

# twisted

Sydney plastic surgeon **Dr Warwick Nettle** explains the complexities involved in rhinoplasty to fix a twisted nose tip. Lise Taylor reports.

People who choose to have rhinoplasty surgery do so for different reasons. Some patients have deviated noses, which are often caused by some type of injury, while others with twisted nose tips are simply born that way. Fixing these concerns requires different approaches to the rhinoplasty procedure.

Sydney plastic surgeon Dr Warwick Nettle explains that with a deviated nose, the deviation involves the whole nose, including the bone and cartilage. He says the upper one-third of the nose is made of bone, and the lower two-thirds consists of cartilage. In addition, of the lower two-thirds there are two cartilage sections – the upper lateral cartilage (ULC) and the lower lateral cartilage (LLC).

‘Deviated noses tend to be predominantly caused by a crookedness of the bone. In this case, the ULC is usually caused by trauma and this deviation takes the LLC with it. This means that the whole nose appears to be deviated, although the tip itself is not necessarily twisted,’ he says. ‘A twisted nose tip, on the other hand, is more commonly idiopathic. People are just born that way. The nose grows oddly and buckles for no apparent reason.’

**‘In years gone by, very little could be done for twisted nose tips and attempts to improve them often ended in failure’**

Dr Nettle says the main issue with a twisted nose tip is that it is quite a complex procedure to fix. With a twisted tip, the LLC is involved so that the cartilage itself is actually twisted. The problem with this is that cartilage has a memory.

As an example, Dr Nettle refers to grabbing your ear and pulling it. ‘The ear will always go back to exactly the same shape as before. This is why pinning back the ears involves a complex series of surgical manoeuvres, including various cuts and stitches and, most importantly, putting in various cartilage on-lay grafts,’ he explains.

When performing rhinoplasty on the nose tip, cartilage is usually taken from the septum (this is the midline cartilage in the centre of the inside of the nose). If this is not possible, then the cartilage is taken from the ear.

‘If the cartilage is taken from the septum, the surgeon can quite frequently improve the patient’s breathing. This is because many people have a deviated septum anyway. If cartilage needs to be taken from the ear, the incision is made at the back of the ear. No change whatsoever is made to the appearance of the ear where the cartilage is removed and nothing is done to the architecture of the ear to damage it,’ he says.

When fixing twisted nose tips, Dr Nettle explains the really important issue is to maintain the strength of the rim of the nose.

## case study 1



BEFORE AFTER rhinoplasty by Dr Nettle



BEFORE AFTER rhinoplasty by Dr Nettle

# nose tips

‘In years gone by, very little could be done for twisted nose tips and attempts to improve them often ended in failure. But with the advent of open rhinoplasty (in which the cut is made on the underside of the nose), the surgeon can put grafts onto the nose under direct vision and thereby maintain the integrity of the rim and, in particular, its strength,’ he says.

‘Previously people used to cut bits out of the nose and section bits, and this would often lead to a collapsed rim. This is because the rim acts like a valve. When a patient took a deep breath in through the nose, it was possible for the rim to collapse. You don’t want that. This is why it is important to maintain the strength and integrity of the rim when fixing a twisted tip.’

It is also essential to consider the difference between male nose tips and female nose tips. Dr Nettle says when fixing a crooked male nose, male nose tips don’t need as much definition as female nose tips.

‘Male noses without definition, particularly definition of the tip, look quite masculine, whereas in a female, a nose like that would look awful. Female noses actually need more of an upturn than a male would and much more definition,’ he says.

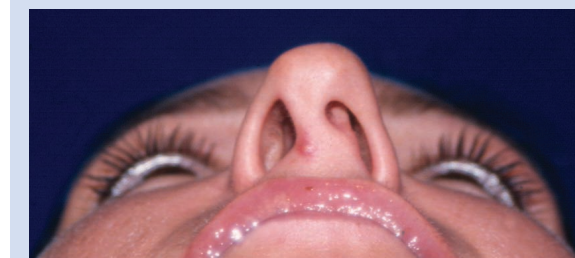
The surgery takes about two hours to perform and is usually done as day surgery under a general anaesthetic. Patients will need to wear a splint on their nose for five to six days after the procedure and most people take around 10 days off work for recovery. If other nose surgery is required, such as cleaning out the breathing passages or fixing a hump, this can be done at the same time.

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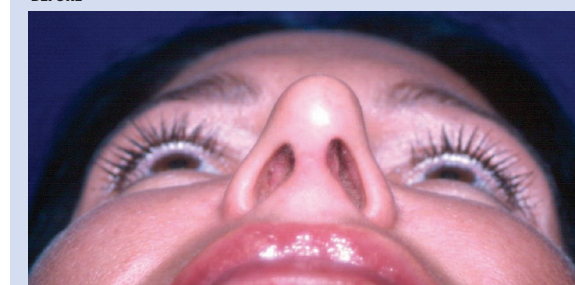
All the usual risks and complications apply to rhinoplasty as they do with any type of surgery. These can be discussed with your surgeon. A minor revision or touch-up may need to be done, particularly as fixing a twisted nose tip requires complex surgery.

Dr Nettle says, ‘This is not your common ‘garden variety’ rhinoplasty. It is a real fiddle to do the job properly, and although it is rare to get the nose a hundred percent right, we can get very close.’ **acsm**

## case study 2



BEFORE



AFTER rhinoplasty by Dr Nettle



BEFORE AFTER rhinoplasty by Dr Nettle



BEFORE AFTER rhinoplasty by Dr Nettle