

Cosmetics



MR MANSOOR KHAN

RHINOPLASTY

The nose forms the central portion of the face and therefore has a very significant impact on facial aesthetics. The nose additionally has role in the airway which may be affected as a result of alteration of the shape of the internal nasal passages. Whilst most rhinoplasties undertaken by Mr. Khan are essentially cosmetic in nature, in some cases the aim may also be to improve the nasal airways. There are a variety of types of rhinoplasty described below.

Tip plasty:

In this operation the aim is to alter the shape of the tip of the nose only. No bony work or fracturing is undertaken.

Open rhinoplasty/septorhinoplasty:

In this operation the shape of the whole nose is altered via an open approach (the incisions are placed along the inside of the nostril rims and across the base of the columella allowing full exposure of the bony cartilaginous framework of the nose). The bone and cartilaginous elements are reshaped using a variety of techniques and a new nose shape is created.

SMR:

This is a procedure whereby a portion of the nasal septum is removed in order to improve the nasal passages. This is a procedure that is undertaken when there is a nasal obstruction as a result of septal deviation and can be undertaken at the same time as an open septorhinoplasty.

Secondary rhinoplasty

The secondary rhinoplasty is an operation in which patients who have previously undergone rhinoplasty surgery wish to have further alteration in the nose shape. This is a procedure that is frequently more difficult as a result of previous surgery and scarring that will inevitably have ensued.

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Augmentation rhinoplasty

This form of rhinoplasty is used when the nose is unduly small either as a result of a congenital anomaly, trauma, racial characteristics or substance abuse. The nose is reconstructed either using cartilage obtained from the septum, ear or in many cases from the rib.

Pre-Operative Advice

The aims and expectations of surgery and exactly what will be required will be discussed at the initial consultation. Patients are advised to have a clear idea as to the shape and type of nose that they would like to achieve. Smoking in the pre- and postoperative period is discouraged as complication rates are increased. Aspirin and related antiinflammatories should be avoided for one week before and one following surgery as they may promote bleeding.

What happens before the operation:

Patients are usually admitted on the day of surgery and will be seen by the anaesthetist who will discuss with them regarding the general anaesthetic. They will undergo routine pre-operative checks by the nursing staff. Mr. Khan will review the patient before the operation, take pre-operative photographs and discuss with them regarding the surgery. Frequently patients are encouraged to bring in photographs of the type of nose they would like as this aids in the planning process. Some patients before surgery will require a blood test and all patients will be measured for a pair of stockings. These stockings are worn whilst asleep and in bed to improve the circulation and thereby reduce the risk of thrombosis.

Operative procedure:

The operation takes anywhere between one and two and a half hours to undertake depending on exactly what is required. Most of the rhinoplasties are undertaken in an open manner using an incision just inside the nostril rim and across the base of the columella

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(this is the small bridge of tissue between the nostrils). The bony cartilaginous skeleton of the nose is exposed and corrective surgery undertaken. At the end of surgery sutures are applied, most of these being self-dissolving. In most cases a plaster of Paris is applied to the nose and a Vaseline impregnated Jelonet pack is inserted into the nasal passages.

On return to the ward patients will usually have an intravenous drip to provide fluids for the first few hours following surgery. A bolster will be placed underneath the nose to collect any discharge. Patients may experience bruising around the eye region and may have black eyes for between one and three weeks following surgery. The pack is usually removed on the day following surgery and patients are allowed to go home. An appointment to reattend 7 days later for removal of the plaster of Paris by the nursing staff is provided at discharge.

Restrictions:

Whilst the plaster of Paris is in place and with the bruising around the eyes, driving is discouraged. Any physical activity should be reduced for several weeks following surgery and sports where contact is possible should be avoided for at least six if not twelve weeks. The precise details regarding restrictions will be discussed at the initial consultation. A sick certificate can be issued if required. When the plaster of Paris is removed patients will have a clear idea as to what has been undertaken however the nose will still be swollen, there will be a healing process within the bone and cartilage and scar tissue forming. The full result of the nasal surgery cannot be judged for up to nine months. Patients will notice initially that the nose feels numb and hard especially at the tip. The numbness will gradually return to normal after several months and the woodiness of the nose will likewise settle but may take up to nine months to do so.

Risks & Complications

As with all surgery complications can occur. In the initial stage following surgery the main risks are of bleeding. Very occasionally patients need to be readmitted in the initial few

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days following surgery for nasal packing. This is a rare complication. The most common complication following rhinoplasty surgery is adverse healing which can alter the shape of the nose leading to an undesirable aesthetic result. However because it takes nine months for the nose to settle, the final result of the nose should not be assessed until this time period has expired. In approximately one in twenty cases some revisional secondary surgery will be required though this is frequently relatively minor and often undertaken as a daycase procedure. As with all cosmetic surgical procedures undertaken by Mr. Khan he provides a fixed surgeon's fee which means that no further charges are incurred should treatment or surgery be required for complications that occur within one year following the initial surgery. This does not cover other costs such as anaesthetist's and hospital fees. Full terms and conditions are provided with each quotation and available on request.

Follow up:

Patients are usually reviewed by the nursing staff for the removal of the plaster of Paris and then in the outpatient clinic by Mr. Khan at 1 and 4 months post-operatively.