



Information about rhinoplasty surgery Part 1 of 3

This leaflet explains rhinoplasty surgery. **It is important that you read this information carefully and completely. Please initial each page** to show that you have read it. For information on the risks and complications of the surgery, and care after rhinoplasty, see parts 2 and 3.

What is rhinoplasty surgery?

Rhinoplasty surgery, commonly known as a nose job, is an operation to reshape the nose. It is one of the most common plastic surgeries.

Rhinoplasty can:

- increase or reduce the size of the nose;
- change the shape of the tip of the nose, the bridge of the nose and the nostrils;
- change the angle between the nose and the upper lip; and
- straighten the septum (the part inside the nose that separates the nostrils) with a procedure called septoplasty.

There are limits to how much a nose can be altered. The final result will depend on the size of your nose, the condition of your skin and your age. The most important thing is that you communicate clearly with your surgeon about what you want and what is possible.

You should bear in mind that surgery alone would not solve any emotional or social problems you may think are caused by your nose or your appearance in general.

Why have rhinoplasty surgery?

Many people are self-conscious about the shape of their nose and have rhinoplasty for cosmetic reasons (that is, to improve the appearance of their nose).

If this is the case, the aim of the operation would be to make your nose look right for you and to make you less self-conscious about it. So it is very important that you are clear in your mind what you dislike about your nose, and that you can explain this to your surgeon. He or she will then be able to tell you what is surgically possible and what is not.

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You can get further information and copies of this form from the website at www.baaps.org.uk

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Most people who dislike their nose have concerns about the bridge or the tip.

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Rhinoplasty is most commonly carried out to:

- alter the hump at the bridge of the nose;
- reshape the tip of the nose;
- change the length or width of the nose;
- change the width of the nostrils.

Other patients may choose to have rhinoplasty because of an injury to the nose, if the nose has been broken or bent by some kind of accident. Others may have breathing problems relating to the nasal airways, and will choose to have septoplasty.

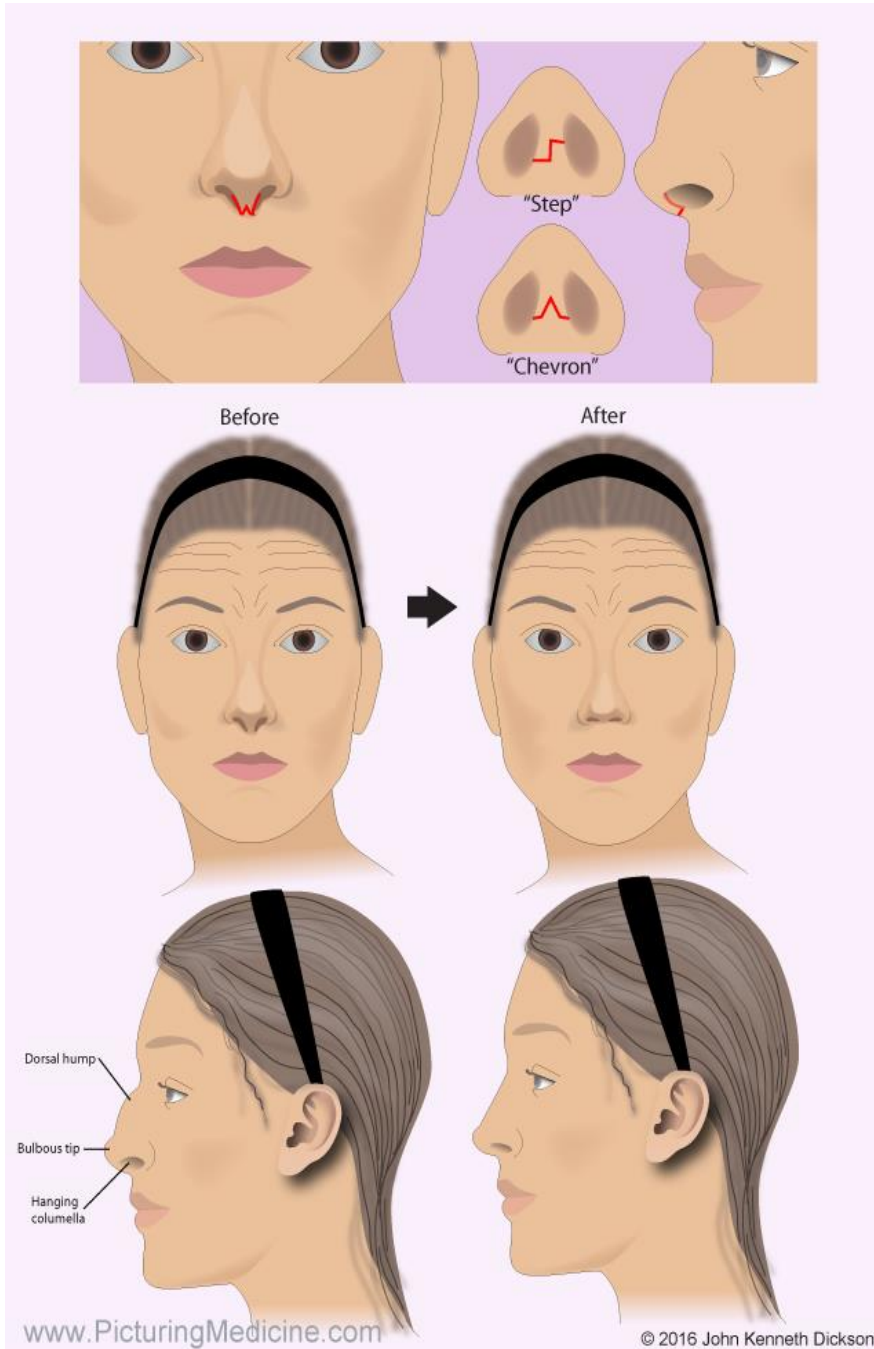
In both of these cases, rhinoplasty would be considered to be reconstructive, whereas for the majority of nose operations the surgery is classed as cosmetic. Septoplasty can sometimes be carried out at the same time as the work to improve the appearance of the nose.

