

Revision
Rhinoplasty
Manual

By: Andres Bustillo, MD

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PRE-SURGERY TO DO-LIST

Do-obtain Extra-strength Tylenol for discomfort.

Do-give us the telephone number of where you will be staying the evenings before and after surgery.

Do-have a responsible adult accompany you and spend the night with you except following very minor procedures.

Do-obtain frozen peas and small Ziploc bags to use as compresses for nose, eyelid, facelift, and reconstructive surgery.

Do-take Vitamin C 2000 mgs. daily for 1 week preoperatively.

Do-take medications prescribed for blood pressure and heart the morning of surgery and inform us of doing so.

Do-inform us of medication we have not prescribed.

Do-have your hair colored, if desired, the week before facelift surgery.

Do-wash your hair the night before surgery and do not apply hair spray.

Do-bring sunglasses if having eyelid surgery.

Men must shave the morning of surgery.

Do wear a shirt that buttons or zips down the front (no T- shirts) as we might have you change into a gown.

Do not-take Aspirin and Ibuprofen products 2 weeks preoperatively.

Do not-take Vitamin E for 2 weeks preoperatively.

Do not-take your Hormone Replacement medication on the morning of surgery.

Do not-take St. John's Wort, Licorice Root, Ginkgo Biloba, Ginger, Garlic, Cayenne, Bilberry, or Fish Oil supplements for 2 weeks before surgery.

Do not-take Viagra 2 weeks before surgery and 1 week after surgery.

Do not-wear make-up, eye lash extensions, creams or perfume the morning of surgery.

Do not-eat or drink after midnight prior to surgery.* (except for medications with a small sip of water)

Do not-exercise the morning of surgery.

Do not-drink alcoholic beverages for 5 days before surgery or two weeks after surgery.

Do not-drink caffeine containing beverages for 48 hours before surgery or 1 week after surgery. Slowly reduce your intake over the week before surgery to avoid a headache.

Do not-drink herbal teas 2 weeks before surgery.

Do not-bring valuables with you the morning of surgery.

Do not-wear contact lenses the morning of surgery.

Do not-wear any jewelry or body piercings the morning of surgery.

General information and preparation for surgery with Dr. Bustillo

MUST READ PRIOR TO SURGERY

It is very important for your safety that we know ALL MEDICATIONS, VITAMINS OR HERBAL MEDICATIONS that you are taking.

To prevent any bleeding during or after your surgery, we want to make sure that you are not taking any of the following:

ASPIRIN	FEVERFEW
ALEVE	GARLIC
ADVIL	GINGER
MOTRIN	GINKGO BILOBA
NUPRIN	GINSENG
IBUPROFEN	ANAPROX
INDOCIN	SALICYLATES
NAPROXEN	HEPARIN
ALKA-SELTZER	COUMADIN
ANTI-STEROIDAL, ANTI-INFLAMMATORY AGENTS (NSAID'S)	PLAVIX
MULTIPLE VITAMINS WITH "E" SUPPLEMENTS	VITAMIN E

Please read package inserts of any substances which you are taking and make sure that it does not have a warning about causing bleeding or worsening any bleeding disorder.

These medications should be discontinued at least **2 weeks prior to surgery** and not be re-started until you have checked with your surgeon. If these medications have been prescribed to you by another physician, you must consult with him prior to discontinuing them. **If you have any questions, please ask.**

1. There are certain medications that affect blood clotting. To avoid bleeding during the operation, and to ensure the least possible "black and blue" discoloration following the operation, do not take any Aspirin for 2 weeks before your scheduled procedure.

Many over-the-counter drugs contain Aspirin. Please check any medications you might take to be certain that it is not part of the formula.

The newer anti-arthritis drugs all contain substances which can be many times more potent than Aspirin in their blood clotting interference (i.e., Indocin, Motrin, Clinoril, Advil, Motrin, Nuprin, Mediprin, etc.) These medications must also be discontinued 14 days prior to surgery.

Please advise our office of all medications, prescribed or over-the-counter, that you are currently taking.

2. Please discontinue Vitamin E, just as you are to avoid Aspirin. Vitamin E is present in many multi-vitamins. There is some indication that it too may upset the first stages of the clotting process. You may begin Vitamin E again two weeks after surgery.
3. Vitamin C may aid in preventing bruising and in speeding healing. If you are not one of the rare people who are sensitive to this vitamin, please take 2000 mg. per day (you may divide this into two doses - AM & PM) beginning one week before surgery. If you are a smoker, you must take at least 4000 mg. of Vitamin C a day. Smoking deactivates Vitamin C, accounting for poor healing.
4. Antibiotics are given to help prevent infections. Antibiotics and anti viral medications are used in conjunction with facial laser and dermabrasion treatments.
5. If you routinely take any medications, if you are allergic to any medications, or if you forget to discuss any medical condition during the consultation, please call me.

