

WHEN YOUR NOSE DOESN'T “FIT”

EVERYTHING YOU NEED TO KNOW
ABOUT RHINOPLASTY

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SECTION I
PLANNING AND PREPARATION

CHAPTER 1: THE DECISION

Have you ever wished you could change your nose? What is holding you back? Is it lack of information? Probably not – the internet has brought a world of information to our fingertips. Perhaps it's quite the opposite: you've been online for hours and have found yourself paralyzed by too much information. In this day and age of information overload, information paralysis is quite common. The internet is full of opinions, but rarely is there a consensus on anything. Or maybe it's not that you lack information at all, but you put off making a decision about your nose surgery because of cost, the thought of discomfort, the recovery time or just the fear of the unknown – what will my new nose look like? These are all legitimate concerns.

Having surgery is always cause for concern, not to mention elective cosmetic surgery. We see examples of bad rhinoplasty surgery all the time on entertainment TV and in celebrity magazines. However, thousands of rhinoplasty procedures are done in the United States every year, with successful outcomes and happy patients. I believe the key to this success is contained within the available information. This book is designed to help you find and filter rhinoplasty information, with practical tips and advice, empowering you to select the information which is most useful to you, so that you can make the right choices for yourself.

As I search the medical literature, the quoted incidence of revision rhinoplasty is between 5% and 15%, which I feel is entirely too high. Would any of us buy a brand new car, knowing that we have a 1-in-6 chance of buying a lemon? Of course not – this is why we kick the tires, read reviews and do our own homework prior to making any big purchase. You should approach rhinoplasty (and for that matter, any elective cosmetic surgical procedure) the very same way.

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When Your Nose Doesn't Fit is intended to assist you in streamlining the entire pre-surgical process and help you make your dreams become a reality. The first step toward a successful rhinoplasty result should be recognizing that this process is a journey, not a race. Too often, patients pick up a doctor's promotional brochure and automatically think this credential the doctor as an expert in this particular procedure. The same can be said about a radio, TV or print ad. This is paid advertising, not verification of competence. Friends and relatives may know of a surgeon who does nose surgery, which is a good place to start, but by no means does this mean this doctor is the right one for you. Begin your journey with adequate preparation and planning. As the legendary college basketball coach John Wooden once said, "Failing to prepare is preparing to fail." So, what does good preparation and planning look like? Well, let's get started.

CHAPTER 2: GETTING STARTED

You've probably dreamed about what your new nose would look like, but have you really sat down and thought through what exactly bothers you about your nose? What features would you like to change? Is it the bump? Is your nose crooked? Is the tip too round and wide? The first questions I'm going to ask you at our initial consultation will be, "What bothers you about your nose," and "What is it that you like about your nose?" I'm not particularly interested in what family and friends may say about your nose, although I recognize that their opinion may be of some value to you. Frankly, I'm more interested in what you think. It's your opinion that counts the most. If you don't see something as a problem, then more than likely you also won't see the improvements after surgery. I realize you are interested in my opinion because of my experience and training, but the process requires your participation in addition to mine. We both have the same goal, which is to give you the result which will make you happy.

Caution when surfing the web

Too often, our initial instinct is to first go to the internet for answers to our everyday questions. Google has an answer for nearly everything. In very short order however, we've accumulated far more information than we can actually process, because we just haven't been specific enough in our search. When you take the time to really evaluate your nose and perhaps write down these thoughts, your web search will be far more productive, and it will seem less overwhelming.

Don't get me wrong, information is empowering when it's targeted. We've all been victim to the infinite black hole of the internet. It's easy to become confused and frustrated by

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all the conflicting information and opinions. With your goals in mind, however, your internet search can be a fast and efficient way to the next step of scheduling a consultation with a rhinoplasty surgeon. If you're unfamiliar with what's involved in a nose-reshaping procedure, the internet can be a very helpful tool. Be mindful, though, that there can be considerable variability in approaches and techniques, which can influence results, recovery and your satisfaction. Therefore, it's important not to assume too much from the information, because every person's nose is different, and you will require your own unique surgical plan. I suggest using the internet to satisfy your curiosity and help guide your questions for the rhinoplasty consultation. But be aware that just because something is written on the internet, doesn't necessarily mean it's true. I've learned over the years to be selective as to what I take away from the internet. Too often people write things purely for self-promotion.

