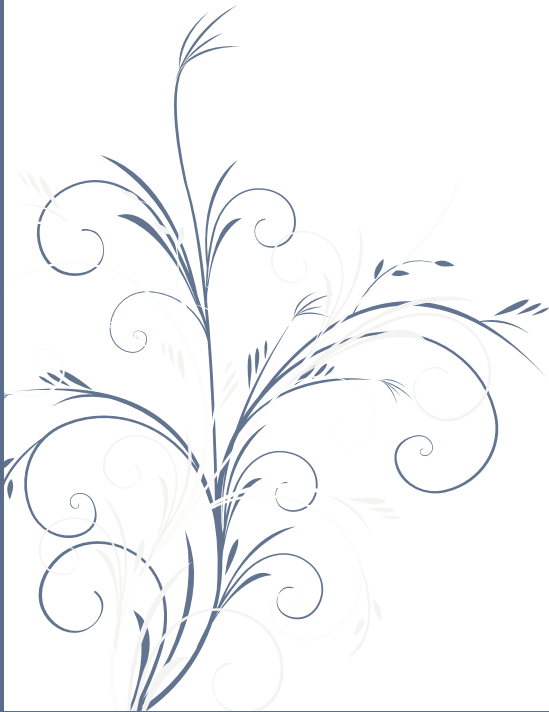
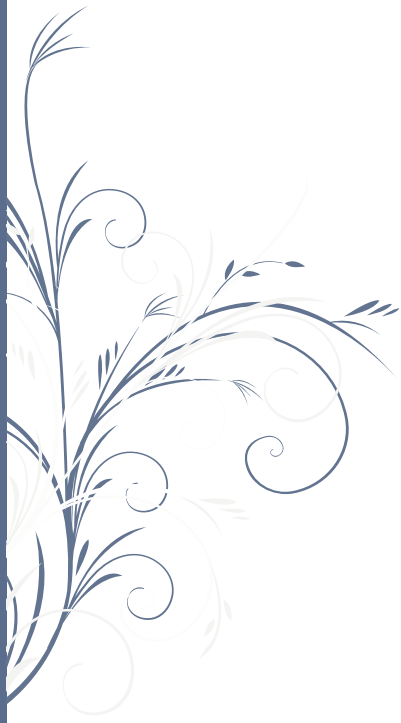




Angelica Kavouni MD FRCS EBOPRAS  
Cosmetic Plastic Surgeon

## Rhinoplasty





## Rhinoplasty

Rhinoplasty is the operation to reshape and/or refine the nose. It is a most frequent facial surgery request in roughly equal proportions of men and women. Patients who seek consultation are usually distressed by comments or remarks made by their peers, often over a number of years. They may have a large hump or a prominent tip and is often the subject of irritating jokes.

Nasal bumps and prominent tips are masculine features and if present on the nose of a female, may give a harsh appearance to the face, even to the extent that the woman refuses to be photographed in profile and hides her nose behind long hair. In the vast majority of cases, men and women alike, wish to have a normal average nose that will blend into their face, rather than dominate their features.

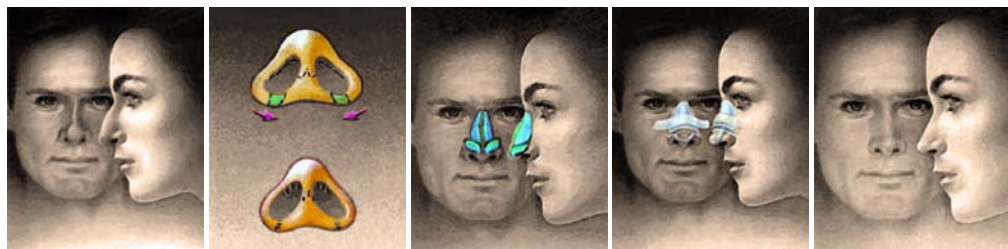
During the consultation, you will be asked a general medical history including details of previous nasal injury or surgery. The surgeon wishes to know why you are unhappy with the shape of your nose, whether you have a hump on the bridge, a prominent tip or any other deformity. The most common request is to reduce the size and shape of a large nose, but occasionally an increase in profile is appropriate. Feel free to bring photographs of the nose you wish to have, but remember, everyone is different. For instance, skin thickness varies enormously, so a small delicate nose cannot be made from a large thickened one. Computer simulation may be used to better appreciate your expectations and to clarify what is feasible.

# The Operation

Rhinoplasty is carried out under general anaesthesia through incisions inside the nostrils. So there are no external scars unless you decide to have the size of the nostrils reduced (alar base reduction). In this case, small scars inside and under the nostrils are necessary which are placed in the furrow between the nostril and lip. If the tip of the nose requires considerable re-shaping, a small scar under the nose may also be necessary. In Rhinoplasty, firstly the hump is removed to give the new profile. If nothing else were to be done, the bridge-line would be too wide and so it is usually necessary to fracture the nasal bones in a carefully controlled way, to allow them to meet in the mid-line to make a narrow bridge line again. A small plaster cast is required for seven days to support and protect the bones while they set into their new position. Cartilages underneath the skin shape the tip of the nose. These are adjusted in size and shape to refine the nose so that it matches the new profile. When surgery is complete, small dissolvable stitches are used inside the nostrils and the tapes and plaster cast are applied. Sometimes it is necessary to implant tissue into the nose to obtain the desired result. This procedure is termed 'using a graft'. The tissue may be obtained from the nose itself, from the cartilage of the ear, occasionally from a rib or by means of a man-made implant. In these situations, the risk of infection is slightly higher and therefore antibiotics are prescribed. Nasal packs may occasionally be necessary to prevent bleeding and ensure the lining of the nose sets in correctly. Consequently, the patient has to breathe through the mouth until they are removed which is usually within 24 hours (a simple procedure). Even if packs are not used, you will feel blocked up and unable to breathe fully through the nose due to normal post-operative swelling. If the breathing passages have been operated upon, it may take longer for the nose to clear.