6. You must allow yourself a period of time to recover following your operation. The earliest you should expect to be presentable is as follows: Rhinoplasty - usually one week; Eyelids - eight to ten days; Facelift - about two weeks. There are variations to these estimates but most patients are presentable after these time periods. Please remember that it will take more time, in some cases, several months, before you will see the final results of surgery.
7. Alcohol is a potent blood vessel dilator and, in the post-operative condition, can promote swelling of the surgical area and even bleeding. It is best to avoid alcohol intake for at least one week following surgery.
8. You must remain in the Miami metropolitan area for at least one week following surgery. We will help make arrangements for out-of-state and foreign patients if you have no local residence.
9. Getting a suntan before surgery is not a problem. However, it would not be advisable to undergo surgery if you have a severe sunburn.
10. Exercise which increases the heart rate can begin at 3 weeks post-op. Exercise during the first week post-op can cause bleeding. During the second week post-op it will increase edema or swelling. At 21 days, you can begin exercising. Begin slowly and progress. At 30 days, full exercise can begin.
11. A frequent question is "...when can sexual activity resume..." As a moderately exertional activity (caloric expenditure), sexual activity can safely be resumed at 2 weeks following facial plastic surgery.
12. Observe, in yourself and in those around you, that the two sides of the human body are not the same. Aesthetic surgery can never make them exactly the same.
13. If you smoke, you must stop one week prior to surgery and for two weeks following surgery. The harmful effects of smoking are most damaging following facelift surgery. Nicotine's "tourniquet-like" effect on small blood vessels can cause skin death.
14. A slight fever of 100+ is not unusual following facial surgery. This is especially true following nasal surgery. It does not mean you have an infection. This elevation in temperature is a natural response to surgery.
15. Whether you are contemplating or have decided to undergo facial plastic surgery, be prepared to hear all manner of stories and judgments from relatives and friends. If you ask an opinion about your surgery, most people will not be supportive. Many will have some tale of difficulty to tell you; it is an unfortunate fact of human nature. Occasionally, relatives and friends who are told you have made a definite decision about facial surgery are more supportive. After surgery, almost everyone will forget their negative statements. They will admire the results and see, for the first time, what you were talking about.
16. Our purpose and goal in facial aesthetic surgery is improvement and not perfection.

POST-OPERATIVE RHINOPLASTY CARE

1. DO NOT wear glasses for one month. Our office will provide you with a splint if necessary. In an emergency, tape can be wrapped around the bridge of the glasses. Leave a sticky tab of tape facing up towards your forehead. Keep the glasses off the bridge of your nose by taping the glasses up onto your forehead.
2. AVOID salty and spicy foods (anything that causes your face to flush or retain fluid). Prolonged swelling can contribute to scar tissue formation and a less refined result.
3. ALCOHOL consumption can be resumed, with caution TEN days after the nasal splint is removed. Alcohol will cause swelling that will last for twenty-four hours. Again, prolonged swelling will contribute to scar tissue formation and a less refined result.
4. Finish using the bactroban ointment in your nostrils with a Q-tip, go up the nostril as far as the cotton on the Q-tip. This helps maintain moisture during the healing process. Continue this for 2 weeks.
5. You may BLOW YOUR NOSE gently (after the first week), simultaneously, through both nostrils at this time. It is best to try this first during, or after, a shower. Excessive nose blowing will contribute to nasal stuffiness and can cause bleeding. Start using Flonase once the nasal splint is removed to help with congestion. 2 puffs in each nostril once a day for the next 2 months.
6. Continue to SLEEP WITH TWO PILLOWS under your head for another ten days.
7. Be very careful about SUN EXPOSURE. A hat or visor should be worn in strong sunlight. Waterproof sunblock SPF 30 should be applied thirty minutes prior to sun exposure for two months after surgery.
8. SMOKING cigarettes or exposure to cigarette smoke will impair the healing process and contribute to scar tissue formation. It should be avoided.
9. BRUISES may be covered with make-up and may take a few weeks to resolve. You may apply makeup 7 days after surgery
10. VITAMIN C 2000mg taken daily should be continued for two weeks to promote healing. It also has a slight anti-inflammatory effect
11. EXERCISE may be resumed at three weeks from your surgical date. Upon resumption if you feel pressure in your nose while exercising stop and wait until the fourth week.
12. You may notice increased FACIAL AND NASAL SKIN OILINESS. Use an astringent like Stridex pads to control this. You may resume acne preparations that you were using before surgery.
13. In the unlikely event of a NOSEBLEED, cotton or facial tissue can be saturated with nose drops (Afrin) and placed into the nostril that is oozing. Leave in the nostril for several minutes and call our office.
14. A BASEBALL CAP with a firm brim can be worn to prevent trauma. This is useful when handling small children or when you know you will be with a group in a crowded room.
15. It is ok to fly 6 days after surgery. You should use Afrin nasal spray 30 minutes before take-off and 30 minutes before landing.

Rhinoplasty - Nasal Plastic Surgery by Dr. Bustillo
Please read prior to surgery

The Procedure:

Rhinoplasty is done with general anesthesia. It is always done on an outpatient basis. The operation lasts about two hours. Occasionally, if the procedure is a revision, it may take longer.

A small amount of loose cotton is placed just into the nostrils, especially if your surgery is also to relieve a nasal breathing obstruction. This is gently removed the next day.

A small bandage is placed between the bottom of the nose and the upper lip. This is changed as often as needed during the day. A small amount of oozing is ordinary and expected. It should not concern you. The bandage may be changed one or a dozen times. The loosely closed incision allows blood to escape rather than flow back up into the nasal tissue. Most of this oozing stops by the evening of surgery or by the following morning.

A small silicone cast is placed atop the upper two-thirds of the nose at the completion of the rhinoplasty. This splint acts both as a protector for the freshly operated nose and helps to maintain the position of the newly sculpted nasal bones. The splint is removed in 5 - 7 days. Do not allow it to get wet, if so it may separate prematurely.