Some of us are visual learners and want to watch procedure videos. YouTube videos can often be quite informative and instructional. If you're the least bit squeamish, though, don't bother. This will only heighten your fears and anxiety, and possibly become an obstacle to moving forward to fulfilling your dream.

Family and friends

You probably know someone who has had nose surgery. He or she can be helpful in providing first-hand information about the procedure and recovery process. Understand that everyone's experience, and pain threshold, can vary. Although the information provided is useful, it may be very different from what you may experience.

Very rarely, a rhinoplasty surgeon may put packing in the nose after surgery. The purpose of this is to stop bleeding and drainage. It's used more following a septoplasty procedure, when breathing is the focus, as opposed to a cosmetic

rhinoplasty. Individuals who had nasal packing years ago describe a horrible feeling when the packing was removed. String gauze was often used in these cases. Today, if packing is used, it is a lighter, more patient-friendly nasal pack, which is easier to remove and involves minimal discomfort.

Ask family and friends to give you an honest account of their experience with the procedure, the doctor and the doctor's staff. Are they happy with their result? Would they do it all over again? If not, why not, and if so, what (if anything) would they want to be different? Answers may vary, but you will get a range of experiences.

Testimonials

If you don't know anyone who has had rhinoplasty surgery, there are plenty of patient testimonials on the internet. Almost every practice website will have them. It's often very difficult to tell the difference between fact and fiction, though, so be selective. Doctors will more than likely only display positive remarks on the website, but this still can give you a lot of information about the practice, as well as the level of patient satisfaction. A small number of testimonials could mean rhinoplasty isn't necessarily the doctor's primary focus.

Doctors and nurses

Another useful source of information can be nurses and physicians in the community. They often have a finger on the pulse of who does good rhinoplasty work and, more importantly, surgeons you might want to avoid. Ask them this question: "If you're going to have a rhinoplasty or refer one of your family members, who would you go to?" Most communities have someone who is the go-to person for medical personnel and families. This might be the first person you want to meet for a consultation.

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Social media review sites

Social media review sites can also be a great resource. For example:

1. realself.com
2. ratemd.com
3. healthgrades.com
4. googleplus.com

Rhinoplasty surgeons will often ask satisfied patients to leave a comment on these sites. So, you might expect these comments to be positive. A negative comment is almost certainly an unsolicited one. Don't try to read too much into these comments. One review doesn't necessarily paint the story about a particular surgeon or practice. It's the accumulated knowledge that you're able to piece together that will guide you in your search. I tell my patients: despite my best efforts, I can't always please everyone in every aspect of their experience. It's expected that even the best of rhinoplasty surgeons will have an occasional bad review. However, 90% of bad reviews stem from a customer service experience. There is a big difference between "The recovery nurse wasn't very pleasant," and "I'm not satisfied with my results." When you identify a bad review, try to get a feel as to whether this was an isolated event, or is there something more systemic going on within the practice? The message should be quite clear when a negative experience seems to surface in multiple reviews.

I think we're all aware of the paid listings on Google. Most of us avoid them, because we know these are paid spots. Did you also know there are paid spots on review sites? Did you know reviews themselves can be bought, sold or buried? Be wary, a paid spot by a savvy marketer doesn't necessarily equate to a good rhinoplasty surgeon. Again, it's the accumulated knowledge you acquire about the specific doctors which will help you create your short list of potential rhinoplasty surgeons.

CHAPTER 3: CHOOSING YOUR RHINOPLASTY SURGEON

You've done all your research. You're armed and ready to move on to a live consultation with a rhinoplasty surgeon. Hopefully, you've created a short list of candidates. If I were in your shoes, the number one criteria I would initially use in narrowing the field would be **experience**. You want someone who has performed lots of surgeries, and particularly lots of rhinoplasties, before yours. We all know it takes practice to become skilled at a specific task. Rhinoplasty surgery is no different – **experience matters**. One of my favorite books is Malcolm Gladwell's New York Times bestseller, *Outliers*. In this book, he shares many examples of individuals who have become highly successful through experience. He makes a point that each of these highly accomplished individuals has over 10,000 hours of experience. This would translate into several thousand rhinoplasties.

