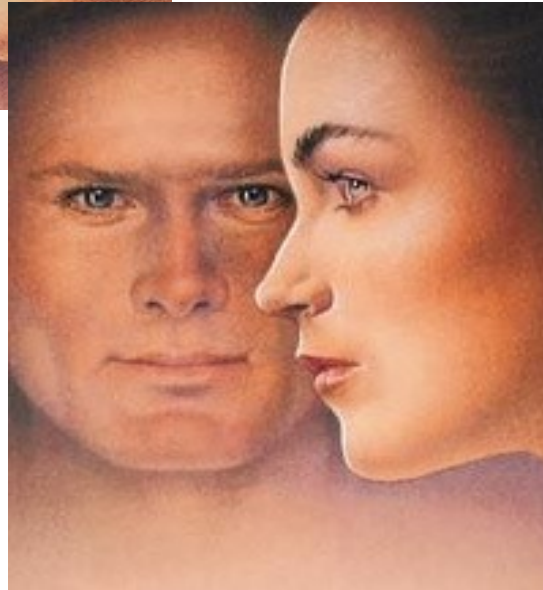
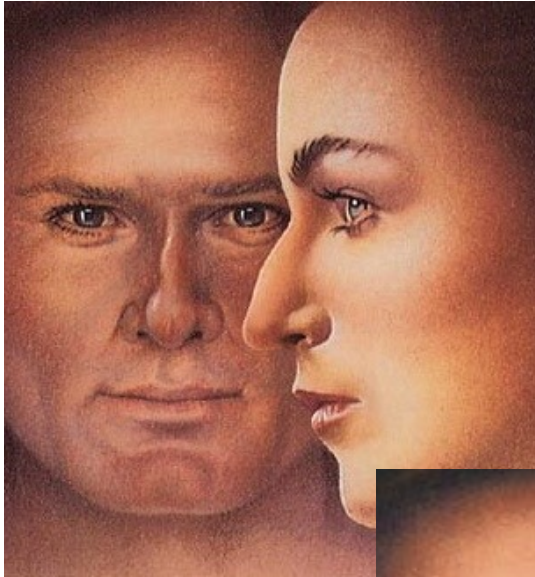


Nasal Surgery (Rhinoplasty)



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Rhinoplasty: General information

Rhinoplasty (nasal reshaping) surgery is very popular, with almost 142,000 procedures performed by plastic surgeons in 2006. Of the people undergoing rhinoplasty, about 75% are female and 25% male. A person might undergo a rhinoplasty procedure for a number of different reasons. Frequently the “bump” on the nose is concerning. Sometimes the tip doesn’t look right, or the nose might look crooked. Whatever the reason, rhinoplasty can frequently enhance the appearance of the nose and make it appear more in harmony with the rest of the face.

This booklet is designed to provide you with information about rhinoplasty surgery. It will describe the general technique of the procedure, outline some of the risks involved, and provide information about what to expect after surgery. The booklet is not intended to take the place of a formal consultation with Dr. Kunkel. The consultation is the best way to determine what may work best for you.

Some people want to have other procedures performed at the same time as a rhinoplasty. For instance, procedures to enhance the appearance of the eyelids, the size and shape of the breasts, or abdominal and flank contours may be done during the operation. If you have given consideration to these or other procedures, the consultation is a good time to learn more about them. On occasion an additional office visit may be necessary to help provide you with a thorough evaluation and discussion about additional procedures.

Our goal today is to provide you with enough information about rhinoplasty surgery that you will have a thorough understanding of the procedure, and you will be able to make good decisions that work well for you. Feel free to contact our office at any time if you find that you have additional questions!

The drawings and pictures in this booklet are used to help illustrate general ideas about rhinoplasty surgery. They do not illustrate *exactly* what may be required for *your* nose. The diagrams and illustrations are not intended to imply or guarantee a particular result, but rather are provided to help give you a better overall understanding about rhinoplasty surgery.

Rhinoplasty: How is it done?

The first step is to identify the areas that bother the patient the most. One person may have only one thing that really bothers her, while another may be unhappy with several aspects of her nose. One of the most important things you can do to obtain a great result is to communicate clearly the issues that are most concerning to you.

The pictures below and on page 3 represent some of the operative steps in rhinoplasty surgery. Other steps may be involved, depending on your desires and your physical attributes. Dr. Kunkel will discuss this with you during your consultation.



For someone who wants a change in the shape of the nasal profile, work on the cartilage and the bone that provide that shape will need to be performed. The drawing on the left illustrates that a prominent bump is caused by cartilage under the skin. Removal of some of this cartilage is shown by the dotted white line, with the green cartilage above that line being taken away.

