

Useful Telephone Numbers

ENT Partnership

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FI (Children's Ward) – 01276 604226

ENT Ward – 01276 604130

North Hampshire Hospital

Switchboard – 01256 473202

DTC – 01256 313332

The Hampshire Clinic

Switchboard – 01256 357111

Lyde Ward – 01256 377773

Enbourne Ward – 01256 377772

Clare Park Hospital

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Information for Patients on

Rhinoplasty

(with or without Septoplasty)

Introduction

Rhinoplasty surgery (nose re-shaping) is performed for one or both of the following reasons:

- Cosmetic reasons
- Functional reasons e.g. nasal blockage

During your pre-operative assessment with your surgeon, it is important to outline the major concern that you have with your nose. If correcting the shape of the nose is the major factor, you must have realistic expectations regarding what can be achieved with rhinoplasty surgery. Your surgeon will discuss with you how the nose should look in relation to your other facial features. It is important for the patient to understand that the goal of the surgery is not to achieve perfection but rather to improve the appearance. Photographs of the nose allow the surgeon to evaluate the appropriate procedure to achieve the desired results.

Sometimes rhinoplasty is combined with a procedure called septoplasty, which involves straightening the partition or septum inside the nose. This may be performed to help the nasal airways or the shape of the nose. Occasionally it is necessary to remove the cartilage part of the nasal septum and straighten it, prior to re-positioning the septum back inside the nose. This is called an extra-corporeal septoplasty.

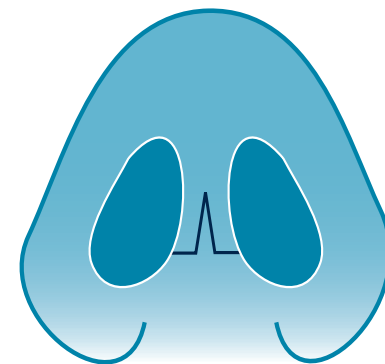
Typical cosmetic reasons for rhinoplasty surgery are to straighten the nose, remove a hump on the nose, improve the angle of the nose with the upper lip, or reduce the size of the nasal tip. These conditions may be congenital or caused by external trauma to the face.

The operation

You will attend the hospital about 1 – 2 weeks before the operation for a pre-operative assessment. You should not have suffered from a common cold for at least two weeks before the operation. If you have had a cold please ring the Consultant's secretary. You will be admitted to hospital on the morning of the surgery. The operation requires a general anaesthetic (fast asleep) and usually takes 1 – 2 hours.

Rhinoplasty can be performed via two different approaches designed to gain access to the bones and cartilages of the nose. The 'closed' approach involves making all of the major incisions inside the nose, resulting in no visible scarring on the nose. This technique is used for the majority of cases.

In more complicated cases, particularly if there are cosmetic issues with the nasal tip, an open approach is used. This involves an incision on the skin of the under-side of the nose in a region called the columella (see diagram below). After the surgery, this incision is closed with fine stitches, which are removed a week after surgery. Usually the scar heals very well and in view of its position on the nose it is rarely noticeable in the long term.



On the day of the surgery prior to the operation, your surgeon will see you to confirm the operative plan and ensure your expectations from the surgery are realistic. In particular the surgical approach, whether open or closed will be confirmed.

During the surgery the nasal hump is often removed using a special file or chisel. The bones are straightened and sometimes narrowed via two tiny incisions made on each side of the nose through which a chisel is used to break the nasal bones. The small incisions generally heal without visible scarring.

In patients in which the size of the nasal tip is too large or the tip is not symmetrical, cartilage may be removed to reduce the volume and improve the shape of the tip. In addition sutures may be inserted into the cartilages of the tip. The angle between the nose and upper lip can be improved by judicious removal of cartilage from the tip and nasal septum. In some cases it is necessary to narrow the base of the nose, which involves removal of skin and soft tissues from both sides of the nostrils.

