

Rhinoplasty Preoperative Information

Rhinoplasty Overview

Rhinoplasty is surgery on the nose that will impact on its external appearance. This may be a cosmetic rhinoplasty with the goal of improving one or several elements of the noses' appearance such as straightening the bridge (dorsum), improving the profile, correcting tip asymmetry and projection or correcting irregularities of the nostrils (alar). Functional rhinoplasty has the primary goal of improving the ability to breathe through the nose (improve nasal airway). In many individuals, the nasal airway can be improved without a rhinoplasty, but in some, the structural components contributing to the blockage require a rhinoplasty such as: The sidewalls of the nose being sucked in with inspiration (nasal valving), crookedness of the nasal septum high in the nose, loss of tip or alar support or just severe external deformity (a very crooked nose) sometimes secondary to trauma. Like cosmetic rhinoplasty, functional rhinoplasty looks to improve the appearance of the nose but it is performed in individuals whose primary concern is nasal blockage. Some people who have a functional rhinoplasty are happy with the appearance of their nose but require this surgery as the cause of their blockage requires this surgical approach. I perform both cosmetic and functional rhinoplasty.

Septoplasty & Turbinoplasty

Rhinoplasty is often combined with septoplasty and turbinoplasty. Septoplasty is straightening of the internal nasal septum (the midline wall between the two nostrils). This helps with the nasal airway as well as can improve nasal support and in some instances external straightness. Turbinates are vascular pads on the internal sidewalls of the nose that fluctuate in size over the day to regulate airflow. Turbinoplasty is surgery to reduce the size of these pads to aid the nasal airway. It is commonly combined with septoplasty. I perform turbinoplasty endoscopically (with the use of a small fiberoptic telescope and camera).

FESS

FESS (Functional Endoscopic Sinus Surgery) is surgery to aid in drainage of the sinuses in people who suffer from various sinus symptoms such as facial pressure or infected nasal discharge. If limited this can often be combined with the above surgeries. However, if sinus work is more involved

it may need to be performed at a separate time to your rhinoplasty (usually before) as the packing in the nose for a few days after rhinoplasty can otherwise lead to a sinus infection that may impact on your surgical recovery and result.

Expectations

Depending on the complexity of the rhinoplasty, I will usually see most patients twice before their eventual surgery. We will discuss what our goals of surgery are. I will ask you what you are hoping to achieve (the look you are after), discuss the achievability of this and how we would go about it as well as possibly recommend other minor elements to refine to balance out this look. Occasionally patient's cosmetic desires are in conflict with what I think is achievable or what would look aesthetically pleasing. In these instances, I would not proceed to surgery. Not every nose will suit every face and not all nasal aesthetics are achievable. I am quite clear on these issues during the consultations and document clearly our agreed goals of the surgery. If you change your mind or have some new ideas DO NOT bring these up when I pop in to say hello immediately prior to your surgery. Let my staff know and I will arrange another pre-op consult.

Photos will be taken pre-operative in my office and at certain stages post-operative. An image morphing consult is usually part of our second consultation.

The surgery itself is done under general anaesthetic (fully asleep) and can take between two and six hours depending on surgical complexity.

You will see your anaesthetist immediately before your surgery who will discuss the anaesthetic process and at this stage you can raise any minor concerns you have. If you have significant health or other concerns in regard to the anaesthetic please raise these with me during your consults so I can notify the anaesthetist, if needed, well in advance. I like to keep rhinoplasty patients in hospital overnight to minimise activity, monitor blood pressure to reduce bleeding, manage pain as needed and keep cool packs on the cheeks and eyes to reduce potential swelling. I will see you the next morning at which stage most patients go home with discharge pain medication and antibiotics.

Continue on next page →

Rhinoplasty Preoperative Information

Surgery

The surgery itself is done under general anaesthetic (fully asleep) and can take between two and six hours depending on surgical complexity.

You will see your anaesthetist immediately before your surgery who will discuss the anaesthetic process and at this stage you can raise any minor concerns you have. If you have significant health or other concerns in regard to the anaesthetic please raise these with me during your consults so I can notify the anaesthetist, if needed, well in advance. I like to keep rhinoplasty patients in hospital overnight to minimise activity, monitor blood pressure to reduce bleeding, manage pain as needed and keep cool packs on the cheeks and eyes to reduce potential swelling. I will see you the next morning at which stage most patients go home with discharge pain medication and antibiotics.

Rhinoplasty may be performed as an Open (single small external incision [cut] on the narrow bridge of skin between the nostrils under the nose) or Closed procedure (no external incisions). Both types of rhinoplasty involve internal nasal incisions. Most rhinoplasties I perform are done in the open manner as this allows much better exposure/ access to the nasal framework to not only, much more accurately, achieve the desired cosmetic result but better access the nasal septum from above to improve the airway, source cartilage for grafts if necessary and allow better visualisation for stitches to shape and support the nose. Apart from the small incision externally under the nose (that should be expected to heal very inconspicuously), the open approach is well recognised as offering greater advantages in accurately shaping and supporting the nose.

In some cases, grafts (of usually cartilage) may be required to strengthen and shape your nose. I will usually know this in advance and discuss it during our pre-op consults. This cartilage is usually taken from the nasal septum, but in some cases, a graft may need to be taken from your ear or, where a larger reconstruction is necessary, your rib. Again, this would be outlined pre-op if needed. I very regularly use rib cartilage for reconstructions.

Medicines

You will be advised to cease any medicines that can affect your clotting prior to your surgery. This may include prescriptions (Warfarin, aspirin), over the counter medicines (Ibuprofen, Voltaren), oils (such as Fish oil or Evening primrose oil), vitamins (especially C) or herbal medicines. Except for prescription medicines please stop all of the above for 2 weeks prior and 2 weeks after your surgery. For any prescription medicines please discuss with Mr Jumeau.

Costings

All costings/ Quotes for your surgery will be provided after your initial consultation. There is a fee for the hospital, your anaesthetist and Mr Jumeau. If you have private health insurance you may be eligible for rebates on part or all of the above fees depending on whether your surgery has a significant functional element. Mr Jumeau will discuss this further. If your surgery is entirely cosmetic or you are not eligible for Medicare you may have all of the above fees as an out of pocket expense.