The drawing also illustrates removal of cartilage lower down in the nose. This may be done to help re-shape the tip of the nose.



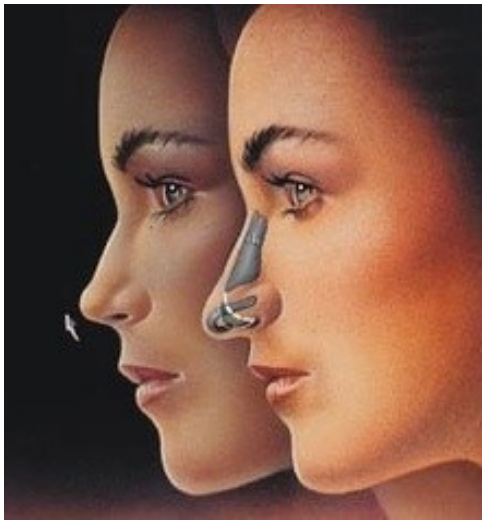
The nasal bones are a little far apart in some people, creating a wide appearing nose. Also, for a person who has a prominent bump from which a significant amount of cartilage is removed, an open space appears between the remaining cartilages along the right and left sides of the nose. This is shown in the drawing to the left. When the nose appears wide, or when a significant amount of cartilage is removed from a prominent bump, the nasal bones often require fracturing to move them closer together. The white dotted lines in the illustration demonstrate where the bones may need to be fractured.

Nasal bone fracturing is not required in every case. Dr. Kunkel will talk with you about this.

Rhinoplasty: How is it done? (continued)



After removing the cartilage that causes the bump, the remaining cartilages are often repositioned toward the midline. The lower nasal cartilages may also be repositioned, depending on a person's specific needs and desires.



This drawing further illustrates refinement of the nasal tip. Often this is accomplished through cartilage repositioning. At times, small grafts of cartilage may be placed beneath the skin to further augment or enhance the shape and position of the tip.

The drawings in this booklet are reproduced with permission from the American Society of Plastic Surgeons.

Rhinoplasty: examples



This 30 year old woman did not like the bump of her nose, and she thought that the tip looked too wide for her face.

At surgery, the bump was reduced, the nasal cartilages repositioned and trimmed, and the bones were also repositioned.



This 21 year-old woman thought that the tip of her nose looked broad, and she did not like the bump.

During surgery the cartilages at the tip were reduced and repositioned, and the bump was trimmed. Her post-operative results are shown after 11 months.

Rhinoplasty: the risks

Rhinoplasty surgery is typically accomplished safely, and patients are typically extremely happy with their results. However, problems may arise, and you should be aware of them. Some of the potential complications are listed below.

Bruising– This is more likely to be an issue if your nasal bones must be repositioned. The bruising can extend around your lower eyelids, making it look like you have “black eyes”. This typically resolves in 3 or 4 weeks.

Numbness– Your nasal skin will probably be numb for a few weeks. It is possible that you could lose some of the feeling on part of the nose skin permanently. The scar will always be numb.

Asymmetry– The right and left sides of the nose may not look exactly symmetrical after surgery.

Deep vein thrombosis– Also known as blood clots. These may develop in a leg and could require hospitalization and anticoagulation for treatment. Clots may move to a lung, and this could be a fatal event. Deep vein thrombosis is rare after rhinoplasty.

Bleeding– You could have problems with bleeding after surgery. If your nose is bleeding more than you think it should, contact Dr. Kunkel right away. If this occurs, you could require more surgery to stop the bleeding. This is an uncommon event after rhinoplasty surgery. Do not take aspirin for 7-10 days before surgery and about 7 days after surgery (aspirin makes you bleed more easily).

Infection– A possibility with any type of surgery, infection is rare in rhinoplasty surgery. If infection occurs, more surgery may be necessary or you may require intravenous antibiotics.

Failure to achieve your desired goals– It is possible that the nose you have after surgery is not what you thought it would be or what you were hoping you would have. The shape may be different than you anticipated or you could have more trouble breathing through your nose after surgery than you did before surgery.

Revision Surgery Policy

While significant problems are not common after a rhinoplasty, they may occur. If you undergo a rhinoplasty operation by Dr. Kunkel and experience some type of problem that requires additional surgery, Dr. Kunkel will not charge for his services for 12 months after the original operation. However, you will be responsible for the costs of the anesthesia and the surgical facility that may be required for revision surgery. Additionally, it is probably best to wait *at least* 6 months after the original surgery before proceeding with revision surgery. This allows some of the swelling to go down and the skin to soften before undergoing the revision.

