Facial Balance Priority In Cosmetic Nasal Surgery

he nose is a remarkable structure. It humidifies and purifies every breath we take, aids in our sense of smell, and is the aesthetic focal point of the face; playing a major role in influencing self-esteem. Over 70,000 people in the United States each year seek out cosmetic nasal surgery.

The nose is a pyramid in the middle of the face. To be aesthetically pleasing, it should follow ideal triangular outlines from all views. The components of these triangles are the nasal bones; flexible upper cartilages and septum; and lower cartilages and nostrils in the tip. Any deviation in these components whether naturally or from trauma, infection or even previous surgery renders the nose too long, too short, too wide, or crooked and places it outside the aesthetic triangles. The role of a plastic surgeon is to correct the " out of balance components." Surgery should be tailored to individual needs and no one should get a "stock nose job." For some this may mean filing down a bump and narrowing the bones; for others correcting a deviated septum. For many adults, it may mean only elevating the nasal tip-the structure that droops with age. For others, all structures may require refining to balance the nose to the face.

As important as the surgery itself is the preoperative consultation. This is doctor's office.

The incisions for cosmetic nasal surgery are internal so there are no visible giveaways. The exception to this is nostril reduction. If necessary, small scars in the nostril creases remain.

Through the inner incisions, the septum, nasal tip and nasal bones are accessed and refined. Delicate and sharp scissors, files and chisels are utilized to balance the nose. Often when a hump is reduced the nasal bones require narrowing. The surgical breaking of the bones to narrow them is what contributes to the black and blue.

At the conclusion of the procedure, which lasts between 60-90 minutes, the nostrils are packed with a lubricating gauze and a splint is applied. Packing is usually removed in 24-48 hours and the splint at one week. During this early postoperative period, pain rapidly lessens and the swelling and black and blue subside.

At cast removal, the basic shape of the nose will be appreciated. It should be emphasized that it may take as long as one year for all the swelling to disappear, particularly in the tip.

The goal is to create a naturally balanced nose and not overdo it. Sometimes overconservation requires a minor touch up. Statistically, this occurs in about 10-15 percent of rhinoplasties. It

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the forum to express dissatisfactions with your nose and ascertain what can be done to improve it as well as what are the limitations. Many surgeons utilize photographs or computer imaging to demonstrate their intentions. Although beneficial, these paper surgeries do not account for intangibles such as skin quality which cannot be surgically altered. Thicker, oiler skin does not redrape as well as thin skin and can limit the results.

It is very important for your surgeon to understand facial balance and how it relates to your nose. This was the failing of an earlier generation of nose jobs and resulted in many over-petite and "pug" noses. Not every nose needs to be made smaller. Indeed, when estabing facial balance and symmetry

nasal profiles or tips require augmentation. The goal should be a natural nose with a soft straight profile—a pleasing nose that will complement your face without drawing attention to it. There is no "vogue" nose.

Nasal surgery can be performed any time from the mid-teen years, when mid-facial growth is complete. It can be performed under local anesthesia with sedation or general anesthesia. It is most often performed on an ambulatory basis either in the hospital, surgi-center or the is better, however, to take a little more off, then to try and add back on.

In some patients facial balance involves more than the nose itself. Not only may a nose be large but the chin may be small. An astute surgeon viewing the entire face will realize that refining the nose alone will not provide the required balance. Enlarging the chin's stature may be recommended. This can be done either by a silicone implant placed in front of the chin point or by cutting and advancing the bone. These incisions are within the mouth and not visible.

Cosmetic nasal surgery is not usually reimbursed by insurance companies unless there is a functional or reconstructive reason, as might occur from injury. Checking with your carrier for preauthorization will clarify the issue.

When seeking surgery for nasal improvement choose a surgeon who is experienced in total facial balance and who considers your nose as part of your face and not as an isolated structure. The end result should fit well with your other facial features.

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