The First Week After Surgery:

1. During the day and evening of surgery, cold moist compresses are used continuously over the eyes to minimize swelling and control bruising. A small ziplock bag filled with 1/3 cup of frozen peas should be applied over the nasal cast; over a single layer of moistened gauze is an effective compress. It is not necessary to maintain the compresses during the night, but they will be helpful if used during the second day. You should use the compresses for the first 48 hours after surgery only.
2. Puffiness or swelling of the eyelids is always most pronounced on the second morning following any facial plastic surgery (i.e., surgery on Monday, most swelling on Wednesday). It usually regresses quickly in the next few days. This normal and expected observation is no cause for concern.
3. Bruising and discoloration around the eyes is extremely variable. However, the majority of patients do experience minimal "black and blue." Careful adherence to the recommended pre-operative medication instructions is imperative. A few patients, despite taking all precautions, will develop marked bruising in the eyelids. Even this bruising is usually resolved by the end of the first week.
4. Invariably, there is some nasal stuffiness during the week after surgery. The external edema (swelling) is reflected internally, but the mild blockage will improve steadily. The application, 3 times a day for 2 weeks, of a small amount of bactroban ointment just inside the nostrils, acts to lubricate the surgically sutured area and prevent crusting. However, it is imperative to avoid extensive manipulation in this area. **DO NOT BLOW THE NOSE. DO NOT INSERT ANYTHING INTO THE NOSE.** Use several drops of AFRIN nasal spray at

night if the nose feels congested. You may ONLY use this for 3 nights beginning the day after surgery. Oceanspray nasal saline may be used during the day at least 5 - 7 times a day in each nostril beginning the day after surgery.

5. For the first few post-operative days, you may expect a small amount of pink-colored water nasal discharge. Usually, a facial tissue touched to the nostrils is all that is required. Occasionally, reapplication of a small gauze bandage beneath the nostrils may be more convenient. Any continuous persistent show of bright red blood should be reported to me. Bleeding on the third, fourth, or fifth day occurs in less than one-percent of cases. First aid for such a rare occurrence is as follows: Lie down and elevate head. Place cold compress on the nose. Saturate a piece of cotton with nose drops (AFRIN), and place it in the bleeding nostril.
6. Discomfort following rhinoplasty is usually limited to the second or third hours just after the procedure. This may best be described as a headache. Severe pain is rarely a consequence of facial plastic surgery. The prescription for pain tablets that you have received is more precautionary than necessary, but please have it filled and available at your home bedside. Take Percocet with milk to avoid any stomach upset.
7. During the first two weeks, it is best to sleep with the head elevated by at least two pillows, both to decrease the amount of swelling and to aid in the resolution of any swelling that does occur.
8. During the first week, you may notice that the nasal tip is slightly elevated. This is a constant, temporary factor following all rhinoplasties. The position of the nasal tip at this time has little relationship to the final result. The tip will slowly drop to its new lower position over the next 8 to 12 weeks.
9. Exercise must be limited during the first week. While relaxed ambulation about the home and local shopping, dining or visiting is encouraged, any lifting, pulling or straining must be avoided, as it may cause bleeding and swelling.
10. Do not use Aspirin during the first week after surgery.
11. Continue Vitamin C 2000mg for two weeks after surgery. The dose may be halved. This may promote healing.
12. The nasal splint will be removed on the fifth to seventh post operative day. Start using Flonase, 2 puffs in each nostril once a day for 2 months.

After the First Week:

1. At the time of nasal splint removal, you will have your chance to see the new nose. It will appear quite swollen but, in most cases, even in this swollen condition, the improvement can be appreciated. It is not a time for critical evaluation since, over the next weeks, daily changes progress toward the final result. At twelve months, the final permanent result is achieved in most patients. In a few cases, it may take over one year. The nose will swell after the splint is removed. The swelling will start to come down after the second or third week. Many factors determine how quickly, or slowly, the nose assumes the final appearance. The most influential determinant is skin type. Skin that is thicker and oilier is certain to retain edema (swelling)

longer than skin that is drier and thinner. Individuals vary in healing potential.

2. During the second week the nose must not be bumped, (elbows, doors, etc.). Though the bones are firmly healing in place, even a slight blow could cause movement. Avoid any situation where a potential for nasal trauma exists.
3. You should not wear glasses for about one month. If glasses must be worn, taping the central bridge of the glasses to the forehead will allow as little pressure as possible on the nasal bones. If desired, a nasal splint will be provided that will disburse the weight of the eyeglasses, allowing you to wear them on the bridge of the nose.
4. It is wise not to sunbathe for about two months. A sunburn will cause the nose to swell and delay the final result. Walking about between sun and shade or sitting with a hat, is permitted. It is always best to apply a waterproof factor 30 sunblock to the nose if strong sun exposure is anticipated. The nasal skin is somewhat insensitive following rhinoplasty. This can be appreciated by touching the skin, which will seem slightly numb. The advice concerning sun exposure also applies to the winter cold. It is possible to experience frost-bite if exposed for long periods to sub-freezing weather during activities such as skiing. Both sun and the winter cold are natural enemies to the skin and prolong the usual post-op course.
5. A natural reaction of all types of nasal skin to this surgery is a pronounced increase in nasal oiliness. Even skin that is usually dry will need to be wiped with an astringent on a cotton pad once or twice a day for two weeks or more. Stridex pads can be used for this purpose. This nasal oiliness can persist for months.
6. Another universal observation is the presence of flaking or peeling of the skin, much like that caused by sunburn. This also abates in about two weeks.
7. Most discoloration is resolved in 7-10 days. However, though unusual, this may persist longer as pigmentation beneath the eyes. Occasionally, olive-skinned patients may retain this pigment for several months.
8. During the third week, you may begin exercise. Start slowly and progress. After the sixth week, you may begin contact sports. Please do not participate in school physical education for one month following removal of the splint. We will provide a note if necessary.
9. At the time the nasal splint is removed, any undissolved sutures will also be removed from the internal nasal area. You will be given a follow-up appointment for six to eight weeks. After that visit, your follow-up return examinations are based on an individual, case-by-case evaluation.
10. Small irregularities may be felt below the smooth skin, especially over the nasal bones. These irregularities are common. Most noses, even without surgery, have palpable bone irregularity beneath smooth skin.

