Surgery Of The Nose:
Plastic and Reconstructive

A nose that is too large is “out of proportion” to the other facial features. Reducing its size and altering its shape brings it into harmony and enhances the other facial features.

Rhinoplasty

“Rhinoplasty” is the name of the operation designed to improve deformities of the nose with plastic and reconstructive surgical techniques ... and to improve breathing and sinus function.

The operation consists of carefully removing any “excess” bone and/or cartilage while rearranging or reshaping the remainder.

Most rhinoplasties are performed because the patient desires an improvement in appearance and/or nasal function. He/She may simply want a nose which is in harmony with the rest of the face rather than one which is out of proportion with respect to the other facial features. On the other hand, it may be, as is often the case, that the nose is becoming progressively more disfigured the older the patient becomes, until breathing difficulty occurs.

At times patients have deformities of the inside of the nose which impair breathing, cause headaches, or contribute to sinus trouble. These problems cannot be satisfactorily treated medically without simultaneously straightening the external nose.

Like faces, every nose is different; some noses are too long, some too wide, some have large humps, some project away from the face, and so on.

Since rhinoplasty surgery is as much artistic in nature as it is scientific, rarely are any two of our patients’ noses identical. We strive to make each patient’s nose fit his or her face.

The alterations we recommend will be determined by many factors, including one’s height, age, skin thickness,
interested in having a rhinoplasty even though surgical correction may be delayed. Early correction of unwanted nasal deformities can often give young people more self-confidence and improved self-esteem. A parent should come with a minor to the consultation visit.

On the other hand, about thirty percent of the rhinoplasties we perform are on patients over the age of forty. Many older patients remark that they have disliked their noses “all their life” and have now decided to have corrective surgery. Providing the patient is in good health, it is never too late in life to have a rhinoplasty. It is often done as a part of a facial rejuvenation program with face-lifting and eyelid plastic surgery, to improve the undesirable signs of aging.

A longer drooping nose may be a “telltale” sign of aging, and repositioning the drooping tip of the nose can be performed to give a more youthful appearance. (See Photographs on the following page.)

The nose is reduced in size by removing excess bone and cartilage (dotted areas). The remaining structures are repositioned through a series of carefully planned internal nasal incisions. The skin then heals to the new framework.

When Can Surgery Be Done?
An often asked question is: At what age can nasal plastic and reconstructive surgery be performed? If a severe breathing problem (or headache issue) is present, even in a child, it should be corrected. With children, additional surgery at “maturity” may be required to obtain the best result. Certain limitations exist in children which precludes performing the definitive correction prior to puberty.

Ordinarily, girls are “mature” enough by the age of fifteen (boys at age eighteen) to have surgical correction. However, we find it necessary to individualize this factor because some boys and girls “mature” at earlier ages. So that we can monitor their growth and maturation, we prefer to see these young men and women whenever they become interested in having a rhinoplasty even though surgical correction may be delayed.

The Planning Process
Prior to surgery, photographs are taken so that we can study the characteristics of the nose and face. The operation is planned in much the same way an architect plans a house; the goal is not only to improve the shape of the nose but also to have it enhance the appearance of the entire face.

Dr. McColough prefers patients send several photos or snapshots of themselves before the consultation appointment. Photographs are helpful in helping the surgeon determine if surgery might be indicated. In many cases a teleconference/photographic analysis and interview are done prior to an “in-office” consultation, thereby shortening the time from the first call to operation.
Although a drip dressing is applied, which obstructs the nostrils, we do not ordinarily “pack” the nose after surgery. Patients, therefore, are more comfortable and generally less swollen. With the elimination of excessive nasal packing, pain, swelling, bleeding, discoloration, etc., are dramatically reduced making the recovery period much more pleasant for the patient. In our procedure, this special technique of suturing the internal nasal tissues back in place eliminates the necessity of packing. This technique has been one of the greatest advances in nasal surgery, reducing much of the undesirable postoperative discomfort those patients whose noses are “packed” experience.

A question often asked by patients contemplating rhinoplasty is: “Do you have to break my nose?” In our technique, we make an incision into the nasal bones when they need to be repositioned thereby eliminating the more antiquated technique of “breaking” the bones and resetting them. We feel this technique allows for better control of the operation and reduces the patient’s anxiety about having surgery.

Our Surgery Protocol

Prior to surgery, certain medications are given to promote healing and help hold to a minimum the amount of swelling and discoloration which may occur.

The patient usually comes to the Clinic or enters the hospital the morning of surgery. Following surgery, the average patient is able to be discharged to an appropriate recovery facility with a sitter. Out of town patients usually stay in town for 2-3 days.

We generally prefer “twilight” anesthesia in which the patient receives sleeping medications supplemented by local anesthesia. In the uncomplicated case, the actual surgery takes about an hour or so; however, additional time is required for certain preliminaries necessary to properly prepare the patient and for a recovery room stay.

At the completion of surgery, a small protective adhesive dressing and splint are applied to the nose; (see photograph on next page). The external protective splint and tape are to remain in place for about one (1) week.

Although aging, the tip of the nose becomes longer due to loss of the tip support.

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The “ideal” facial proportions are demonstrated in this photograph. The nose should fit into the middle one-third of the face as depicted in this diagram. From a profile view, the chin should be in line with the lower lip.

The typical nasal dressing consists of tan tape and a protective splint. It is to remain in place for approximately one week.

The following pages contain representative before and after photographs of patients who underwent nasal surgery by Dr. McCollough. They are presented as examples of real people from various walks of life who chose to have plastic surgery.
A nasal hump and drooping tip can be corrected, enhancing one's appearance and giving a renewed impression of youth.

