

Rhinoplasty

Rhinoplasty is a surgical procedure incorporating a range of techniques used balance your nose with facial symmetry and improve your breathing. Rhinoplasty is performed by plastic surgeons around the world to reshape and structure the nasal bone, cartilage and soft tissues for both cosmetic and reconstructive indications.

Rhinoplasty can be performed to address cosmetic concerns with the outside shape of the nose such as a prominent bump, widened bridge, under/over projection or to correct a drooping/bulging nasal tip. Nasal surgery may be combined with a Septoplasty to address breathing difficulties. Patient concerns may be inherited, naturally occurring or as a result of trauma or injury.

Rhinoplasty is generally only recommended once your nose has fully developed.

Alternative Options to Rhinoplasty/Septoplasty

- Medical alternatives: to Septoplasty for breathing issues may include nasal sprays to assist with breathing.
- Nasal Augmentation: using soft tissue dermal fillers is a temporary alternative to surgery. Nasal dorsum augmentation with permanent silicone prostheses is not recommended due high complication rates.

Warmambool Plastic & Reconstructive Surgery

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Post-Operative Course

Pre-operatively you may be required to have a CT scan to assess nasal structure and determine the cause of any airway obstruction. Surgery will be performed under a general anaesthetic and take 4 to 5 hours. Post operatively you will have nasal packs inserted and these will be removed prior to discharge. An overnight hospital is required following a rhinoplasty.

Recovery period varies for each patient however you may experience some nasal blockage, slight discomfort and minimal bleeding. You will be advised regarding appropriate pain relief and it is important that you follow

these instructions as some medications aspirin, (e.g. precipitate nurofen) can bleeding. We recommend you sleep with you head elevated, apply cool pack to your eyes for 24-48 hours, and avoid any excessively hot showers for 1 week.

Bruising around the eyes is common and may take around a week to resolve. It is expected that swelling will remain for a number of weeks and the will operation site remain weakened. Therefore upmost care should be taken to avoid activities (i.e. direct trauma to

the nose) that may injure the nose and affect the surgical outcome. It is recommended most people return to work 10 to 14 days post- surgery and avoid contact sports for 6 weeks.

You will attend WPRS for removal of any internal splinting at approx. 5-7 days following surgery and again at 10-14 for removal of external splinting. During these visits Mr Toma and nursing staff will ensure that you are progressing as expected and that you are well and comfortable. If required or if there are any concerns additional appointments will be scheduled.

Mr Toma will conduct a post-operative review at approximately six weeks following your surgery and follow up photography will be taken at this time to monitor your progress.

At WPRS, whilst we aim to achieve the best result from your surgery, there can be no guarantee of perfection. We pride ourselves in offering you the best possible experience with your surgery. If there are any questions encourage you to ring WPRS to or concerns we discuss these either with Mr Toma or the dedicated team of nurses at WPRS.

I have read and understand the procedure and potential risks. have no further questions regarding my surgery.

Potential Risks of Surgery

- Bleeding/haematoma: any bleeding after surgery is usually minor. Rarely may you bleed enough to require a return to theatre to drain the blood and stop any bleeding.
- **Infection:** uncommon following nasal surgery, however if it occurs you may be required to commence treatment with antibiotics.
- Nasal tip numbness: is expected following an open rhinoplasty. This should improve with time however it may be permanent.
- Wound separation/delayed healing: this is uncommon however these risks may be greater in smokers

• Scar widening/hypertrophy: this can occur with any scar. Your wound will be carefully closed, however some people may develop widened or elevated scars.

Asymmetry: may be evident, particularly in nasal reconstruction following fracture or trauma. You will be educated regarding the potential for asymmetry and encouraged to ask questions regarding realistic outcomes.

Rhinorrhoea: or discharge of • clear fluid from the nose can occur post operatively. This is usually self-resolving, however can occasionally persist and require nasal sprays.

Septal perforation (hole in the • septum): may result in crusting, a whistling sensation or even nasal collapse. This may require a revision procedure to

Change in smell: rare complication of rhinoplasty, but maybe permanent if it occurs.

correct.

- Skin loss on nasal tip: this can be a rare complication of rhinoplasty, the risk of which is increased in smokers.
- Nasal obstruction: despite best efforts to ensure that any functional airway issues are corrected at the time of surgery there can be no guarantee that all functional issues can be resolved.
- Cartilage warping or regression of nasal tissue: In some patients over time, even a very good cosmetic result may be hindered by unwanted bending of the cartilage the nose. These issues require revision surgery and will be explained during your consultation with Mr Toma.
- Anaesthetic complications: sore throat, nausea/ vomiting, other rare complications (i.e. allergic reaction to anaesthetic) can be discussed with your anaesthetist
- venous thrombosis (DVT)/pulmonary Deep embolism (PE): risk of a DVT is 1 in 100 with a major surgical procedure. These rarely can be fatal. precautions are taken in hospital to avoid Special this. These include: calf compression devices, and early mobilisation.

It is important that you aware that your final result may take several months, even up to one year to become apparent post rhinoplasty. No surgery is without associated risk and we aim to minimise risk by careful consultation, patient selection and vigilant pre and post-operative care.

Signed.....

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