What you need to know: The day of surgery and the first few days after surgery

The facility-Rhinoplasty surgery is usually performed at an outpatient surgery facility or ambulatory surgery center. The facility will have a waiting area for anyone who wants to stay there during your surgery.

Each facility has its own policy about when they want the patient to arrive before surgery. Typically the facility will want you to arrive 1½ to 2 hours before surgery. Arriving this much before the scheduled surgical start time allows you to be evaluated by the nursing staff and the anesthesia staff. It also allows them to do any appropriate lab work (pregnancy test, for example) and still have the operation start on time.

Anesthesia-Dr. Kunkel performs rhinoplasty surgery with the patient undergoing general anesthesia. You will be put to sleep for the operation. An anesthesiologist with or without a nurse anesthetist will be take care of your anesthesia.

Length of surgery-It usually takes about 3 hours for a rhinoplasty by Dr. Kunkel. Sometimes it may take a little longer. Actual anesthesia time (being put to sleep, keeping you asleep, and waking you up) may be around 3½ to 4 hours.

Leaving the facility-You will need someone to drive you home and to stay with you overnight. You will want to ride in a comfortable vehicle, keeping your head elevated. Do not lie flat on the backseat on your way home.

“Drip pad”-You will probably have a small piece of gauze taped under your nose. This is placed there to catch any blood that may be present. You should change this gauze as often as needed.

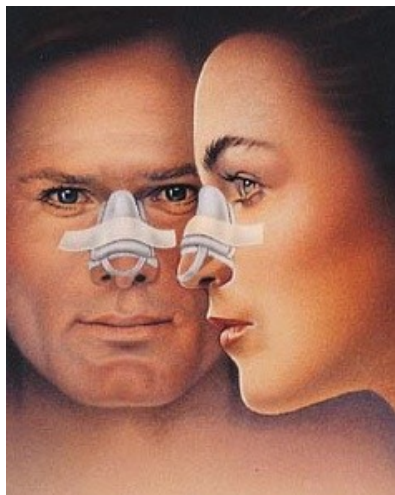
Wound care-You will have a small incision on the skin between your nostrils. Some sutures will be present there. Gently wash this area once or twice daily with a mild soap and water, then apply an antibiotic ointment like Neosporin or Bacitracin to it. You do not need to do anything to the sutured areas inside the nostrils.

Avoid blowing your nose-Try to avoid blowing your nose for 2 or 3 weeks. It is better to dab your nose with tissues during this time than to blow the nose.

What to eat/drink-Do not eat or drink anything beginning midnight the evening before your surgery. After your surgery, when you go home, start with clear liquids (Sprite, Gatorade for instance). If that goes well, you might try some saltine crackers or a light salad (no creamy dressings). Starting the next day you can eat or drink whatever you want, but it is advisable to go slowly with this. Milk and citrus products frequently make nausea worse, so you should probably avoid those for 12-24 hours after surgery.

Medications-In most cases two medications are prescribed. The antibiotic (usually cephalexin or Zithromax) should be taken beginning the evening of your surgery. A narcotic pain medication is prescribed (usually hydrocodone or propoxyphene) and may be taken every 4 to 6 hours as needed. However, narcotics may cause or increase nausea, so it is best to stop taking these as soon as possible. You should take acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) instead of the narcotic as soon as you think this will provide adequate relief.

What you need to know: After the first few days



Dressings-At the conclusion of surgery an external splint is usually applied. It may appear similar to the drawing to the left. Dr. Kunkel usually removes the splint 7-10 days after surgery.

An internal nasal splint may also be placed. This type of splint is usually removed in about 2 or 3 days.

Bruising-You will probably have some bruising after surgery. This typically takes 3 or 4 weeks to resolve. Some people will wear makeup to cover the bruising beginning after about 10 days.

Swelling-The nose will *look* swollen for about 3 weeks. Usually after about 3 weeks the nose does not look so swollen, but it *feels* swollen for about 3 months. It actually takes at least 6 months before a significant amount of the swelling goes away. The nose will feel firm during this period but becomes softer over time. Keep your head elevated. Sleeping on one or two extra pillows for a few weeks may help keep the swelling down.

Activities to Avoid-You should avoid all strenuous activity for at least 4 weeks. Do not start running, swimming, or other significant physical activity until you discuss this with Dr. Kunkel after surgery. Contact sports should be avoided for 6-8 weeks. You also should not smoke for 3 weeks after surgery. Smoking may cause problems with wound healing and this could significantly affect your result.

Back to work/school-You may return to work or to school as soon as you feel comfortable with your appearance. Most people will probably want to take about 7-14 days off from their normal routines. Activity restrictions are as listed above.

We hope you have found this booklet to be informative. Please contact us if you have any questions about rhinoplasty surgery.