ENT11 Septorhinoplasty with Graft or Implant

What is a septorhinoplasty?

A septorhinoplasty (or 'nose job') is an operation to improve the appearance of your nose and to improve how you breathe through your nose.
It involves operating on the bones and cartilage that give your nose its shape and structure (rhinoplasty) and making your septum straight (septoplasty). The septum is the cartilage and bone inside the nose that divides the nostrils (see figure 1).

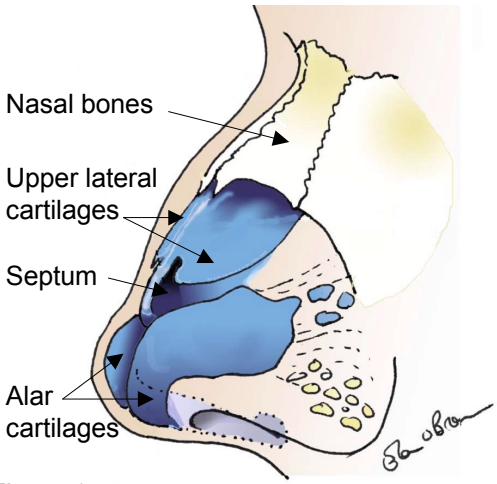

Figure 1

The bones and cartilage that shape the nose

Your surgeon will assess you and let you know if a septorhinoplasty is suitable for you. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you make an informed decision.
If you have any questions that this document does not answer, you should ask your surgeon or any member of the healthcare team.

Is a septorhinoplasty suitable for me?

Most people who want a septorhinoplasty would prefer a smaller nose with a better shape. Some people want a straighter nose, while others even want a bigger nose. Your nose may have just grown into a size or shape you are unhappy with, or it may have been damaged. A crooked or damaged nose can sometimes make one side feel blocked. The septum is usually straight but it can be deviated (bent), also causing symptoms of a blocked nose. Sometimes it is not possible to fix the shape of your nose without making your septum straight.
Your surgeon will carry out a detailed assessment of the inside and outside of your nose. They will take photos for your medical records and use them to agree the size and shape you want.
Your surgeon will ask you questions about your medical history. In particular they will ask you if you have nose bleeds, allergies or other nasal problems, and about any damage you have had to your nose. They will also ask you about what you and other people think about your nose and if this affects your self-confidence.

What are the benefits of a septorhinoplasty?

If the operation is successful, your nose will be the size and shape you want and you will be able to breathe through both nostrils.
The nose, being at the centre of your face, influences your appearance. Most people who have a successful septorhinoplasty are more comfortable with their appearance.

Are there any alternatives to a septorhinoplasty?

If you have a blocked nose caused by a deviated septum, you may be able to only have a septoplasty or submucous resection. These operations aim to correct a deviation without changing the appearance of your nose.
A rhinoplasty is the only way to change the appearance of your nose. If you have a blocked nose because your nasal bones are crooked or damaged, a rhinoplasty (usually along with a septoplasty or submucous resection) is the only option to improve the way you breathe.

What will happen if I decide not to have the operation?

A septorhinoplasty may not improve your physical health. The appearance of your nose will stay the same.
If you are having problems breathing because of an allergy, your surgeon may be able to recommend nasal sprays that may help.

What does the operation involve?

A septorhinoplasty is almost always performed under a general anaesthetic. Your anaesthetist will discuss this with you. The operation usually takes between one and two hours.
Your surgeon will make a cut in the mucosa (the skin-like lining inside the nose) and lift it off the cartilage and bone. They will remove the parts of the cartilage and bone that are bent and they will put the rest back in a straight position.
Your surgeon can refine the tip of your nose by reducing the cartilage. If you have a hump (dorsum) on your nose, they will shave it down. Your surgeon can also straighten and narrow the nasal bones by breaking and then setting them (infracture). Your surgeon may need to support or rebuild part of your nose using a cartilage graft, a bone graft or an artificial implant. Cartilage is usually taken from your septum, ear or rib (figure 2).