Frequently Asked Q and A

This is a revision rhinoplasty manual written to help inform prospective patients about the revision rhinoplasty procedure as performed by me (Andres Bustillo, MD). It does NOT apply for revision rhinoplasty performed by other surgeons. It is written in a Q and A format, as it covers most of the questions patients have asked me over the last ten years. I hope you find it informative and that it allows you to make the best decision.

Will I be happy with the results of my revision rhinoplasty?

There are various ways to answer this question. I will say that patients that are always happy with their revision rhinoplasty result are those that understand several things. One, that surgery is not magic and there are limits to what it can do. Surgery cannot give a white person a black person's nose and the same goes the other way around. Two, no matter how perfect the result is, you are going to find minor flaws. This is a fact. Understand it and accept it. A non-operated nose has flaws and so will your nose after surgery. Three, the rhinoplasty process takes a full year. Swelling takes this long for it to subside. This is also a fact. Understand it and accept it. Four, I will do my absolute best to give you the best result possible. That is the best that I can do.

How is revision rhinoplasty different from a primary rhinoplasty?

Although they are both considered cosmetic nasal surgeries, they are very different procedures. In a primary surgery, the nasal framework and skin have never been surgically altered. The bone and cartilages are "new" and can be manipulated fairly easily. The skin has not suffered any trauma, and can be expected to conform to the new bony/cartilaginous framework relatively well. In a revision rhinoplasty, the cartilages have been worked on, meaning they may have been excessively resected (removed or cut away) and they may have become indurated (hard). For this reason, working on previously operated cartilages is much more difficult. Many times these cartilages cannot be shaped in the way I (and yourself) would like them to be shaped. The skin, having been traumatized during the previous operation, may not conform to the new nasal skeleton in the same way that non-operated skin would. As you can see, there is a higher degree of unpredictability and uncertainty than in a primary rhinoplasty.

What over the counter things should I prepare or get before the surgery?

Obtain extra strength Tylenol because the pain after a rhinoplasty is typically zero to minimal, you should take extra strength Tylenol before taking the Percocet prescribed to you. Afrin nasal spray, flonase nasal spray, ocean saline nasal spray, and gauze.

What medications should I avoid before surgery? Why?

You were given a sheet with a list of medications to avoid. These will make you bleed. If you bleed more than normal, it makes the surgery very difficult for me and the result may not be as good. In addition, you will bruise and swell more than normal. Your recovery will take longer. Please do not take these for 2 weeks before surgery.

What medications do you prescribe me and how should I take them? (some of these you must purchase over the counter)

- 1) Extra strength Tylenol (over the counter): take as directed. Should be taken first for pain.
- 2) Percocet: take as directed. Take for breakthrough pain if Tylenol is not sufficient.
- 3) Doxycycline antibiotic: take as directed. Begin the night of surgery after you get home.
- 4) Zofran (ondansetron): take as directed for nausea.
- 4) Medrol Dose Pack: Instructions are on the back of the pill packet. Begin to take these on the morning of the day after surgery
- 5) Afrin: (over the counter) 2 puffs at night, beginning the second night after surgery. Use only for three days.
- 6) Flonase: 2 puffs in each nostril once a day. Begin this the day the cast is removed and continue for 2 months. This helps the inflammation inside the nose.
- 7) Oceanspray nasal saline: (over the counter) use at least 5-7 times a day in each nostril. Begin the day after surgery and continue for 2 months.
- 8) Bactroban (mupirocin) ointment: Apply to the nostrils with a q-tip 3 times a day starting the day after

surgery and continue for 2 weeks.

What is the Bactroban ointment for?

After the first day of surgery, you should apply the ointment three times a day using a Q-tip. Apply it to the base of the nose where the tiny stitches are and inside each nostril. This is very important, as it will help prevent crusts from forming. There is nothing you can hurt doing this, so make sure you do it. Failure to do so means that larger crusts will form, which will be more difficult (and painful) to remove afterwards.

How long will my nose be swollen after a revision rhinoplasty?