The development of good rhinoplasty skills begins in residency and fellowship training. These are the formative years, where the basic fundamentals of rhinoplasty are learned. Brain muscle memory begins to happen when a surgeon performs a specific task over and over again. Just as with any artist or sculptor, there is no substitute for just doing it. But having completed residency or fellowship training doesn't necessarily mean a doctor has received adequate experience in rhinoplasty surgery. Some programs may not be particularly strong in certain areas such as nose surgery. It's very appropriate to ask your physician at the consultation how many rhinoplasties were performed in training. In otolaryngology, head and neck surgery (ENT) residents gain a thorough knowledge of nasal anatomy and physiology. They are generally well-versed in all aspects of cosmetic and reconstructive surgery of the nose. Nowadays,

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most residents who intend to specialize in rhinoplasty do additional training. This is referred to as “fellowship training” and usually requires an additional one or two years.

A fellowship is often more focused training in a specific area, such as facial plastic surgery. Here again, I believe a surgeon who works only on the face is more uniquely qualified and prepared to do rhinoplasty surgery because of the hours spent in study and practice. After training, a young surgeon should be doing at least 20 to 25 rhinoplasties a year to maintain and further develop these skills. Obviously, young surgeons don't have 10,000 hours of experience, as Malcolm Gladwell suggested, so they are continuing to learn with each case they do. I remember those days, we've all been there, doing procedures on our own for the first time. It's challenging, but this is what proper training prepares us to do. One cautionary note – sometimes young surgeons are inclined to exaggerate their experience in an attempt to win over prospective patients. Be prepared to ask lots of questions, and don't sign up for anything unless you are confident in the surgeon's knowledge, experience and skill.

CHAPTER 4: THE PHONE CALL AND INITIAL VISIT

With your initial phone call to schedule a consultation, pay attention to the doctor's office staff. Is the receptionist pleasant and attentive? Did he or she make you feel welcome to the practice? Good surgeons, typically, will surround themselves with good support staff. Take this opportunity with the receptionist to ask some of your basic rhinoplasty questions. Fumbling with answers, or a disconnect between what you've learned about the doctor and what the staff member is telling you may signal that rhinoplasty is not a common procedure for this practice.

Then, at your initial visit, does the office seem warm and inviting? Are the receptionist and the other office staff members welcoming? Do they seem organized and efficient? Generally, these qualities come from the top.

As you meet the doctor's staff, again take this time to familiarize yourself with the practice. You may want to ask:

- How long have you worked with the doctor?
- What procedure does the doctor like to do, and what procedures does the doctor do most often?
- How many rhinoplasties does the doctor do each week or month?

CHAPTER 5: THE CONSULTATION

It's your consultation day. You're understandably nervous. You've been thinking of having nose surgery for some time. What will a new nose look like on your face? Is this the right doctor for you? Could there be complications? These are all valid concerns. However, you have done your homework and given the matter a lot of thought. This preparation has already improved your odds of success, so be confident.

The consultation is a two-way street. Come prepared with your goals, expectations and questions, either in mind or written form. Personally, I like to write things down. Otherwise, in the heat of the moment, I'll invariably forget to ask something. Written notes will come in handy, particularly if you're planning to interview several different rhinoplasty surgeons. I will often recommend that patients who are seriously considering rhinoplasty surgery speak with two or three surgeons. The more you talk with the experts, the more educated you become. This, ultimately, will empower you to make the right choices for yourself.

Your consultation should be a comfortable experience. You shouldn't feel rushed. On the contrary, you should feel relaxed, with ample time to ask all of your questions. The doctor should ask you what it is that bothers you about your nose and listen to your concerns. Personally, as a surgeon, I feel I'm better prepared to have happy patients when I'm a good listener and can focus on their goals and concerns. If I don't address these issues with the surgical procedure, I will have failed, and undoubtedly will have an unhappy customer.

Remember: no question is a silly question. If the doctor's explanation seems too complicated or unclear, don't be embarrassed to ask that the answer be rephrased in layman's

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terms. If you don't walk out of the consultation excited and satisfied that all your questions were answered and concerns met, move on to the next rhinoplasty surgeon.

In addition to your questions which are specific to your nose, you'll also want to take this opportunity to directly ask the doctor your qualification questions:

- Are you board-certified? By whom?
- Where did you do your training? When? How many rhinoplasties have you done?
- How many do you do a week, month, year?
- Where do you do your procedures?
- Is the facility accredited?
- How do you stay current with changing trends and new techniques?
- Can I see some examples of your work?
- Can I talk with a few of your prior rhinoplasty patients?

Computer imaging

Human nature is such that we want to know what the results are going to look like, before we start. There is now an app (or two) for that!