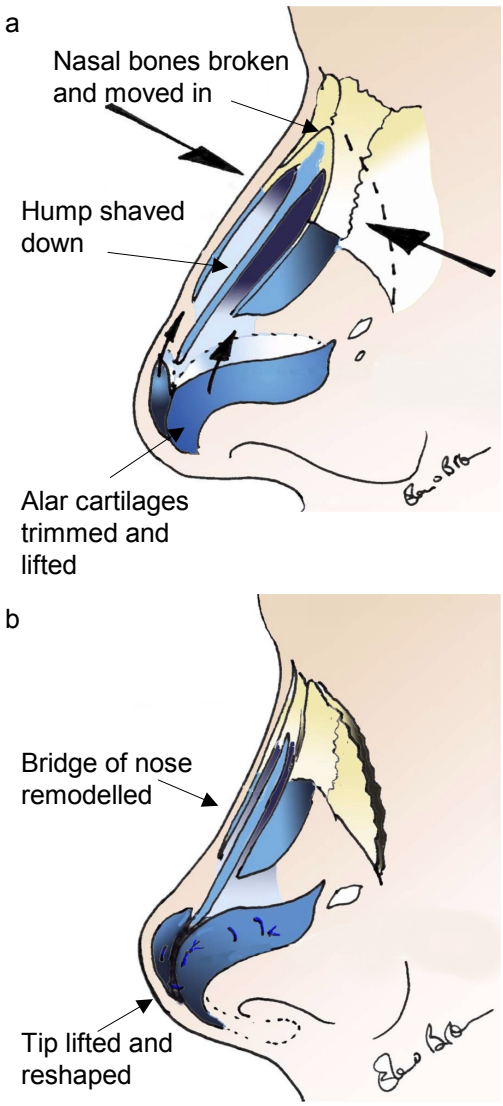

Figure 2

a Procedures involved in a septorhinoplasty

b The effects of a septorhinoplasty

There are two techniques for performing a septorhinoplasty.
• Closed septorhinoplasty - Your surgeon may recommend this technique if your nose is straight and you have a normal tip. They will only need to make cuts on the inside of your nose so you will not have any scars that can be seen.

• Open septorhinoplasty - Your surgeon may recommend this technique if the operation needs to be more complicated to change your nose to how you want it. For example, you may have a very crooked nose or badly-shaped tip. Your surgeon will also need to make a small cut in the skin between your nostrils (columella) so they can lift the skin off your whole nose. Your surgeon will be able to see the bones and cartilage, and be able to work on them in a more controlled way.

At the end of the operation, your surgeon will close the cuts on the inside of your nose with dissolvable stitches. If you had an open septorhinoplasty, they will close the cut on the columella with stitches that will need to be removed when the cut has healed.

Your surgeon may pack the inside of your nose to prevent bleeding, and place a splint and strapping on the outside of your nose for support.

What should I do about my medication?

You should continue your normal medication unless you are told otherwise.

Let your surgeon know if you are on **warfarin** or **clopidogrel**. Follow your surgeon's advice about stopping this medication before the operation.

What can I do to help make the operation a success?

• Lifestyle changes

If you smoke, try to stop smoking now. Stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health.

For help and advice on stopping smoking, go to www.gosmokefree.co.uk.

You have a higher chance of developing complications if you are overweight.

For advice on maintaining a healthy weight, go to www.eatwell.gov.uk.

• Exercise

Regular exercise can reduce the risk of heart disease and other medical conditions, improve how your lungs work, boost your immune system, help you to control your weight and improve your mood. Exercise should help to prepare you for the operation, help with your recovery and improve your long-term health.

For information on how exercise can help you, go to www.eidoactive.co.uk.

Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

What complications can happen?

The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

The complications fall into three categories.

1 Complications of anaesthesia
2 General complications of any operation
3 Specific complications of this operation

1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation

• **Pain**, which happens with every operation. The healthcare team will try to reduce your pain. They will give you medication to control the pain and it is important that you take it as you are told to reduce discomfort and prevent any headaches.

- **Bleeding** during or after surgery. You may need to have your nose repacked with a firmer pack or a pack placed into the back of your nose (risk: 1 in 20). If the bleeding is heavy, you may need a blood transfusion.
- **Infection in the surgical wound**, which may need treatment with antibiotics or occasionally further surgery.
- **Blood clots** in the legs (deep-vein thrombosis), which can occasionally move through the bloodstream to the lungs (pulmonary embolus), making it difficult for you to breathe. Nurses will encourage you to get out of bed soon after surgery to reduce the risk of blood clots.

