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## INFORMATION BROCHURE

# RHINOPLASTY



## DEFINITION, GOALS & PRINCIPLES

“Rhino” is the Greek word for the nose and “plasty” comes from the word “plastikos”, which means to mold or modify. Rhinoplasty is a surgical intervention that aims to improve the appearance of the nose. Indeed, the nose is a very important part of the face, and any disproportion of its various anatomical elements can affect the overall harmony of the face.

Nose surgery may be performed for various reasons:

**-Functional rhinoplasty** aims to improve the physiological role of the nose. It relieves nasal obstruction caused by deviation of the nasal septum, the wall that separates the two sides of the nose.

The procedure aims to straighten the wall, which is made up of cartilage and bone. This straightening is called **septoplasty** and is done usually done inside the nose and does not affect the appearance of the nose.

**-Reconstructive rhinoplasty** aims to correct nasal malformations of congenital or traumatic origin.

**-Aesthetic rhinoplasty** consists in making a nose look more harmonious, removing any unsightly defects, while preserving its proportions within the face. The goal is to achieve a natural looking nose, compatible with the patient’s psychological wellness.

The principle of rhinoplasty is to reshape the solid infrastructure of the nose that is made of cartilage and bone, and which gives the nose its characteristic shape. The upper half of the nose is made of bone, while the lower half is made of cartilage. The skin is also a very important component of your nose. Thicker skin will have more difficulty adhering to newly shaped cartilages of the nasal tip and will take several months to do so.

For optimal results, it is essential to go beyond the localised details of your nose and respect the harmony of your nose in relation to the rest of your face. Your surgeon will pay particular attention to your anatomical profile, your teeth bite, and the shape of your chin. Occasionally, additional interventions to your cheeks, chin or jaw through surgery or fat transfer may be suggested by your surgeon to optimize your final result.

If you are young, it is generally best to wait until your nose has stopped growing before performing surgery, that is, around the age of seventeen or eighteen. Surgery before this age may be justified in the case of significant nose defects or important psychological repercussion.

**Health insurance:** Health insurance will only cover the cost of functional or reconstructive rhinoplasty. It will not cover aesthetic rhinoplasty.

*The nose is different from other areas of the body where cosmetic surgery is performed because its shape and function are very closely*

*related. It is therefore necessary to ensure that the cosmetic modifications carried out do not adversely affect its respiratory function.*

## **BEFORE THE OPERATION**

### **Consultation**

A consultation and a careful physical examination will be carried out by your surgeon to note all important parameters that need to be taken into account before the operation. Any modification of the structure of the nose will take into account the shape of your face, your age, your ethnic identity, and the structure of your bones and cartilage, as well as the thickness and condition of your skin. A careful study of the nasal pyramid and its relation to the rest of the face will have been made, as well as an endonasal examination. Then, depending on your anatomical context, your surgeon's habits and preferences, and your expressed motivations and specific requests, an operation strategy will be agreed upon.

The expected result of the chosen operation can be simulated by editing photographs or through computer imaging. Virtual images will be projections that will help in understanding your desires and expectations. However, we cannot in any way guarantee that the result will be exactly the same.

During your consultation, your surgeon will explain the likely outcomes and any risks or potential complications (see below). Finally, you will be asked to sign a consent form to ensure that you fully understand the procedure, its risks and its potential complications.

### **Preparation**

You should avoid taking any anticoagulant medication (aspirin and anti-inflammatory drugs, alcohol and vitamins) at least two weeks before and one week after the operation. If you are taking any medication, tell your

surgeon. On the day of your operation, come to the clinic without makeup and wear clothes that are easy to put on.

## **THE OPERATION**

### **Hospitalisation and anesthesia**

No hospitalisation is required, except in certain conditions where a short hospitalisation may be preferable.

The operation will take place under general anesthesia.

### **Surgical technique**

In the case of a "closed" or "endonasal" rhinoplasty, the incisions will be made inside the nose, and as a result, the scars will not be visible.

In the case of an "open" rhinoplasty or modifications of the nose wings, it will be necessary to make an incision at the level of the columella or on the lower edge of the nostrils, respectively.

The resulting scars will be small, barely visible and will generally fade very favorably over time.

Through these incisions, the skin that covers the nasal bones and cartilages will be gently raised, allowing access to reshape the structure of the nose.

Classically, one distinguishes reduction rhinoplasties which are the most commonly performed type of rhinoplasties. Here, the aim is to remove a dorsal hump, narrow the tip or reduce its projection, increase the nasolabial angle, or change the length, width or volume of the nose.

