased risk of infection. Generally, I will put these patients on antibiotics before surgery. Patients

WHEN YOUR NOSE DOESN'T "FIT"...

receiving implants, naturally, will be placed on antibiotics before surgery to lower the risk. But if an implant does get infected, the dosage will need to be increased or the antibiotic changed to one that is more targeted to the infection. When they're required, antibiotics will be used for two to three weeks, depending on the response.

There is always the risk that your nose may not heal properly or that you may not like the result. The body knows only one way to heal itself, and this takes time. It's very difficult to see any result until most of the post-operative swelling has resolved. This takes months. Approximately 75% of the swelling will be down by eight to 10 weeks' period; however, it takes at least six months to see the end result in most cases. If corrective surgery is needed, six months is the minimum time period before most surgeons will consider revision surgery. If at any time during the recovery process you have concerns or questions, it's best to check with your surgeon.

Avoid accepting advice from laypeople. Although well-meaning in most cases, they are unaware of the specifics of your surgery. Too often, I see patients posting post-operative medical questions on internet review sites. If your surgeon isn't satisfactorily answering your questions, isn't responding to your concerns or you have simply lost confidence in the doctor, be open and upfront about it. If this still doesn't satisfy your concerns, this is the time to seek a second opinion from another rhinoplasty surgeon.

CHAPTER 24: RECOVERY

The initial recovery following rhinoplasty surgery is usually quick, unless the surgery was more complicated. In any case, your surgeon should explain to you what to expect, so that you fully understand. Everyone has a different pain threshold, so it's difficult to gauge pain after surgery. Some discomfort is to be expected for the first few days, but this should lessen progressively with each day.

Red mucus drainage is normal for the first 24 to 48 hours after surgery. Use a gauze drip pad under your nose for as long as this persists. Expect to change the drip pad 10 to 20 times in the first 24 hours. If you have bright red drip bleeding that doesn't show signs of stopping, call your surgeon for advice. You may also experience some spotting as you start to increase your activity during the recovery. If that happens, limit your physical activity for a few more days.

Nasal stuffiness is to be expected for several weeks after surgery. The same swelling that you have on the outside will also affect the tissues inside your nose. It's best to keep these tissues moist by sniffing salt-water solution frequently for the first several weeks.

In the case where there is more bleeding at the end of surgery than expected, I might place a very light pack in the nose to temporarily tamponade the bleeding for up to 24 hours. It is often easily removed in the office the next day with very little discomfort.

My patients often return to work, school and other normal social activities seven to 10 days after surgery. Exercise can be resumed at 10 days, but the nasal bones will be fragile for eight to 10 weeks, so avoid contact-related sports or situations where the nose may be injured during this time. After this time, the nasal bones will be as strong as they were

WHEN YOUR NOSE DOESN'T “FIT”...

before surgery.

Expect that your energy level may be less than normal for several weeks after surgery. Your body will be using lots of energy to heal itself. Listen to your body, and make sure that you have plenty of time for a stress-free recovery. By doing this, you'll actually help speed up the recovery process.

CHAPTER 25: COST

Rhinoplasty costs vary geographically and from office to office. Procedures are typically more expensive when done in a hospital (as opposed to an outpatient surgical facility). More complicated reconstructive procedures will also likely be more expensive. Most offices will quote you a range of costs over the phone, but it's not until you've had your consultation with the rhinoplasty surgeon that a specific cost can be determined.

When considering cosmetic procedures, cost is always a consideration. However, you were born with only one nose, and your ultimate decision regarding surgery and the selection of a rhinoplasty surgeon should not come down to price. You would be better off not having surgery than price-shopping your procedure and ending up with a bad result. The expense for an experienced rhinoplasty surgeon is well worth it.