3 Specific complications of this operation

- **Bruising and swelling** of your nose and under your eyes. This usually settles after two to three weeks. Sometimes the swelling can make it difficult for you to breathe through your nose.
- **Bleeding caused by infection** (risk: less than 2 in 100). This can happen in the first two weeks if the lining of your nose gets infected. Treatment involves antibiotics and occasionally further surgery.
- **Redness**, caused by tiny burst blood vessels near the surface of your skin. This usually settles but can be permanent.
- **Unsightly scarring** of the skin (risk: less than 1 in 100). The risk is higher if you get an infection. Scars from the cuts inside your nose cannot usually be seen. If the scars tighten, you may need further surgery. If you had an open septorhinoplasty, the cut on the columella may, rarely, be obvious and need further treatment.
- **Developing a haematoma (collection of blood) or abscess** between the layers of the septum. This may need treatment with antibiotics or further surgery to drain any blood or pus that has collected.
- **Injury to nerves** that supply the skin at the tip of your nose, leading to a numb patch. The risk is higher if you have an open septorhinoplasty. This usually improves with time.
- **Cosmetic problems** (risk: 1 in 10). It is important to have realistic expectations about the size and shape of nose you can have. You and your surgeon should both be clear about what you want. The healing process is difficult to predict and it can take up to six months before everything settles completely. A hump can come back or nasal bones can thicken if you have overactive bone healing. Sometimes scar tissue forms under the skin and prevents the nose from shrinking to the right size. You may also get small nodules under the skin or crookedness where the bones were broken. If you have one of these cosmetic problems, you may decide to have another operation (revision surgery). This is more common if your surgeon needed to use a graft (risk: 1 in 6).
- **Nasal obstruction** (risk: less than 1 in 100). This can happen if the nasal valve area is reduced when cartilage is removed during surgery. The risk is higher if you already have a nasal problem such as a deviated septum or allergic rhinitis.
- **Graft rejection** (risk: less than 1 in 100). This usually happens because the graft gets infected.

How soon will I recover?

• In hospital

After the operation you will be transferred to the recovery area and then to the ward.
If you had some packing in your nose, it will usually be removed on the morning after your operation. You will feel a 'dragging' sensation as this is removed and you may have a nosebleed for about fifteen minutes. Once this has settled you should be able to go home. However, your doctor may recommend that you stay a little longer.
If you had a graft, you will usually be given antibiotics to reduce the risk of getting an infection.
If you are worried about anything, in hospital or at home, ask a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

• Returning to normal activities

You will need to stay off work and away from groups of people for two weeks after the operation. This is to avoid catching a cold, which could result in an infection. Your nose will feel blocked during the first two weeks and may release some bloodstained fluid. You should not blow your nose or sneeze during the first few days after surgery. Gently wipe or dab any discharge with tissues. (To avoid sneezing, place your tongue in the roof of your mouth and suck hard.)

You should avoid any exercise, hot baths and bending down for the first couple of weeks. When you go to bed, prop your head up with pillows to keep your airways clear and reduce any swelling.

Your surgeon will remove the splint and strapping after the first week. Most swelling and bruising will usually have settled after the third week.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check with your doctor and insurance company first.

• The future

It can take many months for your nose to settle down and for the final appearance to develop. If you feel you need revision surgery, you should wait at least six months while the structure of your nose stabilises before deciding to go ahead.

Most people make a good recovery and are satisfied with the new size and shape of their nose.

Summary

A septorhinoplasty is an operation to improve the appearance of your nose and how you breathe. You should have realistic expectations about the results.

Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Further information

- For help and advice on stopping smoking, go to www.healthpromotion.ie or call the National Smokers' Quitline on 1850 201 203
- For advice on maintaining a healthy weight and information on how exercise can help you, go to www.irishheart.ie
- www.aboutmyhealth.org - for support and information you can trust
- www.entuk.org

Acknowledgements

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Illustrations: Mr Eoin O' Broin MD FRCS (Plast)

Local information

You can get information locally from:

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