

## nose

# nose reshaping

Excerpt from *Your Body, Your Beauty, Your Safety* (BellaSurgica, 2005) by Minneapolis plastic surgeon **Dr. Joe Gryskiewicz**.

**R**hino means nose (like rhinoceros) and plasty means to shape, mold, or form. Rhinoplasty accounted for about two percent of all cosmetic surgery procedures in 2004, according to the American Society of Aesthetic Plastic Surgeons. Many aesthetic plastic surgeons feel rhinoplasty is the most artistic and difficult cosmetic surgical procedure. I agree. Every change the surgeon makes has three-dimensional aspects that instantly alter other areas of the nose, like the ripple effect from a single stone cast into a quiet pond. As if that wasn't enough, the nose swells during the procedure, obscuring landmarks, and sometimes heals unpredictably. A limited number of experts specialize in rhinoplasty, so do your homework. With rhinoplasty, the touch-up rate is a solid 15 percent nationally.

In medicine, it is said that diagnosis is 50 percent of the cure. In rhinoplasty, accurate preoperative analysis is 50 percent of the outcome. Every nose is a completely different artistic adventure and the procedure must be individualized. Communication with the patient is essential.

For some patients, I also use computer imaging. An internal airway exam is a must to evaluate whether cartilage is present for grafting purposes from the septum or whether valve or airway problems exist. (If your surgeon fails to look inside your nose, you've visited an amateur.)

As a patient looks in the mirror describing their concerns, I take precise and accurate notes. I see all my rhinoplasty patients at least twice before the procedure to be sure that they have a clear understanding of goals and limitations.

## The procedure

Rhinoplasty is done on a same-day basis. I prefer to use general anesthesia because there tends to be bleeding in the back of the throat, and this may be a problem in a semi-conscious patient. A breathing tube avoids this problem. I let patients make the final decision about anesthesia.

## After surgery

At the end of the procedure, I inject a long-acting numbing agent, so my patients leave the office pain free. Usually, a splint is placed on the nose and stays there for one week. Your nose will be noticeably swollen for several days. Don't blow your nose for about a week.

Some people feel a little depressed in the week or so following surgery. This is a normal reaction to the anesthesia and surgery, and it should go away in a short time.

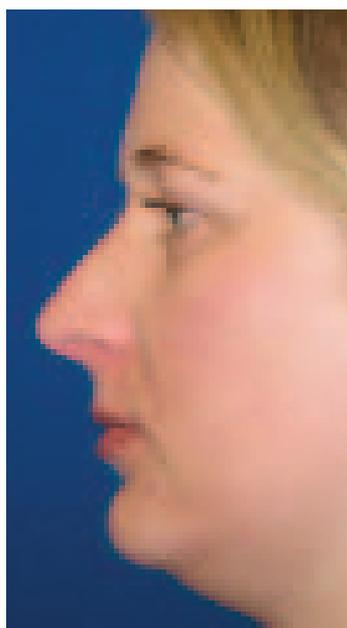
About half of my patients have bruising; the other half don't. It may take a year or more for all traces of swelling to go away, but you will definitely look better by the time the splint comes off a week after surgery.

## Risks and limitations

Probably the biggest limitation with rhinoplasty is thick skin. Some noses have thick skin that will not shrink and conform to the underlying framework I fashion during the surgical procedure. A surgeon can do only so much with a large nose if the skin won't contract. Some patients with big noses and thick skin want a dainty small nose. I have to tell them, 'I can't make a pup tent out of a circus tent.'

Some risks include infection, postoperative nosebleeds, numbness, swelling, possible collapse of the nose, external scarring, skin loss, fullness, residual deformity, loss of the sense of smell, and holes inside the septal area of the nose.

As always, the patient might not be satisfied, and revisional surgery may be needed. I can always find something to improve—a little too much of an angle here or a little dip there. I have never created, nor have I ever seen, a 'perfect' nose. **cbm**



BEFORE



AFTER rhinoplasty by Dr. Gryskiewicz