The nasal swelling can take up to 18 months to subside. At 1 month, approximately 70% of the swelling is gone, at 6-8 months 85%, and at 12-18 months 100%. Much of the anxiety after revision rhinoplasty comes from this swelling and the patient wanting the final result "right away". Unfortunately, this is just part of the healing process and not much can be done about this. You made a conscious decision to have this surgery and you have to be patient. There is no way around this. It just takes time. To help patients understand this, I sometimes use the following analogy...When baking a cake which takes an hour to bake in the oven, would you eat it after 10 minutes? No. Well, it's the same thing when you judge a nose at 4 months. It's just not done yet.

What can I do to help the swelling come down during the first couple of weeks?

The following things will help to reduce your swelling; sleep with your head elevated with 2 pillows, avoid salty and spicy foods, avoid extended sun exposure, and consume pineapple fruit. Pineapple contains bromelain, which helps to decrease swelling.

What exactly does this swelling look like? I am having surgery and I'm going back to work in 7 days?

One of the best and easiest ways I can describe the swelling of the nose is by asking if you have ever "popped" a pimple on your nose? Remember how the tip swells? You look into the mirror and you feel as if your nose is huge but the average person can't really tell? This is what the swelling feels like at about 2 months. It is something you see and feel (because you are used to your skin being tightly wrapped around your nose) but most people can't see the swelling you see. This is the best way I can describe it.

What about bruising?

About 50% of the patients that have surgery with me will have bruising. By the 6th day after surgery, most of the bruising will have dissipated and what is left can easily be hidden with concealer.

When can I use make up?

You can start using it 5 days after surgery.

What can I do to prevent bruising?

The two most important things you can do: 1) avoid the medications listed on the sheet we give you and 2) use the frozen peas after the surgery. Before surgery, you should buy peas and place 1/3 of a cup in a zip lock bag. Make several of these bags. Why peas? Because they are light and will not bother you. You place the zip lock back over the splint on the bridge of the nose, so that it cools both eyelids. You use this as much as possible for the first 48 hours after the surgery.

Should I use the peas or ice after the first 48 hours?

No. Cold does not help after the first 48 hours.

Do you pack the nose? I have heard horrible stories about packing?

Packing of the nose depends on how much bleeding occurs during surgery. If packing is needed, your nose will be packed with small cotton balls. These are removed the day after surgery and do not hurt. This type of packing is not what you have heard horror stories about.

What is the follow up process after the revision rhinoplasty surgery?

I will see you the day after surgery to remove the cotton ball from the nostrils (remember, not everyone will need the cotton balls). The cast will be removed on the 5th-7th day after surgery. I will then see you at 6-8 weeks, six months, and until the nose is healed.

How should I sleep after surgery?

You should sleep with two pillows for the first two weeks. Another helpful suggestion is to try one pillow and an airplane-type U-shaped pillow on top of the first pillow. This helps some patients. The reason you should elevate your head above your heart is to help with the venous drainage. This will help the swelling subside faster. You do not need to sleep on a recliner. I think a bed is much more comfortable.

What can I eat after surgery?

The first night after surgery, the most important thing is to hydrate. Drink water, Gatorade, juices, or ginger ale. If you are hungry, eat for example a plain turkey sandwich (without mayo or mustard) or light soup. Avoid heavy soups and foods with condiments. On the second day and on, you can eat almost anything you have an appetite for. Just remember to avoid salty and spicy foods.

My cast was just taken off. What happens now?

Over the next 3 weeks, the nose will gently swell. Then on the 4th week, the swelling will start to subside.

When can I go back to work?

Most patients return to work about 6 or 7 days after their revision rhinoplasty.

When can I fly?

You can fly 7 days after your surgery. About 30 minutes before takeoff, spray 12 hr Afrin. This will decongest your nose and allow you to equalize as the plane gains altitude.

When can I exercise?

You can begin exercise at 3 weeks after the surgery. If you feel that the nose swells a bit, you can cut back.

When can I blow my nose?

You can blow your nose 2 weeks after surgery. In the meantime, use the saline spray as directed above.

My tip droops when I smile. Will this be corrected?

It will be improved significantly. The reason your tip droops when you smile is because the tip is very weak. The cartilages that make your tip are small and lack the strength to support it. During your revision rhinoplasty, the tip will be strengthened. This will limit the amount of droop when you smile. The one instance where tip drooping cannot be corrected is when the patient has had a previous septoplasty procedure where septal cartilage was removed.

You mentioned that the result would not be perfect. What does this mean?

What I mean by this is that the nose will have some minor imperfections. The more imperfect your nose is from the previous rhinoplasty, the more imperfections you should expect after your revision. For example you may feel a small ridge in an area. One nostril may be a little bit different than the other. There may be a small asymmetry. Remember non-operated noses are not perfect either and have many imperfections and asymmetries.

Why can't it be perfect?

I don't think that anything a human creates can be perfect. But it may be easier to understand this if I give you an idea of what is being done to your nose. Basically, the nose is taken apart and then put back together in another shape. During this difficult process, things are gained (better profile, better shape, nicer size, nicer tip, etc.) and things are lost (a small asymmetry or flaw). It is impossible not to lose something when there are significant gains. The important thing is that the gains greatly outweigh the losses and that your nose will be much better. Remember that the cartilages have been cut and reshaped, and are not soft anymore, the ability to shape them has been limited.

Will you try to make it perfect? What are things that can affect the final result?

I will not leave the operating room until I can achieve the best result possible. That is my commitment but I am also honest and realistic. Patients sometimes bleed or swell more than normal during the surgery.

