IXAS JORNADAS MEDITERRÁNEAS
DE CONFRONTACIONES TERAPEUTICAS
EN MEDICINA Y CIRUGÍA COSMETICA
BARCELONA 2001
Standard Caucasian Extramucosal Rhinoplasty Operative Sequence

My Point of View

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DEFINITION

- the extramucosal approach maintains the integrity of the mucosa preserving its valvular mechanism and normal physiologic functioning
"La rinoplastica e una lezione costante di umilità."
(Madeleine Lejour)

"La rinoplastica sia la più difficile operazione da imparare, così come da insegnare...."
(Sohn)

"La rinoplastica e un intervento solitario"
(Micheli-Pellegrini)
What is the “ideal” nasal shape?

The Caucasian “standard nose”:

- slightly convex frontal bone
- a moderate nasofrontal angle
- a narrow bridge of uniform width
- a tip of moderate thickness and projection
- vertical-oblique nostrils with thin alae
- an open nasolabial angle
- skin of thin-to-moderate thickness
PREOPERATIVE NASAL VALUATION & SURGICAL PLANNING

• a successful rhinoplasty is like a successful work of architecture
• a detailed preoperative evaluation and organized surgical plan
• an amount of time showing the patient those areas I feel that I can improve
• a realistic appraisal of the type of results
• a diagrammatic notes of the discussion
• a computerized imaging more user-friendly for an honest prediction of results
NASAL EVALUATION

• a successful preoperative evaluation is a good communication between the physician and patient
• a surgeon’s communication skills are nearly as important as his surgical skills
• a carefully analyzing a patient’s anatomy and basic psychological profile
• a remarkable rhinoplastic surgery is unsuccessful if the patient’s expectations were different than the outcome
THE CONSULTATION

• the final measure of success in aesthetic surgery is the attainment of the patient’s desires, with guidance from the surgeon

• a complete an honest prognosis

• enough information to make a proper informed consent

• to not totally disregard function over aesthetics
SURGICAL PLANNING

- an detailed planning to modify the form and function
- a few general principle will assist in forming the surgical plan
- proper preparation and surgical background of the surgeon
- the plan is for nasion, bridge and dorsum, tip, base, septum and turbinates
- is very helpful to complete a detailed diagrammatic plan before surgery
- thorough planning makes intraoperative surprises remarkably rare
OPERATIVE PROCEDURE

• general anesthesia or e.v. sedation plus locoregional infiltration with 0,5 % Bupivacaine hydrochloride (Marcaine) with Epinephrine 1:100 000
• a modified sub-mucous resection of the inferior turbinate
• intercartilagious incisions with freed of dorsum, superior third of the lateral nasal wall, and upper lateral cartilage segments
• hemitransfixion of the membranous septum
• skelotonization
OPERATIVE PROCEDURE

• removal of the hump, or corrective procedure of the dorsum (great care to leave the mucose between the septum und upper lateral cartilages intact)
• correction of the septum (septoplasty) plus when necessary excise of the caudal septal proeminence
• osteotomies:
  - a 2 mm osteotomes and a step-wise fracturing from the inferior nasal-maxillary junction upward to the medial canthal area ("low-to-low")
  - infracturing and seven minutes of nasal compression to decrease bleeding and bruising
• modeling of the tip and complementary procedure
SURGERY OF THE NASAL TIP

• The non-delivery approach
  - cartilage-splitting
  - retrograde eversion

2. The delivery approach (sequential)

3. The external approach (open)

Indications depends on:
  - volume reduction
  - reconstruction
  - cephalic rotation
  - change of projection

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The delivery approach

Indications:
- asymmetry
- bifidity
- extra cephalic tip rotation
- diminishing of the tip rotation

Advantages:
- modifying the alar cartilage under direct vision
- remodeling alar cartilages by scoring and morselization
- interdomal suturing to correct bifidity
- interruption of alar cartilage (to reduce over-projected tip or enhance cephalic rotation)
POSTOPERATIVE NASAL PACKING and DRESSINGS

• packing may be important to avoid bleeding, stenosis, synechiae and recurrent airway obstruction
• merocel nasal tampons provide soft but adequate packing
• postoperative tape, splints and dressings are helpful:
  - gentle pressure with patient’s sense of security
  - stabilizing osteotomies and grafts
  - assist in decreasing edema
• I prefer an individually-cut heat-treated plastic splint covered with adhesive tape
VIDEOSCOPY AND RHINOPLASTY

- It is helpful to identify and resect small irregularities.
- Important in secondary rhinoplasty of injured noses.
- Surgical correction of the septal cartilage deformities and inferior nasal conchal hypertrophy.
- Useful in teaching and learning in the operating room.
- It is an adjunct that allows a closed approach to see what is sculptured.
CONCLUSION

The extramucosal approach maintains:

- Integrity of internal nose
- Preserve the respiratory airway and the smell
- Reduce hemorrhage and edema with earlier good results
- Avoids excessive retraction of the internal nose and tissue adhesion
- Less functional and aesthetic deformities
Some Aesthetic Results
Some Aesthetic Results

BEFORE

AFTER 7 Days

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Thank You For Your Attention!