Reduction in the size of the nose can “soften” the face and provide better harmony for all facial features.
Correction of a large hump and drooping nasal tip provides a softer, more “feminine” appearance. This young woman also had a chin augmentation (implant) to correct a receding chin.

A long, projecting nose distracts from the other pleasing features of the face. Correction provides harmony and can often lead to an improvement in appearance.
A crooked nose may result from an injury, previously unsuccessful surgery, or may be a family trait. When associated with internal deformities, such as a deviated nasal septum, the patient may experience breathing difficulties. A functional nasal plastic operation can often improve both the appearance and airway.

Correction of the septal deformity which produced breathing problems was carried out at the same time as surgery to build up the bridge with a cartilage graft in a patient who underwent unsuccessful nasal surgery twenty years previously.
A large bulbous tip is often due to an increased size of the tip cartilages. Removing the excess cartilage and repositioning the other nasal structures gives a pleasing refinement to this woman’s face.

The shape of a nose that underwent previously unsuccessful surgery can be improved with the reconstructive nasal surgery. Correction included grafts.
Refinement of the tip and lateral nasal walls can often produce dramatic improvement in one's appearance and bolster self-esteem.

Removal of a nasal hump a more "classic" or "elegant" look in taller women.
This patient came to our Clinic to have a rhinoplasty because she was dissatisfied with the size and shape of her nose. Building up the bridge of her nose and lifting the tip provided balance to her face.

This woman exemplifies the kind of improvement which can be obtained when a wide nose is brought into better harmony with the other facial features.
This patient had undergone a previous rhinoplasty, with another surgeon, that left her with a large, drooping nasal tip. Dr. McCollough corrected the problem with a revisional rhinoplasty.

The excessive projection of the tip was corrected in conjunction with the reduction of the hump.
After Nasal Surgery

After surgery, the patient is urged to limit physical activities and remain elevated while sleeping. Being in an upright position will decrease swelling and accelerate healing.

The protective splint and dressings on the nose are removed at the Clinic about one week following surgery. Most patients are able to return to work or school that same day.

At the end of one week, in practically all of our patients, most of the swelling and discoloration has disappeared.

Some swelling of the nose (which the patient feels more than he/she or anyone else sees) is present but progressively diminishes over the next several weeks. Generally speaking, about 80% of the swelling disappears by two (2) weeks; 90% by two (2) months. The remainder disappears at the rate of about 1% per month. The “final” result is not present for about one year, occasionally longer. So ... be patient.

When patients have associated breathing problems requiring work to be done on the nasal septum (the internal partition in the middle of the nose), there may be varying amounts of nasal blockage for several weeks after surgery. If excess mucous production is a contributing factor, antihistamine-decongestants can sometimes relieve this. These medications make some patients sleepy and lethargic so don’t take them unless the mucous production and drainage are excessive.

Nasal Breathing Problems

One of the common causes of breathing difficulties is a “deviated” or crooked nasal septum. The septum is a bony and cartilaginous partition that divides the inside of the nose into two chambers. If it is dislocated or leans to one side it can interfere with the flow of air through one or both sides of the nose. (See opposite.)

Nasal Obstruction can also be caused by a collapse of the nasal sidewalls or of the nasal tip. This is sometimes secondary to congenital features, this is sometimes secondary to trauma, infrequently this is secondary to previous surgeries.

There are surgical corrections available that are performed at the McCollough Plastic Surgery Clinic to improve these mechanical nasal obstruction situations. Surgery can often straighten or remove the offending portions of the crooked bones and cartilages. Surgery can also be performed to strengthen and replace structure in the nose if it is collapsing. Improvement in breathing is then noted by the patient.

There is also non-mechanical nasal obstruction caused by the reactive swelling of the inside of the nose. The membranes lining the inside of the nose can become swollen from one or more of the following conditions:

a. allergies (hay fever)

b. changes in temperature or environmental factors

c. viral infections (colds)

d. bacterial infections

e. emotional disturbances

f. over-use of nasal sprays

g. exposure to irritants in the air (hair spray, smoke, etc.)

None of these “membrane conditions” are corrected by surgery, but if the patient has a deviated septum plus one of these problems, correction of the septum frequently makes it easier

Causes of nasal airway obstruction

a. Normal thickness of internal nasal passages

b. Thickened membranes obstruct airway (see a-g on the following page.)

Deviated septum and swollen membranes
for the patient to tolerate the membrane swelling.
We might recommend that the patient see an allergist or other consultant if he/she has one of the medical conditions listed above.

**Remember:** Almost everyone’s nose is more stuffy at night or when lying down because of positional shifting of body fluids.

**Nasal Fractures:**
**Old and Recent**

When the nose has been injured, fractures and/or dislocations of the nasal bones or cartilages may occur. As long as considerable swelling is present, it is often difficult to diagnose these conditions. X-rays are of limited value since cartilaginous deformities are not visible with conventional x-ray studies.

About one-half ($\frac{1}{2}$) of nasal fractures involve the cartilaginous portions of the nose. CT scans may provide more information.

As the swelling subsides, the nose may appear crooked or deformed and airway obstruction may persist. These conditions are often a result of fractured and/or dislocated bones and cartilages. (See photographs this page.)

Although most nasal fractures do not require emergency surgery, they usually should be repaired within six (6) weeks. We will make specific recommendations in each individual case depending upon the existing circumstances.

In some cases desired changes in the size or shape of the external appearance of the nose can be made while correcting the fractures. If you wish to have such alterations, let us know when you make your appointment.

Some nasal injuries can best be managed by allowing the initial swelling to subside before surgical correction. **Figure A** shows this patient’s appearance immediately following an injury to his nose.

In **Figure B** six weeks later, much of the swelling has subsided revealing the resulting deformity. **Figure C**, depicts the patient’s appearance approximately 6 months following surgical correction of the nasal fractures.