



Mr Glenn Watson

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FUNCTIONAL RHINOPLASTY SURGERY **A guide for Mr Watson's patients**

During your consultation with Mr Watson, the contents of this pamphlet will be discussed. Reading this pamphlet in your own time will allow you to further understand your condition and the option of Rhinoplasty, as well as the risks and benefits of this procedure. If, after reading this pamphlet (also obtainable from Mr Watson's website), you do not understand all of the risks of your impending operation, please make another appointment with Mr Watson so your questions may be further discussed and clarified prior to proceeding.

1	FUNCTIONAL RHINOPLASTY Rhinoplasty is surgery to improve the breathing through the nose and the external appearance of the nose should it be deformed and affecting the breathing.
2	SEPTOPLASTY* Septoplasty is correction of the bent middle part of the nose.
3	TURBINECTOMY* Turbinectomy is the partial or complete removal of the swollen turbinate bones humidifying.

* **Please see separate handout on website for Septoplasty Turbinectomy**

Rhinoplasty surgery is performed for a number of reasons. These include:

- 1** Done in association with a septoplasty and turbinectomy to improve the breathing through the nose.
- 2** To straighten a crooked nose and improve the symmetry of the nose.
- 3** To improve the appearance of the nose after injury or birth defect to the nose.
- 4** To remove the hump and improve the profile of the nose
- 5** To make the nose smaller or larger.

A functional (reconstructive) rhinoplasty is done not for cosmetic reasons, but to improve a deformity or problem with the nose. It is important to understand that Mr Watson is doing an operation for

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functional reasons. It may in part involve a change to the shape or appearance of the nose, however should you wish a purely cosmetic change to the shape of the nose, then this is done by a cosmetic (plastic) surgeon.

Septoplasty and turbinectomy can be done in association with the rhinoplasty procedure. Septoplasty aims to open up the nasal passages due to a bend within the midline wall of the nose.

Teenagers and Rhinoplasty

It is not unusual for teenagers at times to feel self conscious about their appearance. They may even consult a surgeon with the viewpoint of changing their facial appearance. Rhinoplasty as well as septoplasty procedures are generally not done prior to age 16 or 17 as until this time the nasal bone and cartilage are still growing. Operation prior to this approximate age, therefore, can interfere with the normal growth and end result of the nose. Mr Watson believes also that cosmetic rhinoplasties should be done when an adult, with better expectations as to what the teenager would like to achieve. Obviously there are some exceptions to this general rule, particularly in cases where there has been trauma or congenital deformities of the nose. Clearly in these cases it is advised that the teenagers discuss the operation in consultation with their parents.

Realistic Expectation

In this day and age there is extensive media coverage on medical procedures that provide cosmetic improvement of the body. It is sometimes thought that cosmetic surgery will be the answer to one's problems in life, particularly in regard to self confidence and self esteem. It is important, therefore, that rhinoplasty be not seen as an answer to guaranteed happiness or success. Such issues can be complex and may require psychological help rather than cosmetic surgery.

It is important that patients have clear understanding as to what they want to improve in regard to the shape of their nose. Results from rhinoplasty can vary enormously depending on the person's facial shape, thickness of the skin, the age of the patient and the natural underlying structure of the nose which includes bone and cartilage. In addition, the ethnicity of the patient and the shape of the nose as a family trait need to be considered. Disappointment after an operation may therefore be due to unrealistic expectations as to improvements that can be made. It is therefore important to realise that the improvement to be made is not to achieve perfection, but to achieve improvement upon the deformity which is dissatisfying to the patient. Also, in some cases the end result of the rhinoplasty procedure may be satisfying to the patient, but negative results may be given by the patient's family and friends. Once again, it is important to be clear on the reasons to you, the patient, in choosing to have a rhinoplasty procedure done.

Rhinoplasty Techniques

Rhinoplasty can be performed as a day procedure, or possibly as an overnight stay. The procedure itself usually takes between one to three hours depending on the complexity. Rhinoplasty itself is performed either in two ways, one called 'closed', one called 'open'. The closed technique means that all scars are on the inside of the nose and are not visible, whereas the open technique has an incision across the skin between the two nostrils. The open technique allows the skin of the tip of the nose to

be lifted upwards to expose the cartilaginous and bone skeleton of the nose. This approach allows much greater exposure of the nasal structures. The analogy of this approach is a car mechanic lifting up the bonnet of a car to work on the engine. The incision usually heals very well with only a small scar. The decision to do either an open or closed procedure will be discussed with you by Mr Watson.

The upper third of the nose is bone, whereas the lower two-thirds of the nose is made of cartilage and is mobile. The nasal tip therefore, can be changed by adding or removing segments of cartilage. A bulbous tip can likewise be reduced in size by removing segments of cartilage and then rejoining the cartilage by stitching techniques. The nasal hump can be removed by removing a segment of bone and then adjusting the profile by removing a segment of cartilage. In removing the hump from a nose, it is also necessary by making specific cuts within the bone of the nose to provide realignment of the shape after the hump has been removed.

Changing the width of the nostrils involves removing a wedge of tissue from the area between the nose adjoining the cheek and upper lip. These external excisions usually heal very well and are in an area where the natural skin creases are utilised.

Rhinoplasty to improve breathing often requires the use of spreader grafts. A spreader graft is a piece of cartilage which is generally harvested from the septum and is sutured (stitched) into other areas of the nose. This may be done to improve the breathing or the appearance of the nose (ie fill in a defect area). If cartilage cannot be harvested from the septum, then other sites include the conchal bowl of the ear or from the front of the chest wall below the right breast of the rib. Cartilage has no blood supply of its own so needs to be nourished from the surrounding tissues. Because of this, over time the appearance of inserted cartilage can change from what it initially looks like. This may therefore require revision operations in some cases.

