



# Patient Information Guide

## Rhinoplasty

*(Nose Job)*

# Rhinoplasty

## *Topics to be discussed with your Surgeon - Things you need to know*

### 1. SURGICAL CONSULTATION

#### Anatomy

The anatomy of the nose is very complex and delicate and different components of the nose may need to be adjusted depending on the patients need including the skin, bone, cartilage, nostril and septum. Your surgeon will explain these areas to you during the consultation.

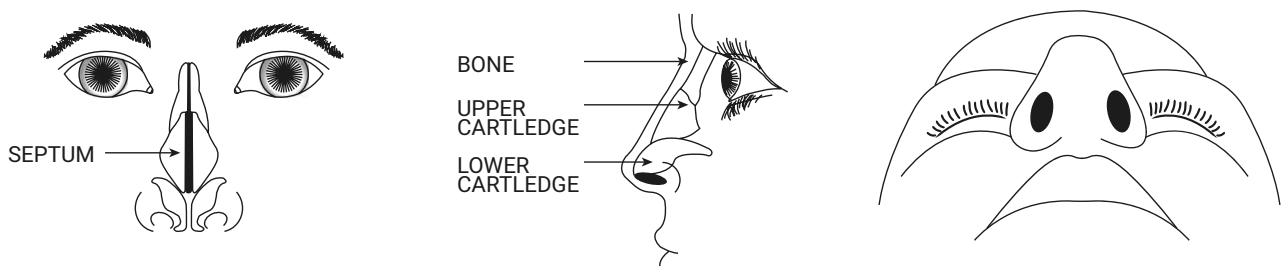


Figure 1. A simple diagram of the nose.

After a history and examination your surgeon will discuss your areas of concern and how to address them.

We are all born with some minor asymmetry of the face. This is entirely normal. Your surgeon will try to adjust this as best he/she can during the procedure, but if minor differences still remain after the operation we accept that it is within normal limits.

#### How the operation is performed:

The operation is usually performed under a general anaesthetic, as a day case procedure or with a planned overnight stay.

#### Types of Rhinoplasty.

- 1) **Closed surgery** – this is when an incision is made inside both nostrils i.e. no visible external scars
- 2) **Open Rhinoplasty** – this is where the internal incisions extend across the skin surface of the Columella (the skin bridge of tissue between the nostrils)

# Rhinoplasty

## Continued

### The types of Stitches/sutures:

All sutures placed inside the nostrils will be dissolvable. Those placed in the skin during an open Rhinoplasty need removal after 1 week.

### Surgical drains:

No drains are needed

### Post-operative support:

If the nasal bones need to be fractured, a splint will be placed on the nose for 7-10days.

### Nasal Packs:

Depending on the surgery you may have nasal packs in the nose overnight.

### Potential risks of the operation:

- 1) **Swelling and bruising** – this is not uncommon to have swelling/bruising, which may take a few weeks to settle. This may include peri-orbital swelling i.e. a “black eye”. The swelling externally and internally may take up to 6-9months to settle completely.
- 2) **Infection** –We make every effort to limit the risk of infection, however if after the operation the wounds become red, hot, swollen or there is a discharge from the wound we need to see you straight away. Minor wound edge problems can be treated with appropriate antibiotics and specialized dressings.
- 3) **Scarring** – The scars inside the nostril will not be visible. The external scars across the columella will be red for a few weeks then fade nicely. This scar is placed in an area not often seen and is not easily visible when standing upright.
- 4) **Sore throat** – due to the surgery you may feel like you have an upper respiratory infection (URTI) this may be due to the anaesthetic or the way you breathe after the surgery. This is temporary and will settle in time.
- 5) **Alteration in sensation** - it is not uncommon to have altered sensation around the operation area including the tip of the nose in particular. This will improve over time.
- 6) **Bleeding** – Very rare, if it occurs there is a need to take you back to theatre to stop the bleed.

# Rhinoplasty

## Continued

- 7) **Sense of smell and taste** – surgery to the nose creates swelling and internally a change in the pattern of airflow through the nose. This alters the sense of smell and taste temporarily are stretched or traumatized by the surgery slowly recover. This will improve over time.
- 6) **Stitches** – very occasionally a deep suture (stitch) takes longer than expected to be absorbed by the body and then works its way to the surface and looks just like a small pimple within the scar. This may cause anxiety, but in fact is a minor problem that the plastic surgery nurses can manage easily in the dressing clinic all it takes is a clean of the area and a quick pull with some tweezers.
- 7) **Necrosis** – This is a medical term for poor blood supply to the tissues resulting in that tissue dying and although very rare this can occur to the skin edges, breast tissue and fat or the nipple. This may require further surgery. This will be explained in more detail by your surgeon.
- 8) **Watery eyes (epiphora)** – this is temporary and is caused by swelling post op, it will settle in time.
- 9) **Minor irregularities** – To be able to feel little irregularities of the nose, is normal post op. Major irregularities are not expected and may need revision surgery.
- 10) **Pigmentation changes** – pigmentation changes along the scar or where the skin has been lifted off the deep tissues are rare, and possibly more common in darker skin.
- 11) **PATIENT SATISFACTION AND REVISION SURGERY** – The nose is a central part of facial identity, and even if everything that was discussed preoperatively with your surgeon has been corrected/addressed, patients may still be unhappy with the outcome.

**DO NOT HESITATE TO CONTACT US IF YOU HAVE ANY CONCERNS.**

### **Pre-assessment:**

You will require an assessment with the nursing team a few weeks before surgery. Ideally this is done face to face, but may on occasion be done telephonically. During this period you will have an opportunity to discuss any aspect of your surgery at that time.