What will happen before my operation?

You will meet your surgeon to talk about why you want surgery and what you want. The surgeon will make a note of any illnesses you have or have had in the past. They will also make a record of any medication you are on, including herbal remedies and medicines that are not prescribed by your doctor.

Your surgeon will examine your nose, and may take some photographs for your medical records. They will ask you to sign a consent form for taking, storing and using the photographs. You may also be asked to talk to other members of the team, such as a psychologist.

The surgeon will measure your height and weight to make sure that it is safe to do an operation. If you are overweight, or planning to become pregnant, your surgeon may suggest delaying your operation.



How is the surgery performed?

Rhinoplasty to change the shape of the nose is performed either from inside the nostrils (called closed rhinoplasty) or by making a small cut between the nostrils and lifting the skin, as shown opposite (this is called open rhinoplasty). The precise nature of the operation will depend on the area of the nose that is being treated. The scar may be straight, V-shaped or zigzag.

Changing the ridge of the nose

If the bridge of the nose is being operated on, the surgeon removes the bone and cartilage that is causing the 'hump'. The nose may then be broken so the remaining pieces of bone can be moved closer together to narrow the nose.

Changing the tip of the nose

If the tip of the nose is being operated on, the cartilage that makes up the support under the tip needs to be partly removed or reshaped. This can be done through closed or open rhinoplasty.

Changing the length of the nose

Your surgeon will adjust and reduce the septum, to help shrink the tip and reduce the overall length of the nose. Adjusting the cartilage at the tip of the nose can also reduce the length of the nose.

Changing the width of the nose

Your surgeon can reduce the width of the nose, to make it narrower, by breaking the bone and repositioning it.

Increasing the bridge or tip of the nose



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Surgeons can use bone or cartilage, or an implant, to change the contour of a 'flat' bridge or tip. This is called additional rhinoplasty or augmentation rhinoplasty. The bone or cartilage used can be taken from the nose (the nasal bone or the septum), or from other places such as the rib, hip or ear.

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Changing the septum

If your nose has been flattened by an injury, the septum could be buckled, making breathing difficult. This can sometimes be altered at the same time as the surgery explained on the previous page, or as a separate operation.

Choosing a surgeon

If you decide to have rhinoplasty, only go to a surgeon who is properly trained and on the specialist register held by the General Medical Council. They will talk to you about what is possible for you or might give the best results. Members of several different organisations do cosmetic surgery, so your general practitioner (GP) is the best person to advise you on who to see.

You should talk to your surgeon before your operation about when and how to pay.

Nobody needs urgent rhinoplasty. If you are not given time to think about it, you should look elsewhere.

How can I help my operation be a success?

Be as healthy as possible. It is important to keep your weight steady with a good diet and regular exercise. Your GP can give you advice on this.

If you smoke, stopping at least six weeks before the operation will help to reduce the risk of complications.

Do not worry about removing hair near where cuts will be made, but do wash your face during the 24 hours before your operation to make sure that the area is as clean as possible.



The British Association of Aesthetic Plastic Surgeons

To find out more, visit the websites below.

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Information on cosmetic surgery

www.baaps.org.uk/safety-in-surgery
www.bapras.org.uk/public/patient-information/cosmetic-surgery/considering-cosmetic-surgery
www.gov.uk/government/news/recommendations-to-protect-people-who-choose-cosmetic-surgery

General Medical Council (GMC) plastic surgery specialist register

www.gmc-uk.org/doctors/register/LRMP.asp

Anaesthetics

www.rcoa.ac.uk/patientinfo

Disclaimer

This document is designed to give you useful information. It is not advice on your specific needs and circumstances. It does not replace the need for you to have a thorough consultation, so you should get advice from a suitably qualified medical practitioner. We – The BAAPS and BAPRAS – have no liability for any decision you make about the surgery you decide to have.

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