

Rhinoplasty, Septorhinoplasty, Nose Job. Septoplasty General Information

Rhinoplasty is not one operation but is a general term for surgical techniques for nose straightening and reshaping. **Septorhinoplasty** also includes surgery to the internal nasal cartilages often to improve the nasal airway. These operations are often referred to as 'nose jobs', both operations involve breaking and resetting the nasal bones and altering the external nasal cartilages. Sometimes more internal surgery than you might expect is required to straighten or adjust noses.

Not all **ENT** or cosmetic / plastic surgeons undertake Rhinoplasty as it is a difficult operation. Therefore there is no substitute for good surgical training and experience. The skill is to achieve a good result for the patient that is still a natural looking nose in appearance and one that still functions well for breathing. Knowledge of the internal workings and surgery to the inside of the nose is the particular advantage of ENT trained surgeons.

I have been undertaking these and similar operations since the early 1990s. I perform mostly Internal or Closed approach (no external scars) Rhinoplasty / Septorhinoplasty surgery more often than External or Open approach surgery (with external scar and lifting of the nasal skin).

The advantage of closed or internal approach surgery is that it is often associated with less bruising and with quicker results and avoids visible scarring .

Surgery in my hands is therefore usually performed as a day case procedure without internal nasal packing. However sometimes extensive problems or very challenging nasal tip problems are best approached externally. Surgery often congests the inside of the nose for a week or two, and there may be some nose bleed. An external splint over the nose is usually required for a week after surgery, this helps to minimize bruising and supports the nose whilst bones and cartilages start to knit together.

Surgery to the nose is surprisingly often not particularly painful. Some degree of bruising internally and externally is to be expected. Bruising, particularly with closed internal approaches, is usually much less than patients fear, and most patients return to work within two weeks.

Surgery to reshape and alter the nose is usually successful but there are always risks to consider. The biggest risk is often disappointment. It is important at the outset to understand what you would hope for and what the surgeon expects to achieve. That is why you do need to spend time in discussion with you actual surgeon , not a third party nurse or sales person. Other risks will always include bleeding , infection, and persisting minor cosmetic blemishes and nasal septal problems. Some cartilages can take up to 6 months or more to settle and rebending of cartilage can occur. Problems or side effects however are uncommon. What can be achieved in a particular nose needs careful consideration. Older thicker skin or scars over the nose might limit the degree of change achievable, and it is often not a good idea to narrow the nostrils.

Matching your nose to your overall facial features is very important. Again this is why a consultation with your specific surgeon is essential.

Surgery is usually undertaken as a day case procedure, so no need to stay in hospital overnight. Surgery does require a general anesthetic and patients need to be suitably fit, and to have another responsible adult at home for the first night or two post operatively. Patients however are walking around on the day of surgery but will need to rest and take things easy at first.

Rhinoplasty surgery should never be rushed into. The nose is such an important part of your face, and surgery to change this is therefore a big decision. Surgery is unlikely to be offered to under 18 year olds, the patient's nose needs to be fully grown and the patient needs to consider all the advantages and risks of surgery. If further surgery to the nose was to be required this is best not undertaken for at least six months after surgery, often longer. Although the results of surgery are often 90% achieved within a few weeks, as the nose settles slowly and matures the final result is not achieved for at least 6 months.

Septoplasty is an operation (performed frequently by ENT surgeons) to adjust the internal nasal supporting cartilages. It is usually performed to improve nasal function (breathing) but sometimes it will improve the outer shape of the lower half of the nose. Septoplasty is often associated with surgery to adjust the turbinates (spongy internal nasal tissue) to achieve improvements in nasal breathing.

Surgery however often makes the nose more blocked initially for the first week or two. Success in improving the airway is best judged after 4 weeks post operatively.

Risks of septoplasty include bleeding, infection, and rarely adhesions (internal scarring), septal perforation (hole through the septum), and rebending of the nasal septum.

Septoplasty is not as easy as many people and surgeons may think, however it is one of the most frequent operations I undertake, and success is high. Surgery is undertaken as a day case procedure under general anesthesia, and it would be rare to need any postoperative nasal packing in my hands. No external nasal dressings are required and there is no bruising externally after operation.

Patients therefore return to work often within a few days, but their nose may remain blocked for approximately two weeks.

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