

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, not just the appearance.

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. 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. This is an important part of the surgery.

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. You should be very clear on this and it should be clarified in consultation and not just before the operation itself, so that you have time to think it over.

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 may well 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. In rare cases dark rings under the eyes may persist for weeks or months. This is due to dilated veins. The nose itself will be a 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 take that long for the bruising and swelling to recede.

Are there any complications?

Every operation has potential complications. In Septorhinoplasty, these include:

- 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. May occur up to 10 days post-operatively. A little fresh blood in your hanky is no cause for concern but if it persists (eg. dripping actively), you should :
 - Sit down in a chair and relax. (Do not lie down)
 - Pinch the soft part of the nose firmly for 15 minutes.
 - Spit out any blood into a bowl placed in your lap.
 - Place an ice-pack (Or a bag of frozen peas etc) Over your forehead. Try sucking an ice-cube. This reduces nasal blood flow.
 - If these measures do not stop the bleeding, and it continues unabated without any sign of slowing down after 30-45 minutes, you should attend your closest Accident and Emergency (Casualty) Department, (e.g. Northwick Park Hospital) as you may require admission. Inform them that you have had a septorhinoplasty. If you simply need advice, you can call the Ward at Clementine Churchill Hospital, on which you were admitted, (0208-872-3872). They can inform Mr. Marais if it is necessary.
- 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. Some of these causes are outwith the control of the surgeon. It should be borne in mind that an attempt to improve one aspect of the nose may cause a problem in another, (eg shortening cartilage in one area may cause it to bend in another). You should be aware that the final result may not be exactly as *you* envisaged it.
- Often edges of cartilage or bone are palpable (can be felt) under the skin. They may or may not be obvious to the casual onlooker. Every effort, (eg filing smooth, etc) is undertaken to minimise this. Thin skin accentuates this problem. Further surgery may or may not be required.
- At least 10% of patients who have Septorhinoplasty surgery end up wanting / needing a second septorhinoplasty to adjust/correct something. You should be aware that your fees do *not* cover this eventuality.
- Adhesions may occur: this is where the internal nasal lining may become stuck together in places and may cause nasal obstruction which may be permanent. This is usually the result of nasal swelling and inadequate nasal cleansing. It may require surgical division.
- Septal perforation may occur. More likely in revision cases. Occurs in <5% of cases. May occur as a result of tears sustained in the septum's lining. May occur in cases of severe septal angulation. May leave a permanent hole, which can cause crusting and bleeding. Repair may be difficult or impossible.
- Infection. This is rare, but sinusitis may occur. This condition is itself common, and may have nothing to do with the septorhinoplasty surgery.
- Persistent post-op swelling, puffiness or dark rings under the eyes. This is rare, but may persist for weeks or months. Usually due to venous dilatation, in susceptible individuals. Skin changes in the skin overlying the nose can occur (eg redness, thread veins etc), also in susceptible individuals. This may be treated later by laser therapy. Sunburn may be severe in first year post-op, and must be avoided.
- Loss of sense of smell. Extremely rare, but it has been recorded. Cause unknown.
- Surgical emphysema: air trapped in surrounding soft-tissues of nose and cheeks. Not dangerous and arises because of *excessively* hard nose-blowing. Disappears spontaneously.
- It should be clearly understood the revision surgery carries with it a higher risk of virtually every complication, compared to first-time 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.
- 4. Physical rest is important for the first week.

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

Consent

I have read and understand all of the above, including the potential complications, which I have read carefully and had explained to me in consultation. All of my concerns and questions have been answered satisfactorily by Mr. Marais. I am willing to proceed with the following procedure:

.....
.....

Signed.....

Name.....

Date...../...../.....