This affects visualization. The nose is very small, so even a tea-spoon of blood in the nose can make visualization and operating it very difficult. As I mentioned before, the cartilages are scarred and many times very hard, making it difficult to shape them. The skin and the way it conforms to the new nasal skeleton is not as predictable as in a virgin nose.

Even if everything in the operating room is done perfectly, the nose will not be perfect. Why? Because things don't always heal perfectly. Swelling, scarring, healing, these are all things that are out of our control that also affect the final result.

I want my nose to be perfect?

You should not have a revision rhinoplasty if you are expecting perfect results.

But I see actresses with perfect noses on TV and magazines?

Two words. Photoshop and makeup.

How do you perform a revision rhinoplasty?

The revision rhinoplasty I perform is done by changing the size and shape of the nasal skeleton. This is done by removing cartilage and bone from the dorsum (bridge) of the nose and then narrowing the nasal bones (these bones make up the upper third part of the nose). The tip is then reshaped by supporting the nasal tip with cartilage (obtained from either the septum inside the nose, the ear, or rib) and changing the shape of the tip cartilages with special stitches. The name of this type of rhinoplasty I perform is called **STRUCTURAL RHINOPLASTY** because the structure is reshaped.

Are all revision rhinoplasties done like this?

No. Many surgeons today still perform what is called **REDUCTIVE RHINOPLASTY**. In this type of surgery, the nose is made smaller by removing cartilage and bone from the bridge AND from the tip. The results are less predictable and can change over time. This often leads to collapse, pinched nasal tips, and visible irregularities.

Will my nose look fake or operated?

No. The two things I guarantee every patient are: your nose will look much better and it will look very natural. It will look like a nose that you could have been born with. In many cases where the previous rhinoplasty left the patient with an "operated look", I will attempt to bring back the nose to a natural appearance.

Is my revision rhinoplasty going to be open or closed? What is the difference?

I perform both open and closed rhinoplasties. Depending on what needs to be done to your nose, I will recommend either open or closed. In an open rhinoplasty, a small incision is made to open and gain access to the tip and bridge. In a closed surgery, the incisions are made inside. Typically, if the tip needs to be touched, I will recommend open. I think patients get caught up with the small incision made in the open rhinoplasty. The reality is that this incision heals very well and will not be visible once it has healed. The other difference is healing. Because in closed rhinoplasty the tip is barely touched, the swelling is less. However, I firmly believe that the only important thing here is "how can I obtain the best possible result" for your nose? Based on this statement, I will recommend what I think can achieve this.

What are grafts?

In simplest terms, a graft is tissue (can be cartilage, bone, skin, or soft tissue) that is taken from one place in the body and placed in another location. In rhinoplasty, most of the grafts used are cartilage.

Occasionally, soft tissue grafts are used. The cartilage grafts in rhinoplasty are used to: 1) help shape the nose 2) prevent irregularities from forming as the nose heals and 3) provide support to the tip.

Where is the cartilage taken from?

In most cases, the cartilage is taken from the septum. The septum is the wall between the nostrils made of cartilage and bone. The cartilage inside the septum is the best quality cartilage in the body. It is strong and does not warp or change shape over time.

You mentioned that you need to take cartilage from the ear. Why is that?

The only reason I would have to use your ear cartilage is if you do not have any cartilage in your septum. This is because it was taken out during your previous nasal surgery.

Why don't I have any cartilage in my septum? Is this bad?

No, it is not bad. You don't have any cartilage available in your septum because you either had a septoplasty or a rhinoplasty in the past where the cartilage in your septum was removed.

Does the fact that I don't have any cartilage in my septum mean that my nose will collapse?

No. Everyone that has had a septoplasty in the past has no cartilage left in the septum. A septoplasty is a functional surgery to straighten the septum. This is done by removing the cartilage and bone to improve the airway.

Will you tell me that you are going to take cartilage from the ear before surgery?

Yes. 90% of the time, I can tell from the physical examination that cartilage was removed in your previous surgeon. I will always discuss this possibility with the patient in consultation.

I have heard that the ear cartilage is not as good. Is this true?

Yes. The ear cartilage is weak and has many curves. For these reasons, it is not as good quality as septal cartilage. There are things you can do with septal cartilage that cannot be done with ear cartilage. So, if for example, there are twins with identical noses and one had a rhinoplasty done with septal cartilage and the other with ear cartilage, the one with septal cartilage would have a better result. Better building materials, better result.

You mentioned that you would need to use rib to perform my revision rhinoplasty. Why do you need to use rib?

Occasionally, when the patient has no septal cartilage and there is a need for structural support, I may suggest or recommend using rib cartilage instead of ear cartilage. A small (4 cm) incision is made in the right side of the chest, just in the crease of the breast. A segment of rib is removed and this is then used to reconstruct the nose.

What are some of the drawbacks of using rib?

The incision is a small drawback. However, the biggest drawback is that the rib cartilage has the possibility of changing shape over time. Because the natural shape of the rib is curved, the cartilage can curve over time. This occurs about 15-20% of the time. If this occurs, it is possible that the shape of the nose may change and a need to reshape the nose may arise. I do not perform the rib procedure in my office and it must be done in the hospital's ambulatory center. This increases the cost of the surgery significantly.

So if you are adding cartilage to my nose, will it be a bigger nose?

