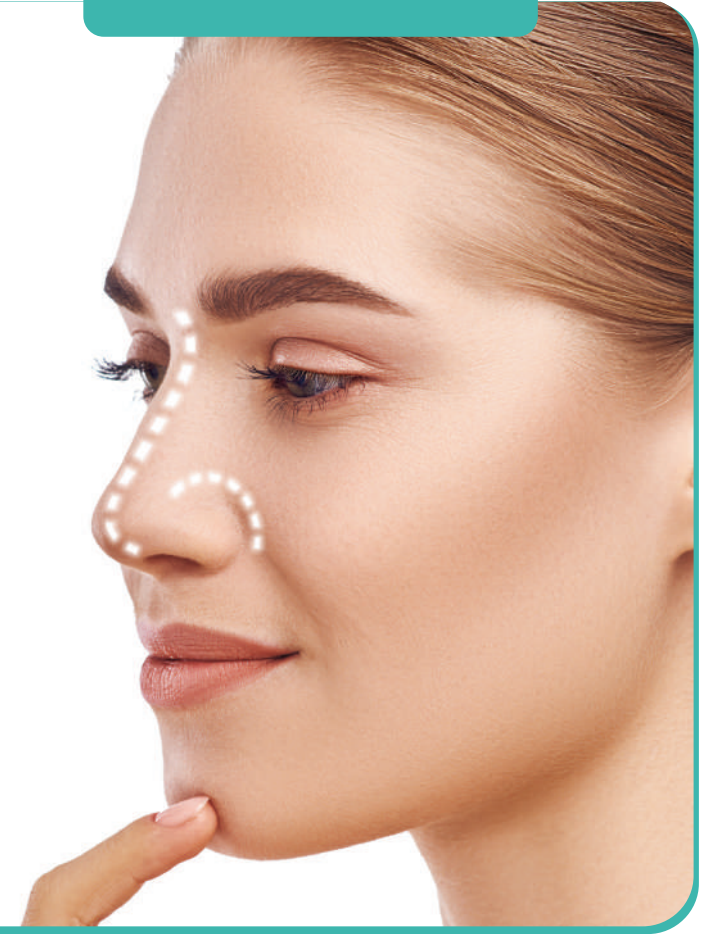
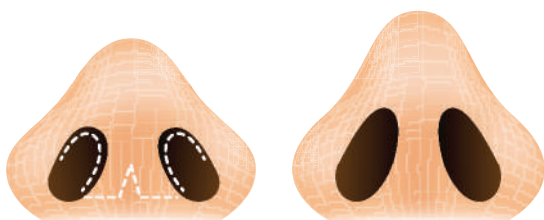


## Rhinoplasty



## Rhinoplasty ideal patient

- If patient's nose size appears large relative to the facial area.
- If the patient has protrusion or enlarged nasal bones, or looks prominent from the side view of the face.
- If the nose is enlarged, wide, or drooping down remarkably.
- If the nostrils are significantly wide.
- If there is a misalign and deviation in the position of the nose.
- If there are inconsistencies or abnormalities as a result of old injuries.



## Preparation for the surgery

During this visit, discuss with your doctor your medical history, such as any health problems you suffer from, or any other medications you take, as well as any previous surgeries. Inform your doctor of any local nasal symptoms you suffer from, such as allergies, difficulty breathing or a chronic use of nasal spray.

Your doctor will also assess the quality of the nasal skin, shape and size of the nose, and the consistency of the nose with the rest of the face. Surgery may be required in other areas of the face, such as the chin or eyelids, to improve the appearance of the face in general, so discuss with your doctor about these possibilities.

## Operation details

Due to the individual variation from one patient to another and different perspectives from one person to another, all rhinoplasty patients do not get the same outcomes and change after the operation, but the goal of the doctor is to obtain the best outcomes for each patient.

Most rhinoplasty operations are performed by general anesthesia, but sometimes a local anesthetic can be used with some analgesics and sedatives. In most cases, the patient does not stay at the hospital overnight, as he leaves on the evening of the surgery day. Rhinoplasty wounds are chosen in places that are not apparent, as it would be hidden, except for a transverse wound approximately 4 mm between the nostrils, which gradually disappear after the operation. The locations of these wounds and the surgical method used depends on the desired goals to achieve and the ability to fix the lesions in the nose and the area in which the operation will be performed, whether it will be the nostrils, the nasal septum, at the tip of the nose, or changing the shape of the nose completely.

In case of reducing the nostrils, the conical part of the skin is removed at the base of the nose, leaving small wound that disappears in the skin folds between the nose and the upper lip. Through these openings, the surgeon begins to reshape the skeleton and cartilage of the nose, as some of which need to be resected or reduced to make the nose appear straight and small. Sometimes, fracturing the bones of the nose from the lateral side and from the top of the nose is needed to reduce the base of the nose. The tip of the nose is raised by straightening the cartilage of the nose or fixing the nasal septum deviation and other times by removing some of the fatty and fibrous tissue from under the skin. Finally, the doctor returns the skin of the nose to its normal position and closes the wounds, then a nasal pack is placed inside the nostrils and a stent is placed on the outer skin.

### **Side effects and risks of the operation**

Serious complications arising from the nose repair process are rare, as this process is conducted for thousands of patients annually in order to fix various defects in the nose, and patients get encouraging and satisfactory outcomes. However, like any surgery, the patient must be fully aware of the risks, gains and outcomes. The pain that follows the process is one of the most common side effects, but it is well controlled with analgesics, as well as the hematoma under the skin that may need to be discharged. Inflammation, infection and anesthesia hazards are

also common side effects.

Sometimes skin numbness occurs, but of course it is temporary as it disappears gradually, as well as swelling and bluish discoloration around the eye that always occurs within the first 3 days, but it gradually disappears. However, some outcomes are not satisfactory to the patient and may need further surgical intervention. In some cases, a temporary blockage of breathing from the nose (from one or both nostrils) may happen with some discharges, but these side effects disappear within several weeks.

Tissue memory, healing and scarring may affect the results. Sometimes despite the very good surgery and results, complete satisfaction might not be met.

### **After the surgery**

Of course there is some swelling and discomfort, but it is easy to overcome by medications in the hospital and then at home. The patient often returns home on the same day after removing the pack from inside the nose. The external stent is kept to fix the bones of the nose in the desired position. It is also advised to put fomentation on the eye continuously. Few days later, the patient returns to his doctor to remove the external stent and check on the incision site, after which the doctor will set up follow-up appointments to remove the stitches and follow up the swelling and bluish discoloration under the eye.

In the first days after the operation, excessive activity should be avoided, and the patient should sleep with head up to help relieve swelling. Aspirin and similar medications that causes blood flow should be avoided.

In the first weeks, the outcomes of the operation are not clear, due to swelling and bruising. The final outcomes will not be reached before 6-12 months, and the patient will be satisfied several weeks later.