*To remove a dorsal hump, techniques include using a scalpel to regularize cartilage or bone excesses and performing osteotomies (surgical fractures) to reposition the nasal bones closer together to correct the "open roof" produced by this technique.*

Less often, it will be necessary to perform a so-called augmentation rhinoplasty, which is the opposite. In this case, lack of nasal projection, a short nose or a pronounced nasal saddle are corrected by using cartilage grafts.

Ultimately, post-traumatic rhinoplasties aim to straighten a deviated nose and regain its original shape.

A nasal tip plasty is a rhinoplasty that is limited to the cartilaginous part of the nose to improve the shape of the tip. It usually requires a columellar incision.

After modelling the nose shape, the endonasal incisions will be closed with absorbable sutures and the external incisions with small sutures that will be removed after 5 to 7 days.

At the end of the procedure, a dressing will be placed inside your nostrils to stabilize its position and to absorb any secretions. A shaping bandage will then be placed over your nose with a plaster support and protection splint. The dressings will be removed after 24-72 hours and the cast splint after 1 week.

Depending on the surgeon, the extent of the improvements to be made, and the possible need for additional procedures, the operation can last from 1 to 4 hours. Closed rhinoplasties usually last 1.5-2.5 hours while open rhinoplasties last 2.5-4 hours.

## **AFTER THE OPERATION**

### **Postoperative effects**

There will rarely be pain after the operation; it is rather the difficulty to breath through the nose due to the dressings that constitutes the main inconvenience.

The nose will appear quite large due to the edema. Even after removal of the dressings from your nostrils, respiratory discomfort may still persist due to the swelling of the mucous membranes and the possible scabs in the nasal cavities.

You will also experience, especially on the eyelids, edema (swelling) and possibly ecchymoses (bruises), the size and duration of which vary greatly from one individual to another.

The stigma of the intervention will gradually diminish, allowing the return to a normal socio-professional life after 10 to 20 days depending on the extent of the consequences.

### **Recovery**

For the first few days, avoid tilting your head forward, and for the first few nights, avoid sleeping too flat on your back. It is recommended that you rest and avoid exertion for 10 days after the operation.

During the first month, it will be necessary to avoid blowing your nose with excessive pressure and to not scratch at any scabs in your nostrils.

Sports and vigorous activities should be avoided for 2 months.

## **THE RESULT**

The result will most often be in accordance with your wishes, the virtual simulation, and the established preoperative plan.

The changes made to your nose after a rhinoplasty will be final and only minor and late changes due to the natural aging process will occur. The goal of this surgery is to improve, rather than to achieve perfection. If your wishes are realistic, the result should give you great satisfaction.

## **RESULT IMPERFECTIONS**

It is possible to be unsatisfied with the result if you have misunderstood the achievable goals of the operation.

Result imperfections themselves may be due to unusual scarring or unexpected tissue reactions such as retractile fibrosis or poor soft tissue adherence.

Imperfections that are not well tolerated by the patient may possibly be corrected by a surgical touch-up, which is in general much simpler than the initial operation, both technically and postoperatively. However, touch-ups cannot be carried out for at least several months after the surgery, once tissues have stabilized and have reached good scar maturation.

### **POSSIBLE COMPLICATIONS**

Rhinoplasty, like any other surgical procedure, can involve certain risks. As infrequent as they may be, these risks do exist. Here is a (non-exhaustive) list of possible complications. Your surgeon will be happy to answer any questions you may have about the operation.

- Bleeding: This may require putting in new nasal dressings.
- Infection: Very rare. It can lodge in the skin, cartilage or bones. Taking antibiotics after the procedure aims to prevent infection.
- Asymmetry: Asymmetric scar retraction or structural displacement can cause permanent distortion.
- Skin problems: Pustules, exacerbated acne, allergy, necrosis, numbness, pigmentation, redness and dilation of the vessels are all possible.
- Airways: Airflow can be disrupted by narrowing or distortion of structures.

Overall, we should not overestimate the risks, but simply be aware that any surgical intervention, even seemingly simple, will always be at risk of complications.

Choosing a qualified Plastic Surgeon assures you that he or she has the training and the competence required to know how to avoid these complications, or to treat them effectively if necessary.

*The information provided in this brochure is in addition to the discussion you will have with your surgeon during your consultation. We recommend you keep this document, read it over before and after your consultation and reflect upon it. If new questions arise, we are available to discuss them during another consultation, by phone, or even on the day of the intervention.*