## After the Operation

Pain after this operation is not usually a problem and is easily relieved by an injection for the first few hours and a mild analgesic such as Paracetamol as necessary afterwards (Aspirin must not be taken). You should avoid stooping or vigorous activity for two or three days to reduce the possibility of a nosebleed. It is imperative not to blow your nose for about a week after surgery; however, you may loosen and remove any crusts or clots on the insides of the nostrils. This is done using a little Vaseline or just water on a cotton bud rolled around the inside of the nostril margin. As the nasal bones have to be re-set in a rhinoplasty operation, you may have 'black eyes' after surgery and your eyes and face may be swollen. If this occurs, most of the swelling will settle in two weeks and you may use makeup to cover any bruising as soon as the plaster has been removed after the first week. To help rapidly decrease swelling and bruising, you should take Arnica for one week prior to surgery and two weeks afterwards. If you have elected to undertake an alar-base reduction, the sutures will be removed at the same time as the cast is removed. The scars may be a little red at first but are hidden in the natural shadows of the nose. It is normal for the nose to feel a little numb after surgery but the sensation recovers as the nerve supply to the skin regenerates. It is essential that every patient realises that the shape of the nose, when the cast is removed, is not the final one. Scar tissue forms underneath the skin of the nose and although it is not visible, it may have a profound effect on the final shape. The internal scars gradually change their shape. The process of this scar maturation takes on average six months and sometimes much longer. It is generally observed that the thicker the nasal skin, the longer the period of scar resolution. As a simple guide in assessing the process of the nose, the patient should gently squeeze the tip of a normal nose and then their own to compare the firmness. Very occasionally, a blind boil type of infection may occur in the nose tip, necessitating a course of antibiotics. It is perhaps surprising that infection is so infrequent in view of the germs normally present in the nostrils. Significant bleeding (secondary haemorrhage) after a rhinoplasty is usually due to infection. Thankfully this is very rare .



# Summary

Patients need patience. Remember, it takes at least six months – often longer for the final result to be revealed. Please discuss fully, your requirements, with the surgeon. Sometimes patients fail to transmit their true expectations asking for an average shaped nose, whereas in fact, they really want a marked 'ski slope'. Make sure that both you and he have discussed what you wish to see and whether it is possible in your case. There is a definite incidence (of approximately 10%) of patients who along with their surgeon feel that the shape of their nose after six months, is not quite that which was intended. This problem is most frequent in noses that have been the subject of severe injury or in the case of a very large reduction in nasal size. Secondary procedures are usually a case of minor adjustments but you should bear in mind, that surgery of this nature cannot be carried out immediately. The nose has to be allowed to settle before further surgery is safe or desirable. Rhinoplasty has been carried out successfully for many years and this is one of the most sought after procedure amongst men and women. The vast majority of patients undergoing rhinoplasty gain a feeling of increased self-confidence with improvement in their body image.



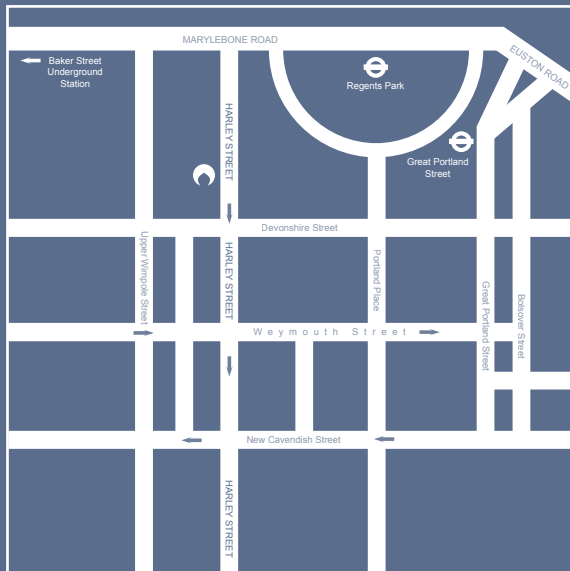
Ms Angelica Kavouni FRCS EBOPRAS Cosmetic Plastic Surgeon graduated from the medical school of Thessaloniki, Greece and continued her postgraduate studies at the University of Bristol Medical School on a scholarship from the Erasmus European Institute.

She trained in Plastic Surgery in London NHS Hospitals; following her certification by the European Board of Plastic, Reconstructive and Aesthetic Surgery she specialised in Cosmetic Surgery as a fellow at London's Institute of Aesthetic Plastic Surgery and then spent two more years working as an associate cosmetic surgeon to Mr Jan Stanek, a busy cosmetic surgeon. She completed her doctoral thesis (MD) on growth hormone and wound healing for the University of Thessaloniki.

On the General Medical Council specialist register in Plastic Surgery her qualifications include:

- Fellowship of the Royal College of Surgeons of England FRCS
- European Board of Plastic, Reconstructive and Aesthetic Surgery EBOPRAS
- Fellowship of the European Boards in Plastic, Reconstructive and Aesthetic Surgery
- Membership of the Hellenic and International Federation of Plastic, Reconstructive and Aesthetic Surgery IPRAS

Personal: Ms Kavouni is married to a fellow Plastic Surgeon, is the busy mother of two small boys, but manages to find the time to enjoy tennis, winter skiing and actively supports the WRVS amongst other charities.



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