- facetouchup.com
- plasticsurgery-simulator.com

Both of these offer easy-to-use applications which allow you to modify your own photo to simulate an ideal desired result after a rhinoplasty. Some doctors also offer computer imaging either on their website or in their office. With each of these tools you must realize, though, that it's a computer-generated image, which doesn't necessarily equate to what can be accomplished with actual surgery. In fact, I believe the manipulated image can sometimes be misleading,

particularly with complex nasal deformities, or in revision cases. But by all means, print out the image if it shows your dream nose. It will very much help your surgeon to understand your preferences.

I often recommend that my patients leaf through magazines and pull out pictures of noses that they feel are attractive and representative of their desired nasal features. For that matter, they can also pick out pictures of noses they don't like. I use these pictures to get a sense of my patient's aesthetic eye. Generally, people are attracted to specific features, like a straight or sloped profile, a narrow delicate tip or just overall smaller features. Occasionally, patients pick out pictures of noses with characteristics that are vastly different from their own nose, or examples which are just not achievable (for whatever reason). I find that looking at these photographs with my patients is always helpful in setting proper expectations for both patient and surgeon.

Patients may not know exactly what it is that bothers them about their nose. However, for the most part, people's expectations are usually fairly similar. Rhinoplasty patients want a natural-appearing nose, which is balanced with the rest of their facial features, and no one wants an overly "operated on" appearance. I hear this concern every day.

CHAPTER 6: THE FACILITY

Your surgeon will likely suggest performing your surgery in an ambulatory surgical center or a hospital. In either case, it's important that the facility be certified and accredited. This signifies that the facility has taken the necessary steps to have systems in place to make sure your experience is a safe one. Most of the time, rhinoplasty surgery is an outpatient procedure. Outpatient facilities are generally more efficient, and have a much lower risk of infection, than hospitals.

I prefer that my patients be asleep for rhinoplasty surgery. Occasionally, if it's a minor procedure or revision, I will use local anesthetic injections and an oral sedative. With a general anesthetic, you don't hear anything, feel anything or have any memory of the experience. This is good, of course, but it requires an anesthesiologist skilled in using outpatient anesthetic agents, which will allow you to quickly recover and get back to feeling like yourself again after the procedure.

You want your surgeon to be operating in a familiar environment, working with familiar staff members. This improves the chances that your surgical procedure proceeds as efficiently as possible. You never want to be under anesthesia any longer than necessary. In good hands, a straightforward primary rhinoplasty surgery takes approximately one-and-a-half to two hours. A nose that is more complicated (such as after trauma, or revision rhinoplasty) will require additional time. These cases, depending on the degree of complexity, may need to be done in a hospital setting with an overnight stay.

Prior to surgery, my nurse schedules a pre-operative visit. At this visit, I meet with my patients again to answer any additional questions, and my nurse goes over what to expect

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before, during and after surgery. My recovery room nurse reiterates these instructions after the procedure. In order to assist in your recovery and limit potential complications, it's important to faithfully follow these instructions. If, at any time, you have questions regarding your recovery, don't hesitate to call your surgeon.

CHAPTER 7: IDEAL FACIAL PROPORTIONS

Each of us develops our own unique perception of beauty, hence the phrase, “Beauty is in the eye of the beholder.” Facial beauty is a matter of balance and proportion. Our brain, within nanoseconds, is capable of analyzing facial features for symmetry, balance and proportion. When these relationships aren’t quite right, we quickly recognize it. Although we may not be able to pinpoint the problem, we’re aware of the imbalance.

Because the nose is the most projecting, and the singular central feature that divides the face, it undoubtedly attracts attention. A nose which is out of balance because of its size or shape, will “stick out like a sore thumb.” It can’t be hidden or camouflaged and, therefore, becomes a focal point of despair and unhappiness for many.

Rhinoplasty surgeons study noses and develop a detailed understanding of balance and proportion. Instinctively, I apply these skills in every consultation. In a matter of minutes, I go through the surgical steps in my mind that I feel would be necessary to achieve a successful result. As I’m making my notes after the consultation, I write down these steps so I can check my thinking with each patient’s visit.

