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PATIENT INFORMATION SHEET:

Septorhinoplasty and Rhinoplasty

Brief outline:

- These operations are performed to correct functional and cosmetic problems of the nose (i.e. difficulty breathing through the nose and deformity of the external part of your nose).
- Septal surgery aims to improve the nasal passages by straightening the partition between the two nostrils. Rhinoplasty can involve fracturing and repositioning the nasal bones, removal of a hump and dealing with deformities of the tip. However the procedure may also involve reconstruction using cartilage harvested from the ear or elsewhere.
- The operation can often be performed as a day case procedure but may require a one-night stay in hospital. It is usually performed under general anaesthetic, which means you will be asleep during the procedure.
- This leaflet outlines the aims, benefits and risks of this operation. We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.

Intended benefits of the operation

- The operation is designed to change the shape of your nose and to maintain or improve your nasal airway. People feel happier and less self conscious about the way they look and feel after their operation. We will have discussed your particular concerns in clinic and I will have explained what can be realistically achieved by surgery. I will also have probably demonstrated the likely outcome of surgery using digital image software and may have shown you before and after photographs of some of my patients.
- Improvement of the nasal airway will often involve septal correction but there are a number of other problems which can lead to airway compromise. For example in my practice a large number of cases are referred to me for revision where previous surgery has resulted in a “pinched” appearance to the nasal tip and narrowing of the airway in the region of the *nasal valve* – the narrowest part of the airway. I will obviously have discussed this with you if necessary. Clearly the techniques which I employ will aim to avoid such problems. My aim for surgery is a stable longterm outcome and a natural “unoperated” look.

During the operation

The operation involves making cuts inside your nostrils to reach the bone and cartilage. This is then refined or repositioned to achieve the shape we will have agreed. The skin over your nose is left untouched and shrinks down to the new shape. Sometimes an incision is made across the skin separating the nostrils (the columella) to enable an “open approach” to the internal structures. This is only necessary where there is marked tip asymmetry, although some surgeons choose to use this approach routinely.

Making the nose smaller and narrower means it might also be necessary to make your nostrils smaller. This is done by making further cuts in the skin of the nostrils, which leave fine scars. I will have discussed this with you pre-operatively if this is necessary.

After the operation, the cuts inside the nose are closed with dissolvable stitches. If a cut is made across the columella, this will

be closed with non-dissolvable stitches and these will need to be removed a week after the operation. If the nasal bones are reset or a graft is placed inside the nose then a plaster cast will need to be applied to the nose and this will also be removed after a week.

The operation routinely lasts between 30 and 150 minutes depending on the complexity.

If cartilage is required from the ear (this will have been discussed with you) non-dissolvable stitches will be used to close the donor site. These will be removed after 1 week. One or both ears may be used as a donor site for cartilage.

After the operation

After your operation you will wake up in the recovery room. You might have an oxygen mask on your face; you might also wake up feeling sleepy, both of which are normal. You will need to breathe through your mouth because the nose will be swollen inside and may have some light dressings inside. We do not routinely “pack” the nose.

While you are in the recovery room, a nurse will check your pulse and blood pressure regularly. When you are well enough to be moved, you will be taken to your ward. Sometimes, people feel sick after an operation and might actually vomit. If you feel sick, please tell a nurse and you will be given some medicine to stop the sickness and/or vomiting.

For at least the first few minutes you will have a small, plastic tube in one of the veins in your arm. This is often attached to a drip (bag of fluid), which feeds your body with fluid until you are well enough to eat and drink by yourself.

You will need to rest until the effects of the general anaesthetic have passed. When you feel ready, you can begin to drink and eat, starting with clear fluids.

Although nasal surgery is not painful you may experience some discomfort and so painkillers can be prescribed. Suffering from pain could slow down your recovery, so please discuss any discomfort you have.

Going home

You will normally be discharged the morning after your surgery. Because you will have had an anaesthetic you will not be insured to drive for up to 48 hours (please check with your insurance company) and so will need to make alternative arrangements. I will see you on the ward to explain how the surgery went and to ensure that you are fit for discharge. I will also reinforce advice on your post-operative care. Although you can expect a small amount of oozing from your nose the following advice will reduce the risk of any more serious bleeding:

- Refrain from vigorous exercise for 2 weeks
- Avoid straining or stooping
- Allow your food and drinks to cool a little
- Avoid excessively hot baths or showers
- Avoid blowing your nose
- If you feel you are going to sneeze do so through your open mouth

After your return home

- Even with the above advice you may experience light bleeding from your nose for a day or two. Anything more than this should be discussed with my secretary who will contact me, or the hospital ward if out of hours.
- Keep the nasal splint dry.
- Using extra pillows to support you when sleeping should help you feel less blocked and reduce swelling.
- You should leave any crusts in your nostrils undisturbed until your 1 week follow-up appointment to remove the plaster of paris nasal splint.
- After your nasal splint has been removed you should be able to return to work. Make-up can be applied to disguise residual bruising but remember that your nasal bones will not have “reset” for up to six weeks so contact sports should be avoided and only light framed glasses which do not indent the nose should be worn.

Serious or frequently occurring risks or complications

Rhinoplasty is a commonly performed and generally safe operation. However, all surgery carries some element of risk. This can be divided into risk of side-effects and the risk of complications.

Side-effects

- These are the unwanted but mostly temporary effects of a successful treatment. Common side-effects of rhinoplasty include some pain and discomfort, although painkillers will help with this.
- There will be bruising and swelling, particularly around your eyes, which can take up to two weeks to improve. There will be minimal residual swelling thereafter which can take many months to finally settle.
- The swelling may cause some difficulty breathing through your nose during the first week. It is normal for your nose to feel blocked for a couple of weeks.
- You may also experience some light bleeding from your nose during the first day or two. Your nose will feel numb and stiff particularly around the tip, for several months.

Complications

- This is when problems occur during or after the operation. Most people are not affected. The possible complications of any operation include an unexpected reaction to the anaesthetic or developing a blood clot, usually in a vein in the leg (deep vein thrombosis).
- In addition, the main specific complications are:
 - Excessive nose bleeding up to 10 days after the operation
 - Infection
 - Difficulty breathing through the nose
 - Perforation of the septum (a hole develops in the central partition)
- Published statistics suggest that overall one in twenty patients feel their nose doesn't look or feel quite right after a rhinoplasty. Usually this would be a relatively minor problem such as an irregularity of the bone which shows through the skin. I obviously do everything I can to avoid such problems but in such a case a refinement would be required once the swelling had settled
- The chance of complications depends on the exact type of operation you're having and other factors such as your general health. Any particular problems in your case would have been discussed ahead of surgery.

