Inpatient Advice Sheet on Rhinoplasty by P H Jones, ENT Consultant, Department of Otolaryngology Head & Neck Surgery South Manchester University Hospitals NHS Trust July 2003

What do rhinoplasty and septorhinoplasty mean?
Rhino- means nose. Plasty- means altering the shape. We alter the shape of your nose. The septum is the division between the two nostrils. In a septorhinoplasty we also straighten the septum.

What do reduction rhinoplasty and augmentation rhinoplasty mean?
- Making the nose smaller usually by taking a hump away.
- Putting in a graft to fill in a dip in the nose. This is usually between the end of the nasal bones and the tip. It is called a supratip depression. It is often seen in boxers.

What makes up my nose?
The upper part of your nose is supported by bone. The lower part is supported by cartilage. The bone comes down lower at the side. Feel your nose. The septal cartilage supports the lower part in the middle. The upper and lower lateral cartilages support the sides. The lower laterals support the tip of the nose. Sometimes we trim them to make the tip look better.

Why do I need this operation?
You have had an injury to your nose. This has broken your nose and your septum. Both are out of place. The operation is to straighten them.

What else is wrong with my nose?
It is much more important that you tell us what you do not like. If you can't, you should not have the operation. The operation makes your nose look and work better. It won't transform your life or make you happy. We will discuss with you any other improvements we can make.

Do I need what is to be removed or not?
Yes, to support the nose. To straighten it we may need to take broken bone and cartilage away. Then the nose may not have enough support. If so we may put some back in. We straighten it first if we need to. This is called a graft.

How does the operation work?
Please read the septoplasty advice sheet. We file or chisel a bony nasal hump away. We trim any cartilage in the hump. We cut the bones at the top, sides and middle. The cuts are called osteotomies. Sometimes we cut them halfway up to straighten them.

Do I have to have this operation?
No. It is up to you. It is what we call elective.

Why do I have to wait for the operation?
If we operate too early the nose may not grow properly. We do not operate until you have nearly stopped growing. This is at about age 16 in females and 18 in males.

What are the alternatives?
To do nothing. Without the operation your nose will stay as it is.

What symptoms will be better?
The shape of your nose should be better. You should be able to breathe better through your nose. We cannot guarantee either.

What symptoms won't be better?
Headaches and neuralgic pain in the nose.

Are there any problems with the operation?
We may not be able to correct every deformity. Surgeons say that the perfect is the enemy of the

good. We sort noses into five grades. They are: grotesque; deformed; normal; good, and great. We can improve by one grade. If you are lucky by two. Never by three. Sometimes if the result is not good we can make things better at a second operation. This is called a revision septorhinoplasty. Don't have the operation if you can't accept this is possible.

What is the longterm outlook after the operation?
The appearance at a month is a good guide. However, the shape can alter for up to a year after. This is why we can't do a revision for a year.

What will my nose feel like afterwards? Will it hurt?
It will be tender for a week or two. It may feel numb. This will get better with time.

Where is the cut made? Will there be a scar?
The cuts are inside the nose. Sometimes we make a few tiny cuts on the outside. They usually heal before the dressings come off. Usually you never see them. Very occasionally we make a cut in the columella. This is the division between the nostrils. The cut fades quickly.

What will my nose and face look like afterwards?
Your nose will be swollen and bruised for a week or two. You may have black eyes. The amount of swelling and bruising varies a lot.

Can anything serious happen?
Serious complications are very uncommon. They are caused by damage to nearby organs. All operations and anaesthetics have risks. Some are serious. The risks are similar to those of everyday life. Examples are flying on holiday; driving in a car or walking down a street. One rare complication is cutting through your tear duct. We can help this.

Will I be asleep?
Yes. This is called general anaesthesia. The doctor who makes you go to sleep is called an anaesthetist. He or she will tell you about your anaesthetic. We don't advise local anaesthesia.

Will there be a splint? How long is it on for?
We usually put some paper tapes on the nose. If we cut the bones we put on a splint. This may be plaster, metal or plastic. We may stick it on with plaster. Some splints are stick on themselves. They are called self-adhesive. We remove the splint after a week or two.
PLEASE TELL US IF YOU ARE ALLERGIC TO STICKING PLASTER.

Are there any stitches? When do they come out? Who takes them out?
Any stitches usually dissolve themselves. If we put cartilage back in we may use a small stitch. The surgeon cuts this when he takes the dressing or splint off. It does not hurt.

What must I not do afterwards?
Please read the septoplasty advice sheet. Do not injure your nose again. If you play contact sports it's perhaps best not to have this operation.

When will you need to look at my nose again? How often? For how long?
At about one or two weeks. At one month. At one year. We need to take photographs before and after the operation. These are part of your medical records.

Will I need any long term treatment after the operation? No

Will there be anything in my nose? Will the operation block my nose? What medicines will I need? What do I do and not do afterwards? What if I have a nose bleed? How long will I be in hospital and off work? How do I phone you? May I ask a question? How should I travel home? Please read the septoplasty advice sheet.