No. The cartilage is to shape the nose, not to make it bigger. In some circumstances, the cartilage is used to make the nose bigger, but this is usually for revisions where too much was taken out.

Are the grafts used in rhinoplasty always cartilage?

No, sometimes I will use a soft tissue graft obtained from the area behind or above the ear to add height or camouflage irregularities in the nose. I will let you know before surgery if I am going to need this type of soft tissue graft.

Is my nose going to be "broken?" Why do you have to break it? What exactly is this and how is it done?

After the hump of the nose is brought down, the bridge will become wider. Think of a cone as seen from above. If you slice the top off, it now appears wider. So in order to narrow the bridge again, the nose must be broken. If your nasal bones are wide, this is also a reason why the bones need to be broken. Breaking the bones is done through osteotomies. This involves making small cuts in the bones with a tiny bone-cutting instrument called an osteotome. If we discussed that the bones would not be touched in your revision rhinoplasty, then the nose will not have to be broken.

Is skin removed in a revision rhinoplasty?

No, the skin cannot be removed in a rhinoplasty. After the surgery is done, the skin is laid back down. Because the skin has been traumatized before, the way in which it reacts or conforms to the new nasal skeleton is not always predictable. This is something which surgeons have no control over.

I was told I have thick skin. What does this mean?

Thick skin limits the amount of definition that can be achieved with surgery. Think of laying a thin bed sheet over a sculpture. You will see many of the details, as the sheet lays over it. Now, think of laying a thick duvet cover over the same sculpture. You will see much less detail. This is exactly what happens with thick skin. In addition, the nose cannot be made too very small with thick skin, because definition will be lost. The smaller the nose with thick skin is made, the thicker and bulkier it will appear. The thicker the skin, the more unpredictable it can react in a revision rhinoplasty.

I was told I have very thin skin. What does this mean?

If you have very thin skin it means that irregularities can be more easily seen. Typically, normal skin has a certain thickness that can help cover small irregularities that may normally arise during a revision rhinoplasty.

My cast was just taken off. What happens now?

Over the next 3 weeks, the nose will gently swell. Then on the 4th week, the swelling will start to subside.

My cast was just taken off. My tip looks very high. Will it come down? When?

It is normal for the tip to appear at a high position at first. Yes, it will come down. It is important to be patient during this time and understand that everyone's tip is always elevated after surgery. The tip will come down over the next few weeks. The tip usually settles to its approximate position over the next 8-12 weeks. In some patients it occurs faster and in some it may take longer.

I had my surgery a week ago. Do you have to remove the sutures on the incision?

The stitches in the columella (the column between both nostrils) where the small incision is are trimmed. I don't remove and pull them because this would be painful. Instead we trim them at the base so that they are nearly invisible. They will dissolve. If at the 6-8 week visit they are still there, they will be removed.

I had my revision rhinoplasty 2 weeks ago. I can see some stitches inside the nose. Is this normal?

Yes. The sutures inside the nose are allowed to dissolve on their own. Occasionally, one will stick or poke out of the nostril. You can cut it with a pair of small scissors just as it comes out of the nostril. The part left inside will dissolve.

I had my rhinoplasty 3 weeks ago. I just sneezed and a small part of stitch just came out. Is this normal?

Yes. As the stitches dissolve, sometimes small pieces can come out during a sneeze.

It's been 4 weeks since my surgery and I like the results, but I feel the tip is still swollen. What can I do about this?

It is normal for the tip to be swollen at this time. Remember the 4 week=70%/6month=85%/12-18 month=100% rule. This is the period that some patients have anxiety about. They like the way their noses look, but feel that it is still puffy. It is important for them to be patient during this time. Things that aggravate swelling include: exercise, salty foods, spicy foods, extended sun exposure (for example, sunbathing, boating, etc).

I'm very stuffy inside my nose. What should I do about this?

It is normal to be stuffy. The day after the surgery, begin to use Afrin nasal spray (over the counter, use as directed), which is on the list of things to get before surgery. This will help to decongest the nose. However, I do not want my patients to use Afrin for more than three days. At the same time (day after the surgery) also start using Ocean Spray nasal saline. You should use this as much as possible. Because it is saline, there is no limit to its use. It should be used at least 5 or more times a day. The way to use it is by spraying it in each nostril, breathing it deeply in and then spitting it out through your mouth. You should continue to do this for 2 months or until you feel that you are breathing much better. The inside of the nose swells just like the outside. The day the cast is removed, start using Flonase nasal spray (in addition

to the saline spray). Use 2 puffs in each nostril once a day. Use this for 2 months.

I had surgery this morning and I am bleeding through my nose. What should I do?

It is normal to bleed a bit after surgery. Replace the nasal drip pad as needed. The bleeding usually stops by 10 or 11 pm the night of surgery. If it does not stop or there is a continuous stream coming from the nose, please call me. If you are concerned, please call me.

I had surgery a week ago and just had a little bit of blood come out of one of my nostrils. Should I be concerned?

No, this is common, as sometimes there is a little bit of bleeding as the nose is healing. Soak a small cotton ball in Afrin and place it in the nostril that bled. The Afrin is a vasoconstrictor (shrinks blood vessels) and will stop these small vessels. Leave in there for 10 minutes and then remove it.

I had surgery 4 weeks ago and noticed a weird smell in my nose. What is it?