The ideal nose is straight, centered on the face from ear-to-ear, and measures one-third of the vertical dimension of the face (Figure 1). On profile, the nose sits within the middle third of the face between the glabella and the subnasale (Figure 2). A nose which appears too long for the central third often hangs down over the upper lip. This is often seen in older individuals, when the nasal cartilages have weakened and the nasal tip has lost its support. The width of the nose should be about the same as the distance from the

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inner corner of the eye to the outer corner of the eye. If two lines are drawn straight down from the right and left inner corners of the eye, the nose should sit between them (Figure 3).

The radix is the point at which the forehead slope ends and the nose begins. The angle formed by this juncture is called the nasofrontal angle (Figure 4). The radix is its deepest point. The radix is also referred to as the “nasal starting point,” and usually corresponds to the level of the mid-pupil of the eye on profile. Nasal *length* is the measure from the nasal starting point to the most projecting point on the nasal tip. A nose with a prominent bump or a droopy tip will appear too long, whereas noses with a “ski slope” profile may appear too short. On the other hand, nasal *projection* is how far the nose sticks out from the face. Projection is measured from where the nose attaches to the cheek to the most projecting point of the nasal tip.

Ideally, the rhinoplasty surgeon takes into consideration several key angles in nasal analysis. The nasofrontal angle ideally measures 120 to 130 degrees in males and 115 to 125 degrees in females (Figure 4). A nose with a strong over-projecting bridge is sometimes referred to as the “top heavy” or “Roman” nose, and has a high nasal starting point and an obtuse nasofrontal angle.

The angle defined by the juncture of the nasal columella (the center piece of the nose between the two nostrils) and the upper lip when viewed on the profile is the nasolabial angle (Figure 5). The ideal nasolabial angle varies with the height of an individual. Because the average height of a woman is less than that of a man, her nasal tip can be raised slightly, for an average nasolabial angle of 95 to 105 degrees. In order to avoid “nostril show” in taller men, this angle should be between 90 to 95 degrees. In both men and women, the nostrils should not be visible when viewed from the front.

If having a bump on the nose is the most common reason for patients requesting rhinoplasty, the nasal tip appearance

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is a close second. The nasal tip should appear soft and simple, without drawing attention to itself. The structural components of the nasal tip are two side-by-side upside down “C-shaped” cartilages that become the roof of the nostrils. These are the lower lateral cartilages (Figure 6). It is often the shape, size and strength of these cartilages which dictate the appearance of the tip. When the dome or arc of these two cartilages is too round, the tip appears bulbous; too sharp; and the tip appears pinched. Nasal tip refinement is often the most challenging aspect of rhinoplasty surgery, particularly in revision surgeries. In these cases, the cartilages which define the nasal tip are often encased in scar tissue, which makes it more difficult to effect any change.

When viewed from the base, the nose appears like a triangle. From this view, the curve of the lower lateral cartilages becomes readily apparent (Figure 7). The nasal tip lobule, that portion of the nasal tip above the nostril openings, should appear delicately rounded, not broad or pointed (Figure 8). The lobule makes up the upper one-third of the columella and ideally measures three-fourths of the nasal base width. The nostrils, ideally, are symmetrical on the base view, but asymmetry is not uncommon. There is no specific rhinoplasty technique directed toward correcting nostril asymmetry; however, the procedure as a whole will often correct the imbalance. Excessively flared or wide noses extend beyond the center one-third of the face, and are larger than the dimension of the eye from corner to corner. Narrowing the width of the nose may involve removing some skin from the floor of the nostril or from the flaring portion where it attaches to the face and upper lip. When this procedure is performed, the incisional scar is hidden in the alar crease (the junction of the nose, cheek and lips).

The typical rhinoplasty patient may complain of a “bump” on the nose or a nose which is just “too big.” These patients are often self-conscious about their profile appearance and naturally avoid being photographed from the side. The

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anatomical deformity causing this is most often either the nasal bridge being too high or the tip of the nose sticking out too far from the face. When the latter is the case, the cartilages which make up the tip of the nose may also be weak, resulting in a droopy tip, or tip ptosis.

An overly projecting nasal tip is quite obvious to most everyone. As a general rule of thumb, the ratio of the nasal tip projection from the side of the face to the nasal length should be around 55% to 60% (Figure 9). The over-projecting tip and ptotic nasal tip are often associated with an alteration in the amount of columella, which is seen from the profile. Columellar show is the amount of columella that hangs below the nostril rims. Ideally, the amount of show should be two to four millimeters. Too much show can occur as a result of prior surgery, when the nostril rim retracts upward because of scarring. A droopy nasal tip may result in too little columellar show.

