

A RHINOPLASTY PRACTICE

For the past several years, my practice has been devoted exclusively to Rhinoplasty surgery. The practice is quite diverse with a wide range of ages, primaries versus revisions, and ethnic patients. To illustrate this diversity of cases, I will show a typical year of my Rhinoplasty practice.

JANUARY – REFINEMENT RHINOPLASTY

In contrast to many surgeons, I really do not have a specific “style” of nose that I seek to produce nor do I try to impose my “vision” on the patient. Rather, I consider it my job to help the patient achieve their goals within the limitations of their nasal anatomy and realistic surgical results. The three cases that follow were all done through a “closed approach.” Each of these patients disliked their profile. They felt that their noses were too big, too masculine and wanted a softer more feminine nose. One should note a progression from minimal change to greater change in this sequence of cases. The amount of change was dictated by the patient’s request. Obviously, the older patient wants an attractive nose, the shy patient a limited change, and the younger patient a cute nose. Also note the asymmetrical deviation of the noses and the faces which is quite significant in two of the three patients. One does not stamp out noses with a cookie cutter!





From a technical viewpoint, each of these cases could be done closed because they had a preexisting attractive “tip,” adequate tip projection, and thin skin. The surgeon must adapt their own surgical techniques to the patients’ anatomy and their desires – not the other way around.

FEBRUARY – ELIMINATING THE NEGATIVES

For many patients in their 20s and 30s, their goal is to eliminate the negatives resulting in a more attractive version of their original nose. Obviously, they have thought about having their nose done since they were teenagers, but had been unable to do so due to either familial opposition or financial constraints. These are some of the happiest patients I have in my practice as the rhinoplasty is something they have always wanted to do. Often it makes them look more attractive as well as younger.



MARCH - MAJOR CHANGES

Occasionally, patients will request a significant change in their nose. The surgeon and the patient must be absolutely clear on what the goals are. The result is often dramatic and patients are warned that friends and relatives will know that they had their nose done. *However, people whom they meet in the future should not be able to tell that they had a rhinoplasty.* A decade ago this degree of change often resulted in a smaller nose, but with a “nose job look.” Today, controlled hump reduction and osteotomies plus structural non visible grafts allow for major changes, but with a natural look. Examine this patient’s postoperative result at one year. In my opinion she does not look like she had a rhinoplasty – just a *naturally cute nose*.



Now, let's compare the pre op and post op photographs.



The next patient is of Middle Eastern / Hispanic descent and wanted a cuter nose. It was explained to her that she should also have her chin done at the same time. In cases where I suggest a chin implant, I do not charge “extra” for the chin implant. The chin change is often as dramatic as the rhinoplasty and I want the patient to look as attractive as possible.



Due to the high *drama* which these cases display, readers often misinterpret them as typical of my practice – they are not! These cases represent 5-10% of my practice and have only reached this level because of the large number of Middle Eastern patients that I am now seeing, but more on that subject later.

APRIL – REVISIONS/ SECONDARIES

Most patients think of a *revision* as any surgery after the first one. Surgeons consider a revision to be when they do a “touch up” on a case where they did the original surgery. In contrast, a *secondary* procedure is considered a formal and often total redo when the original surgery was performed by another surgeon. The distinction is important for the surgeon. Whenever a patient is considering a touch up, the original surgeon is in the best position to fix a minor problem. However, if there is a major problem following the original surgery, then obtaining a second opinion from another surgeon is often wise. As the difficulties of the revisional surgery increase, the smarter it is to seek out a surgeon who specializes in rhinoplasty surgery.

The following patient had had a previous rhinoplasty with skin damage to her tip. The secondary operation was done closed to avoid any further risk of damaging her tip.



The next patient required dorsal grafting and tip refinement to correct an over resected bridge and a pinched tip..

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The next patient has the epitome of a “nose job look.” She has an inverted-V deformity of her mid-vault, a pinched “3 leaf clover” tip, retracted nostrils and a long pinched looking nose. In addition, she is unable to breath because of her collapsed internal and external valves. A major secondary rhinoplasty requiring a “fascial blanket” to reline the entire skin envelope – a technique I will be presenting at a rhinoplasty meeting in April, 2007.



