



Pre-operative patient information leaflet for:

Rhinoplasty [code] - Part 1 of 3

*This is a pre-operative information document to explain rhinoplasty surgery. **It is important that you read this information carefully and completely. Please initial each page**, indicating that you have read it. For information on the risks and complications and after-care of rhinoplasty surgery, please see parts 2 & 3.*

What is a rhinoplasty?

A rhinoplasty is the surgical reshaping of the nose, and is one of the most common plastic surgical procedures. The size of the nose can be increased or decreased, the shape of the tip, the bridge and the nostrils can be changed, and so can the angle between the nose and the upper lip. A septoplasty is the surgical straightening of the partition dividing the inside of the nose in half (the septum), to improve breathing difficulties. Sometimes this can be performed at the same time.

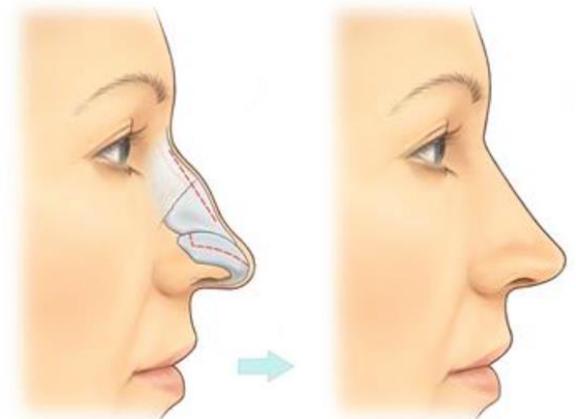
The nose is the central feature of the face. Many people are self-conscious of the shape of their nose, which they may regard as too big, too small or have some other feature, which they dislike. Sometimes the problem can be more to do with the position of the chin or jaw, but patients tend to focus their dissatisfaction on the nose.

While surgical techniques are advanced, there are limitations as to how much the nose can be altered. Outcomes depend on the size of the nose, the condition of the skin and the age of the patient. The most important thing is that there is clear communication between a patient and a surgeon about what is wanted and what is achievable. Patients should also bear in mind that surgery alone would not solve any emotional or social problems they may attribute to their nose or to their appearance generally.

Why have a rhinoplasty?

Medical reasons:

Other patients may opt for a rhinoplasty because of an injury to the nose, where the nose may have been broken or bent following an accident of some kind. Others may have functional breathing problems relating to the nasal airways. In these cases, surgical interventions would be considered reconstructive, whereas for the majority of nose operations the surgery is classed as cosmetic.





Cosmetic reasons:

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

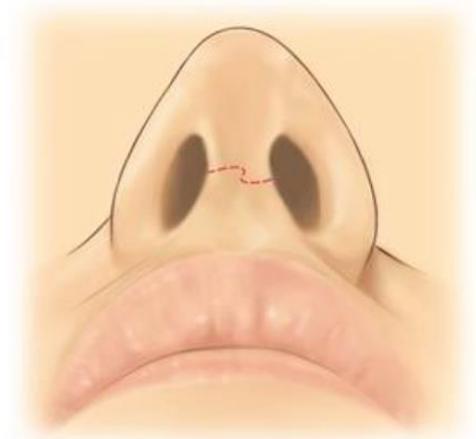
Nose operations are most commonly carried out to:

- Alter the hump at the bridge of the nose
- Reshape the tip of the nose
- Alter the length of the nose
- Alter the width of the nose
- Alter the width of the nostrils.

The object of the operation is to make your nose look right to you, to reduce your self-consciousness of it. It is, therefore, most important that you are clear in your mind what it is that you dislike about the appearance of your nose and that you are able to explain this to your surgeon. He or she will then be able to tell you what is surgically possible in your individual case and what is not.

How is the procedure performed?

A nose reshaping operation is either performed from inside the nostrils, called a closed rhinoplasty, or by making a small cut between the nostrils and elevating the skin, called an open rhinoplasty (*shown in this image*). The precise nature of the operation will vary depending on the area of the nose that is being treated. The scar may be straight, V shaped or zigzag.



Bridge (or dorsum): 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 to allow the remaining pieces of bone to be moved closer together, resulting in the narrowing of the nose.

Tip: When the tip of the nose is operated on, the cartilage that makes up the tip support needs to be partly removed or reshaped. This can be done through a closed or open approach.

Length: Your surgeon can adjust and reduce the central structure of the nose, known as the septum, to help shrink the tip and reduce the overall length of the nose. Adjustment to the tip cartilages also helps adjust the length of the nose.

Width: By breaking and repositioning the side nasal bone, your surgeon can also reduce the width of the nose and achieve a narrower appearance.

Additional/augmentation rhinoplasty: Surgeons can add to a 'flat' bridge or tip using bone or cartilage grafts, or an implant, in what is called an additional/augmentation rhinoplasty. Bone or cartilage grafts



can be taken from the plate of bone and cartilage which separates the two halves of the nose (the septum) or from other places, for example the rib, hip or ear.

Septum: When the nose has been flattened by injury, it is quite common for the septum to be buckled, making breathing difficult. This can sometimes be altered at the same time as the outside of the nose or as a separate operation, called a 'septoplasty'.

If you decide to go ahead with your rhinoplasty operation, only go to a surgeon who is properly trained, and be guided by his or her advice as to what is possible in your own case. Members of several different organisations carry out cosmetic surgery, and therefore your general practitioner is the best person to advise you on whom you should see. You should establish from your surgeon in advance what the conditions for a re-operation would be, and what any arrangements for payment would be.

For further information, please follow the links below:

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

**GMC plastic surgery specialist
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www.gmc-uk.org/doctors/register/LRMP.asp
www.rcoa.ac.uk/patientinfo

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