All the measurements and angles mentioned above are important in nasal analysis, but the single line which I find to be most helpful is the brow tip aesthetic line on the frontal view, sometimes referred to as the radix line (Figure 10). This line curves along the eyebrow from the outer edge toward the nose. It continues along the outer edge of the nasal bridge while diverging slightly outward to the nasal tip. An aesthetically pleasing brow tip aesthetic line will be uninterrupted, curvilinear and symmetrical with the opposite side. This is not the case in patients with a crooked nose or bulbous nasal tip.

A well-trained and experienced rhinoplasty surgeon will subconsciously and systematically perform a detailed analysis of the nose very quickly in a consultation. It's an essential component, along with palpation and intranasal inspection, to a complete assessment and proper diagnosis.

CHAPTER 8: THE PROCEDURE

America is often referred to as a “melting pot” of immigrants from many different countries, races and religions. Nowhere else in the world will you find such a diverse population of Caucasian, African-American, Asian, Hispanic, Native American and others. Therefore, in America, noses come in many different shapes and sizes. While each group has common and distinctive features, the fundamental priorities of rhinoplasty for each don’t change. The type of surgery (meaning the approach and technique) is dictated by the characteristics of the tissues and the degree of desired change.

If I had a nickel for every time a rhinoplasty patient has said, “I don’t want to look different,” or “I don’t want anyone to know I’ve had surgery,” I would be a very wealthy man. The fact of the matter is that patients do want a change, but they are frightened by the bad results we all see on TV or in celebrity magazines. There’s nothing worse than an overly “operated-looking” nose. We’re all frightened by the unknown, and it’s understandable that rhinoplasty patients are anxious, because rhinoplasty surgery is, to some degree, irreversible. Revision surgery is possible, but you will never go back to your own original nose.

Rhinoplasty is a structural change to the bone and cartilage of the nose. Even the most minor procedure will create a change. Because the surgery is a structural change, it will take time for patients to adopt and accept the new appearance. Fortunately, with the initial post-operative swelling, the nose may not appear too much different than it did before surgery. It’s the gradual change as the swelling begins to resolve which helps with the acceptance of the new nose. This is also why other people may not recognize that you’ve had something done with your nose. But, when you look at the

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before-and-after photographs at six months, the changes become more obvious.

As I've said, my first question for all my rhinoplasty patients at the initial consultation is, "What is it that you don't like about your nose?" And the follow-up question is, "What are the features that you do like?" This, for the most part, sets the parameters for the initial discussion. If I correct the things you don't like, your nose will look different, but it will be different in a good sense, and closer to the image of how you want it to look.

In reality, I believe that what my patients really mean when they say, "I don't want a change," is actually: "Yes, I want to see a change, but in a good way, and one that will look natural and fit with the rest of my facial features." As an extension of this, they are also interested in other people seeing their nose as attractive. Rhinoplasty should be a personal choice. We all want to look as good as we possibly can and we hope we are attractive in the eyes of others, *but you shouldn't do it for anyone else but yourself.*

CHAPTER 9: OPEN VERSUS CLOSED

The debate over “open” versus “closed” rhinoplasty has raged for decades. Simply put, closed means no external incision, only intranasal incisions to gain access to the cartilage and bone. Open rhinoplasty, on the other hand, utilizes an external incision to lift the skin away from the structure for direct visualization. Surgeons typically utilize the approach and techniques they feel will give them the best results.

The argument of open versus closed revolves around the location of the scar and whether one approach heals faster than the other. I’ve done the procedure both ways, opened and closed. Other than the incisional scar, which becomes nearly invisible with time, the healing is exactly the same. What’s different is that through the open approach, the cartilage and bone are under direct vision, and modification of these structures can be more precise, at least in my hands. I believe the open approach ultimately leads to more consistent results and fewer cases where revision surgery is necessary. This has been my experience.

Having done thousands of open and closed rhinoplasties throughout my career, I choose the approach and techniques which I feel will give me the best opportunity to deliver the best results. Most rhinoplasty surgeons think the same way. It’s important for patients to know that these issues exist and to have a good understanding of their rhinoplasty surgeon’s plan of approach, but you can leave the details up to the professionals, as long as you trust you’re in the right hands.

