

RHINOPLASTY

There are specific characteristics of the nose that may detract from facial appearance and these may be improved with a rhinoplasty. The nose is a structurally delicate and complex facial feature, and is an extremely important component of facial harmony. There will always be positive aspects of one's nose, which compliment the face, as well as negative ones, which can contribute to facial imbalance. Dr. Pautler's goal is to improve or modify only those less desirable features while preserving the "positive" ones that confer individuality and uniqueness to the nose. Balance and conservatism are keywords in Rhinoplasty, because an "over-operated nose" is almost always less desirable than the initial negative nasal characteristics. During surgery, Dr. Pautler will make her operative judgments on the more conservative side. Rarely, an occasional adjustment or revision may be necessary following the initial rhinoplasty, but these are usually very minimal compared to the major problem of dealing with a previous procedure that was overly aggressive in approach.

The surgery can be done through an "open" or "closed" approach, both of which require incisions inside the nose. The former involves one (less than ½ cm) incision under the nose externally and "peeling back" of the skin off the nasal cartilage to allow full exposure. Dr. Pautler uses this approach for complex deformities, revision rhinoplasties or for nasal tips that need a lot of correction. The latter, or closed, is performed entirely through incisions made inside the nose. Dr. Pautler uses the closed approach for simpler corrections or for noses that need correction primarily on the dorsum, such as humps. Sometimes a rhinoplasty requires that the nasal bones be manipulated by breaking and moving them, and this is called an osteotomy. A graft of cartilage, usually taken from your nasal septum or your ear, is sometimes placed to add tissue where it is deficient. If nostrils need to be made smaller, a tiny incision may need to be made there as well. The surgery is performed using either general anesthesia or deep sedation, and is usually an outpatient procedure. The recover is usually a few weeks for the bruising and initial swelling to resolve. To fully appreciate the results, several months must elapse to allow for residual swelling to dissipate. Dr. Pautler usually takes postoperative photos 6-12 months after the surgery.

BEFORE YOUR SURGERY

Before your surgery, Dr. Pautler will ask you to do the following:

1. Avoid aspirin or ibuprofen types of drugs for two (2) weeks. These drugs interfere with blood clotting. Alka Seltzer, Anacin, Ascriptin, Bufferin, Fiorinal, Dristan, Excedrin, Midol, Sine Aid, Sine Off, and Percodan all belong to this family, so don't take them. Tylenol is okay. Please refrain from taking any Vitamin E or fish oil for six weeks before your surgery!
2. DON'T SMOKE for at least 6 weeks before and 6 weeks after your surgery. You should cease smoking altogether for your general health. Nicotine impairs circulation and could adversely affect your wound healing capacity.

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3. Arrange for someone to drive you to and from the hospital or surgery center. You should also have someone stay with you the night of the surgery to make sure you are comfortable and doing well.
4. Nothing to eat past midnight the day before your surgery. This is standard for any kind of surgery.
5. Arrange your bed with pillows to prop up your back after surgery. You will need to sleep with your head elevated for the first few nights. Recliners come in handy if you have one.
6. Make sure your freezer works for ice!

AFTER YOUR SURGERY

After your surgery, you will be quite bruised and swollen. You will most likely be unable to breath from your nose because of either the packing or from swelling. You may not feel a lot of pain in your nose, but you will most likely have a headache.

1. Take your pain medications on a regular basis to maintain a steady level of pain control and take them with food if possible. Take your antibiotics until they are all used up.
2. Because you will not be able to smell for a few days, don't be surprised if your food tastes very bland.
3. Sleep with your head elevated for the first three (3) nights and avoid bending over and lying flat.
4. Drainage from the nose is normal for the first three (3) days. At first it will be bloody, but eventually it will lighten to a clearer fluid. A "moustache" type of dressing is usually placed under the nose and you can change it as needed.
5. If you have a splint on your nose, keep it on. Dr. Pautler will remove the splint about one (1) week after your surgery. If you shower, try as best you can to keep it dry. Tub baths will probably be much easier.
6. **DO NOT BLOW YOUR NOSE!!** No matter how crusty it may feel inside please do not do this! Dab your nose with a tissue as needed. Nose blowing can usually resume about three (3) weeks after your surgery.
7. If you have packing in your nose, Dr. Pautler will remove it 2-3 days after your surgery.
8. Your nose will have surgical tape on it to reduce swelling and to assist the nasal skin to re-adhere to the structures beneath. If the tape starts to lift, trim the ends but keep the tape on.
9. There will be swelling that is impossible to avoid even with the tape on. This is true especially at the nasal tip. Subtle refinements will be eventually more and more noticeable as time passes, and it is normal for this to take several months.
10. If you wear glasses and you have had an osteotomy, be very careful about not heaving the frames put pressure on your nasal bones.
11. Strenuous exercise should be avoided until 2-3 weeks after your surgery.

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12. Your nose will feel numb, since the nerves in the skin will have been severed during the surgery. A lot of this sensation returns in time, but the tip may be numb for up to a year. It will *feel* large to you (like your lip when the dentists numbs your teeth) and this is normal.

POSSIBLE RISKS OR COMPLICATIONS

Complications following rhinoplasty are rare, but can occur. The following is a list of these and how Dr. Pautler would go about solving any problem.

1. Bleeding: Excessive bleeding occurs in less than 5% of cases. If this were to happen, the nose would require additional packing or a procedure to cauterize a bleeding point.
2. Under-correction: Small areas may need a touch-up and these are usually very minor procedures.
3. Infection: Occurring in less than 1% of cases, infection is unusual. Minor ones are treated with antibiotics, whereas more severe ones may require surgical intervention to allow for proper drainage and could result in some tissue loss.
4. Graft absorption: If Dr. Pautler uses any grafts to augment your nasal cartilages, there is a slight risk of these grafts reabsorbing. This means that the desired effect of the graft could possibly, over time, diminish as your body “absorbs” the graft. An additional graft may need to be placed.
5. Tissue loss: In cases of heavy smoking after surgery or where there has been previous trauma or prior rhinoplasty, the tissues of the nose may have poor circulation and could result in some loss. There may be a prolonged period of time to allow for wound healing in this circumstance, but fortunately, it is exceedingly rare. Secondary surgery may be needed.
6. Over-correction: Excessive removal of some of the components of the nasal structure could, on very rare occasions, occur. In this case, additional surgery may be needed to add tissue back.
7. Septal perforation: This refers to a small opening in the septum, which can happen when the septal cartilage is harvested for graft material. Most often, these heal on their own and pose no problem. Larger openings may need to be corrected with a surgical procedure.
8. Anosmia: Probably the rarest complication documented, anosmia means the inability to smell. Most plastic surgeons only read about this complication rather than ever experience it. Should you lose your sense of smell, with time some might come back.