Before Surgery

Should you be suitable for rhinoplasty, photographs will be taken of the face. It is important to discuss with Mr Watson any health problems that you have. For ten days prior to the operative procedure no Aspirin or non-steroidal anti-inflammatory medication is to be used. Any naturopathic or herbal medicines taken should be discussed with Mr Watson, particularly Vitamin E.

After Surgery

After surgery an external splint may be over your nose and a dressing beneath the nose to catch any drips of blood. The external plastic splint usually stays on for about 1 week to reduce swelling. Ice packs will often be applied for the first 24 hours to reduce the swelling and bruising over the eyes. Generally speaking, however, there will be some black eyes and bruising over the face.

It may be up to three months before the results of your rhinoplasty surgery will be truly seen as there is always some subtle swelling during this time period. It is important to avoid blowing the nose for about ten days after the operation. Avoid strenuous exercise and sport until you have checked with your surgeon. It is generally advised to rest one to two weeks at home. For pain, please use analgesia provided, but no Aspirin. A salt water spray helps to wash out clot from the nose. Do not smoke in the pre or post-operative period. An appointment will be made to see Mr Watson generally two weeks after the operative procedure.

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Possible Complications of this Surgery

All surgical procedures have possible complications. General problems of surgery include pain and discomfort, nausea and vomiting and possible reaction to anaesthetic medications provided. Other potential problems are associated with healing and infection, particularly in patients with other problems such as diabetes.

Specific Complications

Specific risks include bleeding or haematoma (which is an accumulation of clotted blood within the surgical site). This may need attention such as drainage. Keloid scarring can occur. These generally do fade but sometimes either injection of medication such as steroid is required, or alternatively further operative procedures. Numbness in the nose may persist after the swelling has gone down. Asymmetry of the nose may still persist. Visible swelling may persist for up to a three month period. There may also be some loss of the support structures of the external nose which can result in a flattening of the nose and require further surgery.

A hole can sometimes occur within the septum and on occasions the airway may not improve or become worse. Implants within the nose can eventually extrude through the skin. There may be some external reddening of skin caused by prominence of tiny blood vessels within the skin. This can in some cases be treated by laser surgery. Persistent pain and discomfort can occur on a long-term basis in some patients. Re-operation, that is the need for a secondary procedure, occurs in approximately 10-15% of patients.

Post-Operative Information

- Discharge from hospital is usually on the day or day following after surgery.
- Please arrange for someone to take you home if you are discharged on the same day as your operation. You will not be able to drive.
- Please arrange a follow up appointment with Mr Watson. This appointment is generally 2 weeks following surgery.
- The nose may drip blood and blood stained mucus after the operation.
- Do not blow your nose strongly for 2 weeks after operation.
- If you sneeze, do so with you mouth open.
- Some bruising and swelling may occur around the eyes and nose.
- Your nose may drip or feel blocked for up to a month after the operation.
- Complete internal healing may take several months and your nose may be 'tender' over this period.
- Massage your nose with Arnica cream. This can be done about one week after the operation. You may remove the tapes from the nose and massage in a downward direction from the top of the nose towards the tip and from the top of the nose down the sides of the nose.
- In the first few days, ice packs to the nose help to reduce pain and swelling. When using ice packs, do not apply it directly to the skin, but place it in a cotton bag such as a pillow case. A bag of frozen peas within a pillow case is always a good ice pack, as it tends to mould to the shape of the nose.
- Due to the slow reduction of swelling over the nose, the full appearance of the nose may not be seen for many weeks up to six months after the operation.

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Nasal Cleaning

One of the best ways of cleaning the nose after nasal surgery and allowing it to unblock and to heal well is to irrigate the nose. There are numerous irrigation kits available but most of them rely on irrigating the nasal cavity with a saline solution. These are best done with a bottle rather than a nasal spray.

Mr Watson suggests that when you irrigate your nose with salt water to put a dessert spoon of Johnson's baby shampoo into the solution as this acts as a degreaser and it breaks up the clots inside the nose. The analogy is that if you try to wash dirty dish plates in the sink without any soap, then it does not break up the grease on the plate. By adding soap, it dissolves the grease into the water. In the same way by adding Johnson's baby shampoo to your salt water irrigation of the nose, it will help to break up the nasal clots and mucous which forms within the nasal cavity.

Johnson's baby shampoo has been designed for babies so it is safe in the eyes, nose and throat.

Activity

- Avoid strenuous activities and sport for 4 weeks.
- It is advisable to rest at home for at one to two weeks. Please remember to ask for a work certificate if you need one.

Diet

- Maintain a light diet for the first few days.
- Drink plenty of fluids.

Pain Management

- You may experience some discomfort. If so, take Panadol or Panadeine, **NOT ASPIRIN**.
- If you normally take aspirin or anticoagulant therapy, please check with Mr Watson about continuing this therapy.
- Use Fess nasal spray as directed by your surgeon. You can buy the spray from most pharmacies without a prescription. It is essential to wash out your nose of clots that occur during the 4 weeks following the operation. Saline irrigation or Fess spray will be prescribed, alternatively 1 litre of boiled water with 1 teaspoon of salt and 1 teaspoon of bicarbonate soda can be squirted into the nose as much as possible.

Please contact your Surgeon, Local doctor or the Emergency Department if:

- Bright, persistent bleeding occurs from the nose.
- You are experiencing persistent pain not relieved by pain medication.
- You experience signs of fever that persist eg. elevated temperature, flushing, sweating, chills or shivering.
- You have an offensive discharge from the nose.

Please read this entire document carefully and if there is anything which is not understood, then Mr Watson would like you to reschedule another appointment with him to discuss your concerns or questions.

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