



nose

revision rhinoplasty

SYDNEY PLASTIC SURGEON **DR WARWICK NETTLE** EXPLAINS HOW REVISION RHINOPLASTY CAN CORRECT UNSATISFACTORY RESULTS FROM PREVIOUS NASAL SURGERY. CAROLINE SELWYN REPORTS.

The desire for a well-proportioned nose is common to both men and women, therefore rhinoplasty is one of the most popular cosmetic procedures. According to Sydney plastic surgeon Dr Warwick Nettle, revision surgery is necessary for about five to 10 percent of those who undergo primary rhinoplasty.

Revision rhinoplasty is a form of surgery that involves making corrections to previous nasal surgery. Some patients only require minor changes and others require major modifications. 'It can vary from tiny little bumps that need shaving down to major reconstruction of a damaged nose after rhinoplasty,' says Dr Nettle.

Patients can experience great disappointment if the initial surgery hasn't gone exactly as planned, explains Dr Nettle. 'If the first operation is performed poorly, corrections may be necessary in the future,' he says. 'It's not unusual for patients to have had two, three or even four rhinoplasties and still require further revisions.'

The procedure is more complicated than primary rhinoplasty and therefore patients should choose a surgeon who has extensive experience in revisions.

'Revision rhinoplasty is inherently a difficult procedure, striving for the complex inter-relationships between harmony, shape, beauty, size and breathing,' says Dr Nettle. 'This can be a difficult equation.'

The exact procedure will vary from one patient to the next, and the issues that need to be corrected will vary with each individual. 'Some people require minor touch-ups such as removing a small bump or lifting the tip slightly,' says Dr Nettle. 'Other cases are more complicated, for example, a twisted nose or deformities of the underlying bones and cartilages.'

Revision rhinoplasty is a complicated procedure and patients should choose a surgeon with extensive experience

According to Dr Nettle, there are two main issues concerning revision rhinoplasty. The first is whether the procedure is performed using the open or closed approach. He explains that up until the early to mid-1990s, almost all nose surgery was performed using the closed technique, where the incisions are made inside the nostrils to avoid any visible scarring.

'The surgeon's vision of the underlying structures is restricted using this technique, so a high level of skill is



required,' says Dr Nettle. 'Unfortunately, not everyone had these skills, which is one of the reasons for the demand in revision rhinoplasty today. What we're seeing is a backlog of poorly performed rhinoplasties from many years ago.'

Dr Nettle estimates that 70 percent of rhinoplasties are now performed through an open method, which allows the surgeon to work more precisely and freely. Open rhinoplasty surgery involves making an incision at the base of the columella, which is the strip of tissue and skin that separates the nostrils. Then the surgeon lifts the nasal skin carefully back in order to be able to work on the cartilage and other tissues inside the nose.

'While technically demanding, I believe the open technique is a more straightforward and logical approach to manipulating the underlying bones and cartilages,' he says.

Dr Nettle explains that closed rhinoplasty is more suited for people who only require minor modifications. 'When dealing with more complex cases – perhaps a bend to the nose, previous trauma, a twisted tip or breathing difficulties – it is better to use the open technique,' he believes.

Dr Nettle says there has been a move towards open rhinoplasty in recent years. 'For a long time, people were against open rhinoplasty because of the incision underneath the nose,' he says. 'But the small incision is difficult to detect. After about two months, even I have trouble finding it and I've made the incision myself.'

The next issue is the shape component. 'In revision rhinoplasty, the nose generally needs to be either built up or shaved down,' explains Dr Nettle. 'More often than not, it needs to be built up as excessive tissue has been removed.' If this occurs, he says that either the patient's own tissue or a manufactured synthetic material can be used. 'If possible, it's better to use the patient's own material. It won't get rejected by the body and tends to bend better,' he says.

According to Dr Nettle, the most commonly used material is septal cartilage (from the septum, the midline cartilage in the nose) as it is the most malleable and has the best shape. 'However, if it has been removed in the primary surgery, my next choice is ear cartilage,' he says. 'It is harvested from behind the ears in such a way that no one would notice it has been taken.'

Another option is to use the temporalis fascia, the covering of the muscle that overrides the temple area. 'With a 2 or 3cm incision, the tissue can be completely removed with no change in appearance or function of the muscle,' he explains.

Dr Nettle says in his experience people who seek revision rhinoplasty are most commonly distressed by the shape. However, a large number may have developed problems with breathing, which can be addressed at the same time.

The procedure can take up to three hours, but this depends on the complexity of the case. The healing process and recovery time is similar to primary rhinoplasty. Patients can expect to resume normal activities after around seven to 10 days.



BEFORE



AFTER revision rhinoplasty by Dr Nettle



BEFORE



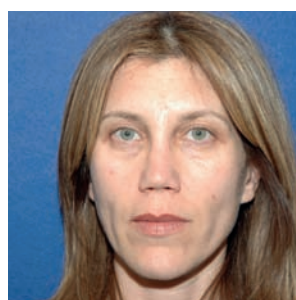
AFTER revision rhinoplasty by Dr Nettle



BEFORE



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Dr Nettle adds, 'Although the nose can take up to 18 months to reach its final shape, you can get a very good idea of the final results after about five or six months.'

Although there are risks involved with revision rhinoplasty (similar to the risks of the initial procedure), it is often a necessary step to repair a nose that looks unnatural or is causing breathing difficulties. 'When you're performing complex reconstructions, the slightest modification – a millimetre here, a millimetre there – can make a significant difference, so it's important to get it right,' he says. **acsm**