



nose

rhinoplasty
myths

Despite its popularity, many myths still surround rhinoplasty. Sydney ENT and facial plastic surgeon **Dr William Mooney** exposes some of the most common misconceptions.

Myth: the nose won't be right for me

The art and science of rhinoplasty have evolved significantly over time. It's no longer a routine operation with the same nose for every face. Rather, it's now a complex procedure that takes into account the harmony of the patient's face, age, sex, race, profession and expectations.

Dynamism of the face is also a deciding factor for the type of nose that is eventually chosen, so I prefer patients to have a couple of consultations with me before the surgery. This means I can observe their facial expressions before advising on the best nose shape and size to complement their other features.

I also use digital imaging software to show the patient how different types of noses will most likely look on their face. I believe this is an extremely valuable tool in helping to select the nose that is most suitable.

Rhinoplasty is now designed to achieve a natural-looking nose for each individual patient's face. Creating the right nose is something the patient and surgeon can do in consultation together.

Myth: everyone will know I've had rhinoplasty

This may come as a shock, but often family and friends will know there is 'something different' about the patient but are not able to pin-point exactly what it is that has changed.

The hallmark of a successful rhinoplasty is that people don't notice it. When I perform a rhinoplasty my ultimate aim is to make the nose look natural. It's about creating the right nose for the face, so if a patient has bigger features then they will need a bigger nose to balance out their features.

When patients see the pre-operative computer imaging of themselves, many often comment about their nose 'disappearing' and their eyes and lips becoming more dominant. In reality, as a static non-moving facial feature, the nose grabs more attention when it is not suited to the face. Of course, in post-traumatic cases or in patients with significant problems, the change can be more significant.

Myth: rhinoplasty is all about appearance

For many patients functional problems with their nose are as important – if not more so – than aesthetic concerns. Breathing obstruction, snoring, sinusitis, loss of sense of smell, allergies, headaches and post-nasal drip are all possible problems that can successfully be treated with rhinoplasty surgery.

Treating and assessing the nose only begins with its appearance. An ENT surgeon can make a full assessment of a patient's nose and improve both functional and cosmetic concerns. I find many patients are as delighted with how their nose works as well as how it looks.

The nose is the axis of the face. Its function and appearance are often understated and can have huge implications on quality of life and perception of self. So it is important patients make time to talk to a specialist if they are considering this procedure.

Myth: rhinoplasty is a risky procedure

Rhinoplasty is a complex procedure, but it is not usually risky and the complication profile is minimal. Many precautions are taken to minimise potential problems, including administering antibiotics, offering pre-operative care and post-operative follow-up.

Most patients are discharged on the morning after their surgery and discomfort normally lasts a couple of days. This can usually be managed with over-the-counter analgesia such as paracetamol and low-dose codeine. We now have a complex treatment regime that is tailored to suit the patient and to lessen the risk of bruising and bleeding.

In terms of outcome, when treated by an experienced specialist most patients are happy with the procedure, care and results. Of course, there are no absolutes in surgery. Despite the best care, a small proportion of outcomes will need revision. Part of dealing with the problems is to ensure there is good patient and surgeon communication and prompt attention. **acsm**

Case study 1

This 20-year-old patient presented with functional and cosmetic concerns about her nose. She suffered from nasal allergies and obstruction to breathing which was worse at night. Cosmetically, the overall size of her nose caused her concern and had done so for some time. In particular, she was worried about the size and width of the tip. Post-operative photographs are taken at four months and the patient has an excellent nasal airway and is delighted with her cosmetic appearance.



BEFORE



AFTER rhinoplasty by Dr Mooney

Case study 2

This patient first visited Dr Mooney when she was 14 with nasal obstruction that had failed to improve with non-surgical techniques. 'She also wanted the shape of her nose improved but I felt at her age her face was still growing and surgery should be delayed,' he says. 'Her obstruction, however, was severe and interfered with her quality of life, in particular her concentration at study. I staggered her surgical treatment – first operating to improve her breathing and then, when she was 18, to improve her nasal contour. She now has much better breathing, and is very happy with her new appearance.'



BEFORE



AFTER rhinoplasty by Dr Mooney