CHAPTER 10: FOR PARENTS

The decision to undergo elective rhinoplasty surgery should be a personal one, but children under the age of 18 need their parents' permission. They also need their parents' assistance and insight in navigating the elective surgery process. In general, during the consultation, my young patients don't ask many questions and don't concern themselves with potential surgical risks, they just want their nose "fixed." I believe this is where parents need to step in.

As parents and protectors of your children, you naturally want the best for them, but you also need to feel comfortable with their choice to have elective cosmetic surgery, and in doing so you will have your own questions and anxieties. Once these issues are addressed, it's important that you help your child understand not only the benefits of rhinoplasty surgery but also the inherent risks of the procedure. In this chapter, I will outline commonly asked questions by parents regarding their child's decision.

Is it safe for children to have nose surgery?

Nasal surgery is generally considered safe when performed after nasal development is complete. In females, nasal growth is considered mature after the age of 16. Prior to this age, growth and development are still happening, and surgery could interrupt the growth plates, resulting in unwanted deformities. The male nose is considered fully grown after the age of 17 or 18. There are exceptions, of course, which are easily detected by an experienced rhinoplasty surgeon.

To ensure the highest degree of safety with any elective cosmetic procedure, regardless of age, it's important to have the procedure performed by a board-certified plastic surgeon or facial plastic surgeon, and to have the procedure

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performed in an accredited ambulatory surgical facility or hospital.

Will my child be happy with the rhinoplasty result?

The answer to this question depends upon several factors. First, the reason for the request for surgery in the first place. Is it your child's choice? Is it affecting his or her self-esteem? Is the reason justified in your mind? Second, do you and your child have proper expectations of what the surgery can and cannot do? Often times, many young patients show me pictures of some celebrity whose nose they either like or dislike. On the one hand, I appreciate that they are looking at other noses and giving some thought to the process. But on the other hand, I am constantly reminding my rhinoplasty patients, adults and younger patients, that rhinoplasty surgery is not a shopping experience. I can't give someone an exact replica of someone else's nose. Rhinoplasty surgery is limited by the constraints of the nose we are born with. Some nasal features are impossible to change (for example, the nature and thickness of the skin, or the strength of the underlying cartilage structure of the nose), and these features will affect the results.

I do gain insight from looking at the example pictures my patients show me. It helps me understand what nasal aesthetic features they find to be attractive or unattractive. When appropriate, I'll incorporate those attractive features into my rhinoplasty plan. However, there are often compromises that have to be made during the procedure to achieve the desired result. As long as we are all on the same page in regard to expectations and limitations, your child should be happy with the result.

Is rhinoplasty surgery painful?

There is usually very little discomfort after rhinoplasty surgery. Acetaminophen (like Tylenol®) is usually sufficient

for pain relief. All patients receive a prescription for a stronger pain reliever before surgery, and are encouraged to use it when necessary, but I find that it's rarely used. If osteotomies are performed to narrow the bridge of the nose, which is quite common, patients may experience a headache feeling for 24 to 48 hours. Rather than pain, though, most patients report congestion and stuffiness, which generally resolves within one to two weeks after the procedure.

What is the parent's role after surgery?

There really isn't much care required after rhinoplasty surgery. I insist that my patients lie low for seven to 10 days, with no lifting, bending or exertional activity. It is rare that patients have excessive bleeding or infection after the procedure, but your child's surgeon should be willing to respond to any questions or concerns you have at any time.

These days, it's not uncommon for patients to get on the internet for advice, rather than ask their doctors directly. You and your child should resist this temptation. Any advice received over the internet is given without knowing the specifics of your child's case. Remember, the results of rhinoplasty surgery are a journey, not a race. Some improvement should be seen immediately after surgery, but the result will evolve over time as the nose heals and swelling resolves. It takes six to 12 months for complete healing, and sometimes longer in revision or traumatic cases.

What if we aren't happy with the results?

If you or your child are not pleased with the post-operative rhinoplasty surgery result after giving it adequate time to heal, be your child's best advocate. You and your child need to speak to the surgeon to make sure he or she understands your source of concerns. Sometimes revision surgery is needed, particularly for complicated nasal cases. No one can guarantee a result, and sometimes revision surgery is

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

warranted. Hopefully, all that is needed is a minor touch-up procedure.

When you and your child's surgeon don't agree, get a copy of the records and seek a second opinion. Revision surgery generally isn't easy, and a good rhinoplasty surgeon isn't going to offer your child another procedure unless he or she is confident that improvements can be made.