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The Noses We Love to Hate
By David J. Levens, MD, PA, FACS

“I hate my nose” is one of the most common complaints a plastic surgeon hears. Some prospective patients are teenagers coming to terms with their emerging self-image. Others are perfectly well adjusted adults who have wanted a more sculpted, better proportioned nose for years.

So it's no surprise that nasal reshaping (rhinoplasty) is consistently one of the top cosmetic surgeries performed each year.

While nose reshaping is often associated with teenagers, national statistics show that over 90% of all rhinoplasties are performed on men and women over 18. Generally, any healthy person aged 16 or older is a candidate for this procedure.

Proper planning is the key. The process should begin with a frank exchange between surgeon and patient, with the patient explaining what he/she likes and dislikes about the nose and also sharing concerns: Will my parents hate me for changing the “family nose”? Will it be painful? How soon can I return to work? Will it impact my breathing problem?

The surgeon will then discuss the patient's most realistic surgical options. For example, converting a large strong nose into a small turned-up nose will seldom, if ever be one of those options because the goal isn't to create an entirely different nose but to reshape it in ideal proportion to the patient's face. It can be straightened and altered in terms of width, size and angle between it and the upper lip. “Dorsal humps” (the convexity on the top of the nose) can be reduced, bulbous tips downsized and nostrils tapered and reshaped. Such changes can vastly improve an unattractive nose without producing an artificial look.

Here's how the procedure is done:

The plastic surgeon makes small incisions inside the nose, and sometimes externally (in concealed areas) as well. The surgeon carefully alters and reshapes the structures, which make up the framework of the nose, including cartilage and bone. The skin is then re-draped over the new framework to achieve the desired appearance. Internally, areas of narrowing of the airways (such as from deviation of the septum) that can contribute to breathing difficulties may be modified to maximally open the airways while preserving support and function. After closing the incisions, a dressing consisting of tape, and often temporary internal packing and an external splint are applied to maintain and protect the changes made to the framework of the nose.

The packing is removed 1-2 days after surgery, and the splint is removed within a week. The patient can see the refinements in the nose immediately after the splint is

removed. Improvement in definition will continue for several months. Swelling and bruising develop within the first 24 hours after surgery, and will begin to decrease by the third day. Most patients report only minor symptoms following nose reshaping surgery, including minor discomfort and a sensation of fullness which lasts only a few days.

The vast majority of patients return to work and normal social activity within 7-14 days or less. Aerobic or strenuous activity should not be resumed for 2-3 weeks.

A natural, balanced and refined appearance is a desirable result, often with the patient themselves and only their immediate family/closest friends aware that they had a “nose job”, whereas more casual acquaintances may only be aware of a general improvement in their appearance without necessarily being able to detect the specific change.

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