

2. Septorhinoplasty

What is a “Rhinoplasty” or “Septorhinoplasty”?

These terms are often used interchangeably, although technically “Septo” means that the nasal septum (the cartilage partition in the nose) has to be corrected as part of the procedure. In actual fact, in many cases, the septum must be dealt with in order to achieve a desirable result and so the two terms become almost synonymous. In essence there are two goals in any Septorhinoplasty:

1. To make the nose look better
2. To ensure proper function (i.e. improve or maintain nasal breathing)

For the ideal result, a surgeon will therefore bear both of these aims in mind and be trained in treating not only cosmetic problems, but also other nasal diseases. This is the task facing a Rhinologist, who specialises in all of these aspects of nasal surgery.

What types of Septorhinoplasty operations are there?

There are many different techniques in Septorhinoplasty surgery but they may be divided into groups by looking at various aspects. For instance, the operation may be a “closed” or “open” procedure depending on how the overlying skin is lifted up to provide access to the underlying cartilages and bones. In an “open” Septorhinoplasty, a small incision is made in the columella, (the skin between the nostrils) but this is not needed in the “closed” technique. The former method tends to be used more frequently for repeat operations and operations of a complex nature, involving several abnormalities. The incision usually heals so well that it is virtually impossible to see the little scar a few months later. Many different structural abnormalities may be corrected, ranging from a simple “hump” on the nose to a twisted or bent nose. The nose may be too wide, too long or the tip may be misshapen. Some of the abnormalities may occur as a result of injury (e.g. broken nose) or may simply be the way the nose has grown. Each of these require differing techniques to correct, and this will be explained this to you.

What will happen when I visit Mr.Marais?

Whatever the abnormality is, it will have to be analysed carefully to decide on the best way to deal with it, to give you an optimum result. You should have a clear idea of what aspects of your nasal appearance and function you wish to have changed. This will help in clarifying what needs to be done. The nose will then be examined both internally (very important) as well as externally. Pre-operative photos will be required, and these will be arranged. After the operation, post-operative pictures are also taken for comparison.

What should the end result look like?

You should be aware that whilst it is possible to cosmetically improve a nose – even a badly injured or deformed one - that the final result will be dependant on how bad the

deformity was in the first place. A very distorted nose with lots of abnormalities is more difficult to improve and the end result will not be as good as a nose that has the same operation, but was not so bad to start off with. This may seem common sense, but many patients have unrealistic expectations of what can be achieved, and if this is the case, may find themselves disappointed with the result. Mr. Marais will explain what he thinks can be realistically achieved with your particular nasal abnormality.

What does the operation itself entail?

A general anaesthetic is required for this procedure. It will take between one and two hours to carry out the operation, depending on the complexity. You should not have anything to eat or drink for six hours prior to the operation. There is not usually severe pain afterwards, but the nose may have some packing in it, to stop any bleeding. You will probably be kept in overnight and go home the next day. Although there is not usually much pain, you will be given some pain-killers to take home, should you require them. You will be fully awake a short while after the operation (although perhaps a bit groggy) and you will be able to eat and drink normally.

What will I look like afterwards?

You will probably have a Plaster-of-Paris splint covering the nose to protect it and to keep the nose in the correct position for healing. This will be worn for one week. In many cases, you will have black eyes afterwards. This is because the nasal bones are surgically fractured and re-set, and this produces bruising. The black eyes settle in about ten days to two weeks. The nose itself will be a bit blocked due to internal swelling after the operation. Again, this takes a week or two to settle. You will notice a little blood on your handkerchief for the first few days, but this lessens as the days go by: Although most of the changes are visible in the first two to three weeks, the external appearance of the nose settles down over a period of months, with minor changes evident as the tissues heal.

How long will I need off work?

Probably between two to three weeks, not because of pain, but because it takes that long for the bruising and swelling to recede.

Are there any complications?

Every operation has potential complications. In Septorhinoplasty, there are two main risks. The first is common to all nose operations – that is, bleeding. There is always a small amount of bleeding post-operatively, and it is nearly always self-limiting. However, there is a very small risk of a bad nosebleed. The second complication is failure to achieve the desired result. This is obviously relative, as it depends on what was expected in the first place, hence the importance of having a clear and realistic understanding of the possibilities. Nonetheless, due to various factors, such as cartilage collapse, poor healing etc. the nose may not look pleasing to the eye after the surgery.

Are there any Do's and Don'ts afterwards?

Do's

1. Irrigate or douche the inside of the nose afterwards. This helps flush away the scabs and crusts that can accumulate inside afterwards. Moistened cotton wool can help wipe away the dried blood attached to the nostrils, if present.
2. Once the plaster has been removed, you should massage the area over the nose and cheeks with a good skin cream to help dissipate swelling and bruising.
3. Continue to wear the plaster at night in bed for a further week to protect the nose from being squashed or pushed into an abnormal position when sleeping.

Don'ts

1. Undertake any heavy physical activity in the first week after surgery, especially bending down and/or picking up heavy weights. No contact sports for a month after surgery.
2. Avoid sunburn on the nose/face for at least one year.
3. Don't worry if you find small bits of thread-like suture material when you blow your nose. These are probably dissolving sutures and are expected to fall away in due course. Blowing the nose after surgery is fine, if done gently.
4. Avoid very hot baths and showers. This may provoke bleeding