

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. Septoplasty is the straightening of the internal nasal septum (the midline wall between the two nostrils). This helps with the nasal airway and 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.

I do not like to perform turbinoplasty with Septo-Rhinoplasty. I may gently push the turbinates aside to create a little more space but to formally trim these pads down I like to perform this as a separate procedure if it is needed. This is because turbinate surgery leaves a raw area inside the nose that is prone to getting quite crusty, and nasal flushes are required to aid healing. These operations can be complex. I commonly

use an open approach because it provides exposure for structural work. I'll recommend the approach that suits your anatomy and goals. I do not want you shoving a flush bottle up your nose and flooding it with a large volume of water under pressure. I don't feel it's conducive to an excellent, well-controlled result.

If you really need turbinate surgery, I will do it prior to the rhinoplasty (at least six weeks prior), or if we find post-op it is necessary, we can do it 3-4 months later. If turbinate surgery is clinically indicated, details of fees and any rebates are provided in your written quote. I want everything to go as smoothly as possible for your rhinoplasty. I perform endoscopic shaver turbinoplasty (Using a small powered bone trimmer with direct telescopic visualisation).

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. I dislike performing FESS with Rhinoplasty for the same reason stated above with Turbinates. You need post-op flushes.

If you have a minor sinus disease, I may perform your FESS prior to your rhinoplasty (6-8 weeks minimum), but for more significant sinus disease, I may refer you to a sinus specialist.

Expectations

Depending on the complexity of the rhinoplasty, I will usually see most patients at least twice before their eventual surgery.

We will discuss what our goals for 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, and possibly recommend other minor elements to refine to balance out this look.

Occasionally, the patient's cosmetic desires conflict with what I think is achievable or 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

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consultations and document our agreed goals for the surgery. If you change your mind or have new ideas, DO NOT bring these up when I pop in to say hello immediately before your surgery. Let my staff know, and I will arrange another pre-operative 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 the complexity of the procedure. Most surgeries are done as day cases (you arrive and go home the same day) unless you have health concerns that require observation after an anaesthetic.

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 regarding the anaesthetic, please raise these with me during your consults so I can notify the anaesthetist, if needed, well in advance.

Surgery

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 (no external incisions) procedure.

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 Dr Jumeau.

Costings

All costings/quotes for your surgery will be provided after your initial face-to-face 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 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 to pay all of the above fees out of pocket.