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RHINOPLASTY - COSMETIC OR RECONSTRUCTIVE NOSE SURGERY

This is one of the oldest known surgical operations. In 600 BC, Shusruta in India reconstructed noses for criminals who had been punished by amputation of the nose.

In fifteenth century Italy, Tagliacozzi reconstructed soldiers' noses after injury in duels.

Cosmetic rhinoplasty took a great step forward in the 1920s in Berlin, when Jacques Joseph offered to correct Jewish noses in the early days of German anti-Semitism. His pupil, Gustav Aufricht, emigrated to New York and his work became popular throughout the USA and much of the world. His version of Joseph's operation consisted of an approach only through the interior of the nose. The aim was to make a hidden incision, separate the skin and muscle layers from the nasal skeleton, correct the skeleton to obtain the desired shape, then to replace the outside layers, and fix the whole together with plaster or a metal frame for 7 to 14 days.

Cosmetic nasal surgery should only be practised by surgeons qualified and experienced in ENT (ear, nose and throat) surgery.

A large proportion of modern plastic surgeons are so qualified, and are able to practise rhinoscopy and perform functional tests to determine if the nasal septum and the other components of the nasal cavities are adequate, or if they obstruct air passage to the upper airways. In some cases, ENT and plastic surgeons may have to operate together.

There are two quite separate aspects of operations on the nose:

- a) A purely functional aspect. There may be breathing obstruction due to a deviated nasal septum, swollen conchae (the thin curled bones in the wall of the nasal cavity), or polyps. These need to be corrected, especially if the patient suffers from frequent colds or sinusitis.
This functional surgery should normally be reimbursed by medical insurance. Previously, an inconvenient aspect was that the nostrils had to remain blocked for up to 48 hours, but now we prefer silicone tubes that allow almost normal breathing postoperatively without the unpleasant feeling of having to breathe through the mouth alone.
- b) A cosmetic aspect. This depends on an anatomical and psychosocial analysis of the patient. Photographs are usually taken from various angles to study any cosmetic defects of the nose, and possible corrections are suggested by drawing on the photographs. Computer simulations of the corrections are also possible. The patient

is thus able to make an informed decision about his or her new nose. In general, women accept cosmetic changes to their face better than men, with whom such decisions are more difficult after the age of 25 or 30.

The modern tendency is to respect normal nasal physiology as much as possible, making as small a correction as possible so as to correct real and obvious defects only, and to avoid the production of a standard nose for everyone.

On the contrary, we prefer to make a nose that is completely adapted to the face and the stature of the patient. The ideal is that friends and family do not even notice the change. The best possible compliment is that the patient is seen to be in good shape and relaxed!

The primary operation is done preferably under general anaesthesia, with one or two days spent in hospital afterwards. Re-operation should always be a possibility if such factors as scar healing are less than ideal. If the primary operation has been conducted properly, this is a quite minor procedure, that can usually be carried out as a day-patient, without general anaesthesia.

Operations on the nose are highly delicate and represent the very essence of modern plastic and reconstructive surgery.

For a good cosmetic result they must not be entrusted to just anyone. If conducted as described above, rhinoplasty is a successful and well-tolerated operation.



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