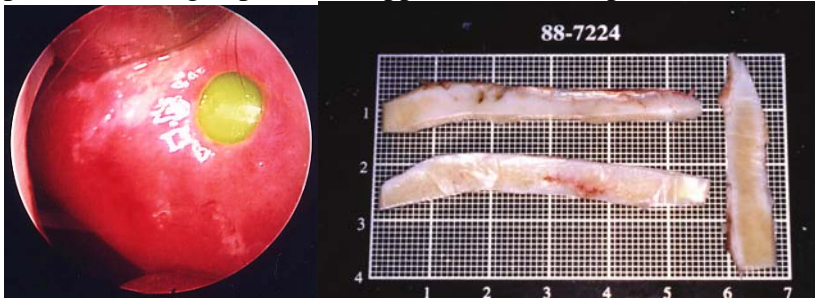
MAY – NASAL RECONSTRUCTION/ RIB GRAFTS

As the severity of the problem and the number of previous operations increases, certain revision / secondary cases become true nasal reconstructions. Due to the need for structure and prior utilization of other graft sites, rib cartilage becomes the logical solution. *Although many surgeons may talk about using rib cartilage, there are probably less than 10 surgeons in the US who have done over a 100 rib grafts for rhinoplasty patients.* As I wrote in 1994, these are not easy cases and demand the highest surgical skills. In the intervening decade, the challenges have gotten even greater as the goal of achieving a true aesthetic result has become possible. Note how much more attractive the patient looks one year following a rib graft to the nose despite her over resected dorsum and thick skin.

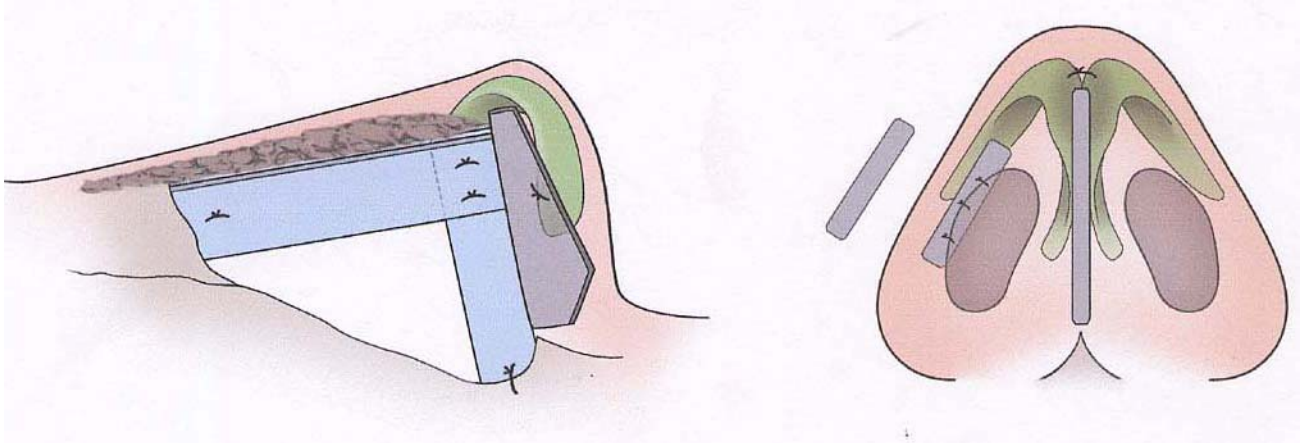


The following case is a young woman who had had a functional septoplasty done to improve her breathing by another surgeon. Unfortunately, the operation failed and the patient was left with a hole (septal perforation) in her nose. Also, the nose was unstable which led to *saddling* and gradual collapse. She was referred to me for rib reconstruction. The rib graft was needed to restore support to the nose. Note: the yellow

plastic sheeting is put in the opposite nostril to provide contrast for the photographs.



Currently, I have two articles on saddle nose deformity that will be published in 2007, one in the Plastic Surgery journal and the other in the ENT journal. These papers will review my experience with a new operation called *composite reconstruction* that minimizes the risk of warping while maximizing the aesthetic result. Also, it does not require any K-wires or foreign bodies to maintain alignment. The technique is illustrated below and was used in the following patient who had had nasal trauma followed by two unsuccessful rhinoplasties. Preoperatively, she could collapse her nose by pushing down on the tip. After the internal structure was restored, the nose no longer collapsed..





JUNE - THE ADOLESCENT NOSE

Teen age girls often seek changes in their nose for the simple reason that genetically they got “*daddy’s nose*.” The nose would look great on their brother, but not on them. In most cases, our goal is a softer cuter more feminine variation of the nose they already have. .Since the adolescent goes through significant growth and developmental changes, many teenage girls have their surgery done during the summer holidays. When they return to school in September, people comment on how much they’ve grown up and how much prettier they look, totally unaware that they have had a rhinoplasty.



JULY – TIP TECHNIQUES

During the past decade, tip suturing techniques done through an open approach have become the dominant method for significant tip modification.. Sutures, rather than excision or tip grafts, allows a more controlled and progressive change in the tip. One has significant options as regards tip definition, width, projection and rotation. Hopefully, the surgeon is now able to more closely achieve what the patient wants rather than doing a standard signature tip.

The first patient is extremely attractive and simply wanted a more refined tip that complimented her look rather than detracting from it.