In some rhinoplasty surgery material may be required to augment the shape of the nose. Usually a cartilage graft is taken from the ear. The ear incision creates a scar on the front of the ear but this usually heals very well and there is no resulting deformity for the ear. Various other materials may be used such as silastic and permacol, which are safe and well tolerated by the body. Any such graft will be discussed by your surgeon.

The ENT Consultants are

Jonathan Blanshard FRCS (ORL).

Appointed to North Hampshire Hospital in 1996. Special interest in ear surgery including middle ear reconstruction and also voice problems.

Jonathan Hern FRCS (ORL).

Appointed to Frimley Park Hospital in 2003. Special interest in rhinology including rhinoplasty surgery and also voice problems.

David Jonathan FRCS.

Appointed to Frimley Park Hospital in 1991. Special interest in ear surgery, including implantable hearing aids. Involved in the regional training of ENT surgeons.

Andrew McCombe MD FRCS (ORL).

Appointed to Frimley Park Hospital in 1995. Special interest in head and neck surgery. Involved in the management of NHS services. Special interest in medicolegal work.

Paul Spraggs FRCS (ORL).

Appointed to North Hampshire Hospital in 1998. Special interest in head and neck surgery and facial plastic surgery.

Sources of additional information

The Surrey & Hampshire ENT Partnership

www.entpartnership.co.uk

British Association of Otorhinolaryngologists

www.entuk.org

After the operation

Patients undergoing rhinoplasty surgery usually stay in hospital for one night, although if the surgery is performed in the morning, occasionally it is possible to go home later the same day.

To stabilise the nasal bones, steristrips and a plaster cast are placed on the nose at the end of the operation. These are removed one week after the surgery. Make up can be applied after the removal of the plaster.

There will be some swelling and bruising around the bridge of the nose and possibly the eyes. The bruising around the eyes begins to fade within a few days. The discolouration has usually disappeared completely in 2-3 weeks in most cases.

Dressings or packs may be inserted into the nose at the time of surgery. These may be removed later the same day or the following day.

There will be some congestion of the nose particularly when work has been done to the nasal septum. This may last for up to 4 weeks.

Pain after the operation is usually mild to moderate and is controlled with oral medication.

During the healing process great care must be taken to protect the nose from injury. Eyeglasses should be adjusted in order to minimise pressure on the nose.

Although patients are usually up and around a day or two after the procedure, any exercises particularly those which might elevate blood pressure must be avoided for several weeks.

After the plaster on the nose has been removed, you should avoid direct sun exposure to the face for 3 months.

You should remain off work for two weeks. If you need a medical certificate please ask the ward staff before you are discharged home.

Risks

Swelling and bruising

Around the nose and eyes this is to be expected.

Bleeding

Occasionally bleeding from the nose occurs, either shortly afterwards or up to 10 days following surgery. This may require re-admission to hospital.

Infection

This is rare in rhinoplasty surgery but if it occurs, antibiotics will be prescribed. When grafts are placed inside the nose, antibiotics are usually prescribed as a preventative measure. There is a small risk that infection could adversely affect the success of the operation. Were it to happen it may be necessary to remove an implant or it may cause a cartilage graft to resorb. In either event it should be possible for you to have a further reconstructive operation once the infection has cleared. Sometimes manufactured implants will extrude through the skin or the nasal lining and need to be removed. This can happen months or years later.

Scarring

For open rhinoplasty this is a rare complication of the columella incision on the nose.

Unsatisfactory Result

Often after rhinoplasty surgery, the dorsum (top surface) and sides of the nose feel irregular. This is to be expected but the contour of the nose will look fine. In approximately 10% of rhinoplasties, a small adjustment is required at a later stage and requires further surgery. Very occasionally the cosmetic appearance of the nose is unsatisfactory and formal revision surgery is required. Every patient must prepare themselves psychologically for this possible eventuality. Revision surgery is usually

undertaken a minimum of 6 to 12 months following the original operation. Sometimes an unsatisfactory result manifests many months or even years after the original rhinoplasty surgery.

Please tell the surgeon about all medication you are taking especially warfarin, aspirin and/or the oral contraceptive pill.