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RHINOPLASTY & SEPTOPLASTY (Nose Surgery)

Rhinoplasty is a procedure for correcting functional and traumatic deformities, as well as reshaping the nose. The concepts and techniques used in rhinoplasty can be applied to patients wishing cosmetic improvement of the nose, or in those patients requiring reconstruction of the nose following trauma, obstruction or tumour surgery.

The operation involves alteration of the shape of the bones and cartilages in the nose. This may include removal, or simply alteration, of shape or position. The aim of surgery in all situations is to produce a nose as near "normal" in appearance as possible and in balance with other facial features. The most important factor in determining the result, and therefore the appearance, is the shape and size of the nose you begin with.

Quality of skin

Good skin is a desirable attribute in all patients. The nose has different types of skin, much like people differ in their skin texture. At the tip, the skin is usually thicker and oilier. At the top of the nose the skin is thinner and more moveable. These factors, as well as individual differences, will affect the ability to reshape your nose and the ultimate outcome.

Permanency of results

Most patients have good long-term results with this surgery. However, occasionally secondary revisions may be required.

If you have chronic nasal problems, allergies, diabetes, endocrine problems or other medical conditions, you may require an evaluation by an appropriate consultant prior to your surgery. This may include a visit to your family doctor.

The septum and turbinates

The septum divides the airway into 2 passages. The lower portion of the septum is seen as the middle wall in each nostril. This structure is rarely perfectly straight. In some individuals, the curvature impedes airflow and causes obstruction. Either a removal or repair of the bent area can improve this. Sometimes a combination of both is used.

The turbinates are on the lateral nasal walls and act as "humidifiers" of the inspired air. On occasion, they become enlarged and may require partial resection along with the septum.

Incisions and scars

The procedure is performed using incisions on the inside of the nose and on the underside of the nose. All attempts to minimise and hide your scars will be made. The external scar is placed where it is inconspicuous and easily hidden. In most patients, the scar will be red for several months and gradually fade thereafter until it becomes pale by 4 to 6 months after surgery. The scars are rarely troublesome. Nevertheless, you should know that all scars are permanent and their appearance is not totally predictable. Any previous scar hypertrophy (widening or thickening) may reflect on your final scar.

Anaesthesia

General anaesthesia is always employed. You should not require a blood transfusion.

Special test

To avoid infection, you may be required to have nose and throat swabs taken 1 week prior to your surgery. A request form will be provided to you. A negative result is essential for surgery.



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Duration of the operation

The operation usually lasts 1.5 to 2.5 hours, depending on the techniques used.

Hospital stay

You will usually need 1 night in hospital.

After surgery

You will have a splint placed on your nose after surgery. External sutures are removed within 1 week.

You should not get the wounds wet. Sponge baths may be taken. Pain medication will be prescribed. There is usually mild discomfort after surgery, which is controlled by your medication. You will be seen 4 to 7 days after surgery and then at 6 weeks and 4 months after surgery, although you may return earlier. Vigorous sports are discouraged for 4 to 6 weeks.

For the first week following surgery the treated areas will be swollen, bruised and possibly appear distorted. After a few days, the swelling associated with surgery begins to subside. Resolution of the swelling will continue after the first week, but your final outcome may not be apparent until as long as 6 to 12 months after surgery.

Photographs

Pre-operative photographs will be taken. They aid in planning and performing surgery and become a permanent part of your patient records. Intra-operative photographs may be taken during your surgery if we are required to do so by Medicare. Post-operative photographs are also taken. Permission to show these photographs to other patients seeking the same type of surgery will be sought, but there is no pressure for you to provide it. Your photographs will not be shown to other patients unless you approve of this.

Complications and untoward results

Serious complications can occur with this kind of surgery, although they are rare, such as bleeding, infection, or skin loss. You may have swelling and bruising which lasts 2 to 3 weeks, although it can occasionally be longer.

Asymmetry of the nose, poor airflow, or excessive scarring can occur and may require additional surgery. These problems are not predictable. All efforts are made to minimise these potential problems at the time of surgery. These potential problems will be discussed with you. Second operations are rarely required.

Should you not understand any of the foregoing, or should you want further information, please ask. Occasionally questions will arise after you have left your consultation. Feel free to call for additional information. If necessary, additional consultation visits can be scheduled. Find out all you need to know. It is our desire that all patients are fully informed.

This information included in this sheet is general information only. Please contact the surgery on (08) 9380 0333 or alternative phone numbers as shown on your appointment card if you have any concerns regarding your post-operative recovery.