The second patient had a very wide dependent tip encased in thick skin – all of the anatomical negatives for a rhinoplasty. Yet, tip suturing through an open approach resulted in a much more attractive nose.



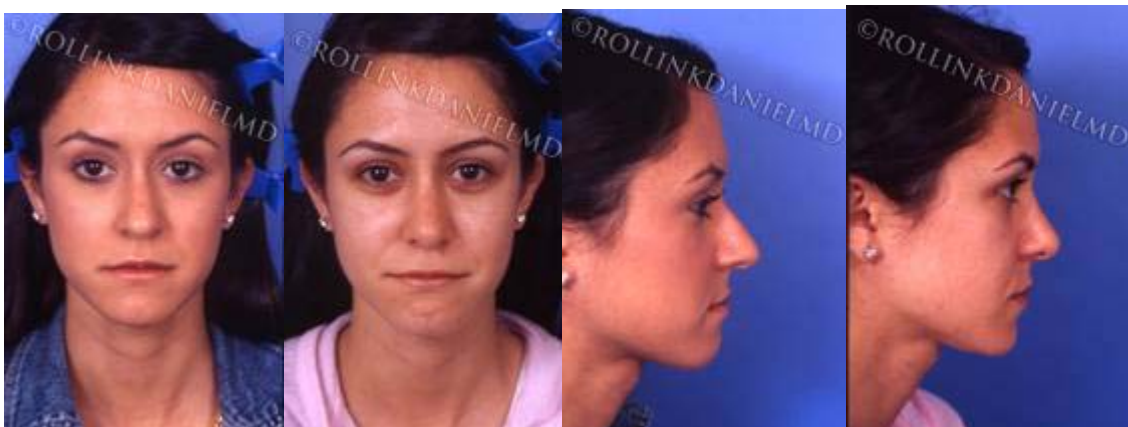
The third patient came to me in despair after being turned down by three previous surgeons. They all agreed that her skin envelope was too thick and improvement would be marginal at best. I must confess that it was an extremely challenging case, but we agreed that if she would be happy with a 50% improvement then I would do the surgery.

However, a tip graft was necessary to achieve any tip improvement at all. This is an important point – the surgeon must adopt the tip technique to suit the patient’s tissues and desires.



AUGUST - THE MIDDLE EASTERN NOSE

One of the biggest changes in my practice this year has been the dramatic increase in the number of patients of Middle Eastern descent. In discussing their objectives, I am finding a wide range of how much change each patient wants. In general, it is no longer a worry about the “nose job look.” They want either a “natural look” or a “naturally cute nose.” Either way, they want to look significantly better. The first patient desired a *natural look* – smaller, straight bridge, minimal tip rotation.



The next three patients wanted a *naturally cute* nose – significantly smaller, a slightly scooped bridge, a slightly rotated tip, and a tip that did not plunge when they smiled. Note the progression of changes achieved with a dramatic improvement in the last patient. Her nose was extremely difficult given her thick skin and dependent tip.