It is either one of two things. One, it can be dry blood inside the nose. Two, it can be the stitches. The stitches I use during rhinoplasty are all absorbable (they dissolve). As this occurs, they sometimes smell a bit. Both of these can be easily treated by mixing Bactroban (mupirocin ointment that I will prescribe) with Ocean Spray saline. Mix about 6 inches of the ointment inside the bottle of Ocean Spray saline and use this 5 times a day. This will eliminate the odor.

What if there is an imperfection and I want it corrected?

If the imperfection is visible (more on this later) and significant (detracts from the nose), I will fix it. If it is not visible (for example, you "feel" a bump but cannot see it) it is not worth fixing. We have to weigh the risk of going back into the nose versus leaving the small imperfection.

Why can I feel a small bump on my nose? But I can't see it?

The nose is one of those few places where the skin is thin (doesn't have much fat under it) and it overlies bone and cartilage. In addition, the skin thickness varies along the length of the nose. For these two reasons, it is normal to feel small bumps on the skeleton of the nose. This occurs in both, operated noses and non-operated noses. If this occurs on your nose, it is not a big deal, as many non-operated noses also have this. It is not worth trying to fix this because there is a risk every time you operate. Therefore it is not worth trying to fix something that is not even visible, as you may end up with another problem, maybe one that is visible.

I don't want my nose to be perfect because I want it to be natural.

Natural and perfect are two different things. In rhinoplasty, a natural result is a nose that does not look operated. The result I give you will be natural. A perfect result is one without any flaws. The result I give you will be natural but will have some flaws. The bodies we are born with are natural but have flaws. It is therefore impossible to surgically reshape a nose without having some minor flaws.

My nose is crooked. You mentioned that you would be able to get it straighter, but that it will not be perfectly straight. Why is that?

Although the nose is a single organ (vs. breasts or ears) in reality it is two half noses. And more often than not, both halves are different. In many of those cases, the two different halves give rise to a crooked nose. So in essence, straightening a nose is really trying to make both halves perfectly symmetric. And this is really difficult, if not impossible. It is for this reason, that straightening a crooked nose is one of the most difficult and challenging things to do in rhinoplasty. In trying to straighten a nose, many different techniques are used together to try to achieve the straightest nose possible. This is why I tell patients that the nose will be straighter, but not perfectly straight.

My nose is crooked. You also mentioned that one cheek is higher than the other. Why is this?

Our bodies are not symmetric and some patients may have one cheekbone higher than the other. Because the nose basically rests on the cheekbone, when there is such an asymmetry, one side of the nose will be higher than the other. It is like building a house on a hill. Because there is no way of leveling the cheeks, the nose will not be made perfectly straight.

My nose is deviated to one side. Will performing just a septoplasty straighten it?

No. A septoplasty by itself is a functional surgery that will straighten the septum INSIDE your nose and improve your breathing. A septoplasty does not change the appearance of your nose. A rhinoplasty along with a septoplasty is what is required to straighten your nose.

I just want the hump removed. Why did you mention you were going to strengthen my tip?

Let's say for example that the skin was elevated off of the nasal skeleton and then a cast was placed on the nose. Without removing any hump or doing anything else to the nose, the nasal tip would actually drop just from doing that. Part of what holds a tip in its position is the skin. In addition, the swelling that occurs from the healing will also weigh down the nasal tip. The removal of a hump also creates extra "space" which will cause the tip to drop. For all of these reasons, the tip needs to be strengthened in order to just maintain its current (pre-operative position).

I had my revision rhinoplasty 4 months ago. Tip of my nose feels stiffer than before my surgery. Is this normal?

Yes. In order for the nose to maintain its shape over time, the tip was strengthened. This will prevent the tip from drooping over time. It also allows the tip to maintain its definition. Remember, a weak tip will droop causing it look wider. We want to avoid and prevent this.

My tip droops when I smile. Will this be corrected?

It will be improved significantly. The reason your tip droops when you smile is because the tip is very weak. The cartilages that make your tip are small and lack the strength to support it. During your revision rhinoplasty, the tip will be strengthened. This will limit the amount of droop when you smile.

My nose widens when I smile. Will this be improved?

The reason you nose widens when you smile is because the smile muscles pull the sides of the nose apart when you smile. Now, I can't make the nose look thin when you smile, because that would mean that when you are not smiling, the nose would be extremely thin. What I can do is narrow it as much as I can while keeping it natural. I will also strengthen the tip so that the smile muscles cannot pull it apart as much. But in the end, if you have a nice wide smile, the nose will always widen a bit when you smile.

What is the most common reason you have to revise your own noses? How often does this happen? Do you charge for this?

The most common reason that I have to go back on one of my own noses is because I left the bridge 1 or 2 millimeters too high and there is a small visible bump. This happens because there is always a point in which you can either stop removing or continue. Sometimes there is swelling or blood that does not allow adequate visualization. Sometimes it really appears that the hump is perfectly straight on the operating room table. Well, when that decision point comes, I will stop removing. My thought process in these situations is as follows. I can always go back and remove a little bit more at a second setting. But if too much is removed now, it is very difficult to add more later. I do not charge a surgeon's fee for any revision. There is just the anesthesia and facility fee.

Do you charge for revising your own work?

No, I do not charge a surgeon's fee for revising my own work. I am happy to do this in order to get the best possible result for you. The only charges are the anesthesia and the facility fee. Often times the revision is very small and can be done under local anesthesia.