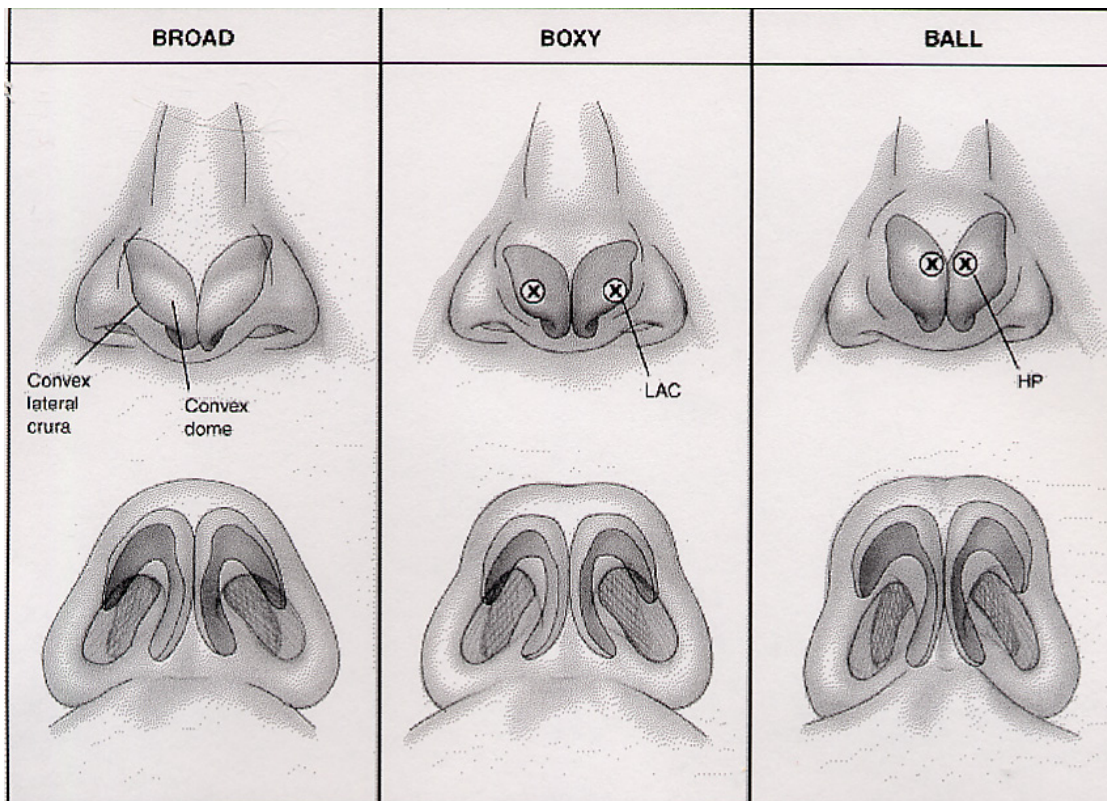


Another Middle Eastern patient came for a revision after 2 prior rhinoplasties done elsewhere. She wanted her tip rotated upward and insisted that it could not be turned up too much to suit her taste. I did an overlay on the lateral photo and she said that she would be happy with that degree of change. The result is very close to the pre op drawing.



SEPTEMBER –BROAD, BOXY, BALL, & BULBOUS TIPS

The “4Bs” is a subject that I lecture on frequently at rhinoplasty meetings and have written on extensively. These cases are extremely difficult to do using a closed technique, but surprisingly amenable to the open technique. As always, it is important for the patient to decide how much change and what type of tip do they want. Obviously, there are real anatomical limitations as well as issues of nasal and facial balance. The primary limiting factor is often skin thickness. The oblique view is best for analyzing tip changes, especially its size and volume in both the transverse and vertical dimension.





OCTOBER – THE DIFFICULT NOSE

As a rhinoplasty specialist, I am referred a wide variety of unusual and difficult cases. Many of these cases require innovative solutions to unusual problems. For example, this patient sustained nasal trauma and noticed a gradual collapse or *saddling* of her bridge. She had lost so much nasal structure that she was able to collapse her tip against her upper lip. The solution required installation of a major structure while trying to achieve an attractive result - *aesthetic reconstruction of the traumatic nose*.



Another patient presented with severe septal deviation, asymmetry, and thick skin -3 major problems rather than just one.



This patient had an extremely unusual and challenging nasal deformity. She had seen multiple plastic surgeons none of whom were willing to operate on her nose. I told her that I could make it better, but that it would always be a longish nose. I asked her if she would be happy with a 50% improvement as that was all that I could be certain to achieve. She said yes and we decided to do surgery.



NOVEMBER - CHINS, NECKS, & BROWS

Although some people obsess over their nose, the majority of rhinoplasty patients simply want to look prettier overall. For this reason, chin implants are often done to improve facial balance. In addition, a chin implant will make the nose look smaller in relation to the face and allows the surgeon to be more conservative. In this patient, the improvement in facial appearance truly reflects a better *balance* between nose and chin.



For the patient in their 40s, a rhinoplasty offers a dramatic improvement and helps her to look at least 10 years younger. A chin implant and a transconjunctival lower lid blepharoplasty complete the rejuvenation.



DECEMBER – HOLIDAY HAPPINESS

When we are children, the holidays are often about the gifts we will receive. Our parents always protest that they don't want anything and that their happiness will come from watching us receive our gifts. As a child I never understood what they meant, but now I do. In many ways, the most rewarding part of my rhinoplasty practice comes at the end of the year when I reflect on the patients whose lives I have truly changed. Many of these individuals send me cards saying how their lives are better and how happy they are. It is this knowledge – that I have truly affected peoples' lives and given them a deep sense of personal self worth that is my biggest reward. I think you will find these cases very interesting.

The first patient had a primary rhinoplasty at age 22 and had been scared to have it repaired. This was a classic over resection of the dorsum, probably using a chisel. The reconstruction involved rebuilding the dorsum with diced cartilage wrapped in fascia. The patient's self confidence and life has been dramatically improved. Note the high natural dorsal bridge line.



The second patient had a very obvious nasal collapse due to life style choices made during her twenties.



The only solution was a complex nasal reconstruction using rib grafts. The operation was extremely complex. It took 4 hours and included grafts to her upper jaw to bring the middle third of her face forward..

Afterwards, I asked her what was the biggest change in her life following surgery – her answered floored me. “For 14 years, every morning when I looked in the mirror I was reminded of my past. Now it is gone and I can live for the future.” Perhaps you can understand why I do these difficult cases – it is all about helping people achieve their dreams.

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