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Revision Rhinoplasty



Dr. Sam Rizk: "The nose should not be the focus of the face. We try to make the eyes the focus of the face, other parts of the face. We try to make the nose disappear."

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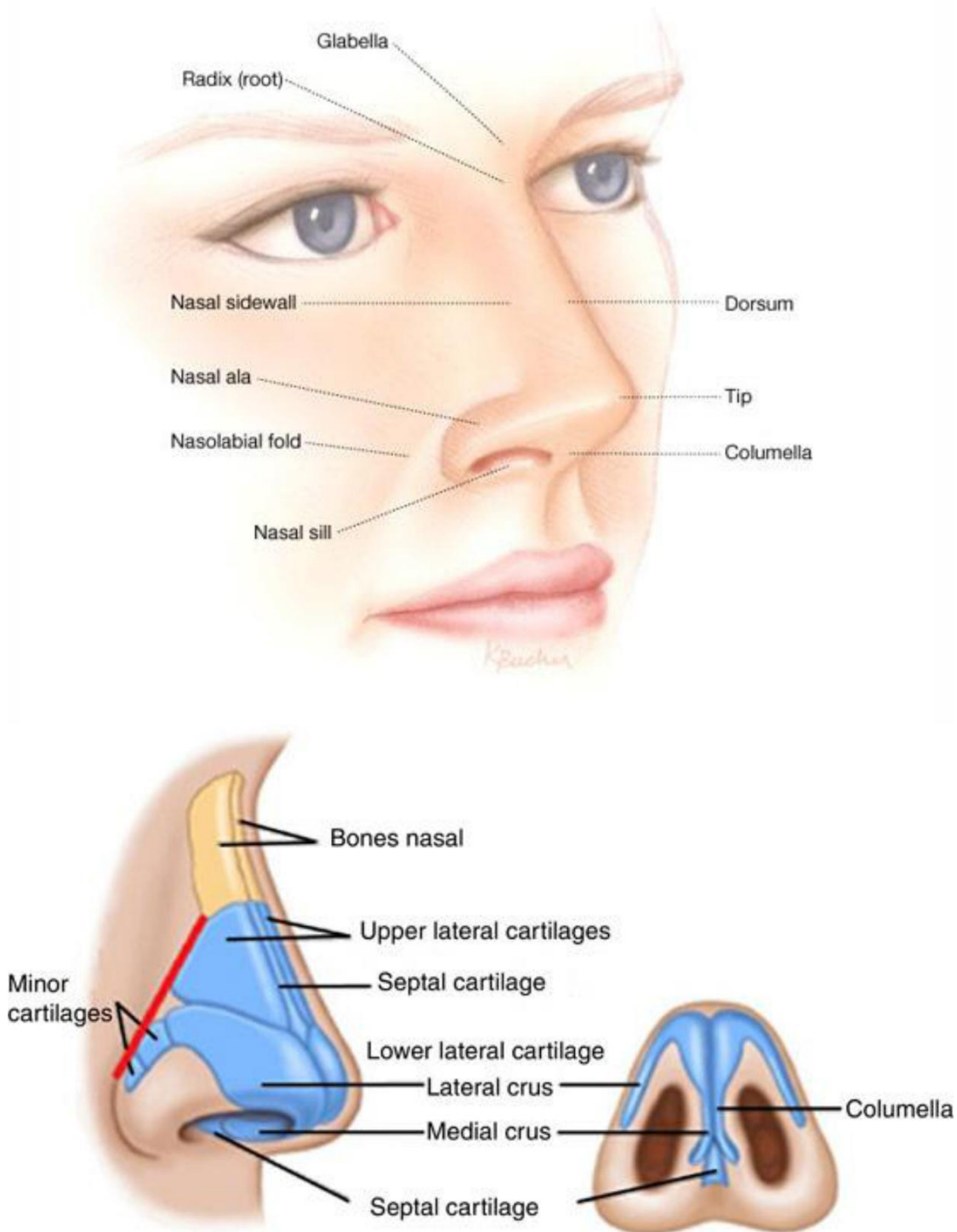
Have you had a nose job and are unhappy with the results? If you are considering a revision rhinoplasty, the article below outlines the considerations of undergoing a surgical procedure and provides information on a noninvasive option too.

"The nose should not be the focus of the face," says New York City plastic surgeon, **Dr. Sam Rizk**. "The problem with a bad nose job is that it brings attention to itself. We try to make the nose disappear."

The aesthetic considerations of a revision rhinoplasty are numerous. The most common problem is overdone noses according to Dr. Rizk. In other words, a pinched nasal tip, a scooped nose, technically called a saddle nose, an inverted "V" or narrowing of the middle third of the nose, all result from an overaggressive initial rhinoplasty. Overresection, or

excessive removal of tissue, can also result in an overly shortened tip or “pig’s snout” when too much of the septum has been removed. Conversely, overresection can also result in a droopy tip due to the excision of a disproportionate amount of cartilage at the end of the nose. Failure to ensure proper tip support can likewise lead to a hanging columella whereby too much of structure separating the nostrils is exposed resulting in an unflattering snarl-like appearance.

The anatomy of the nose:



For Dr. Rizk, a good number of his revision rhinoplasty patients are women in their 40s who had their noses done 20 years ago when the norm was to take out more cartilage. “Now we’re learning to be more conservative with noses where we leave enough cartilage so it doesn’t collapse, so that so that it doesn’t look like a ski slope, so it looks natural and functions better because the nose is not like a breast implant,” says the surgeon. “You can’t go as small as you want or as large as you want. The smaller you go, the higher the risk of a functional breathing deficit. Sometimes even when we leave the appropriate amount of cartilage, you will get reduced air flow in a smaller nose.” “That’s the goal of

revision rhinoplasty,” says Dr. Rosenberg “to take away the aesthetic of surgery and also make the patient breathe better.”

Before and After photos for Dr. Rizk:



Before: A 26-year-old female patient had a revision rhinoplasty to correct a collapsed right side as well as droopy tip.



After: Cartilage was used to support tip and to correct the collapse on the right side of the nose. She is shown two months after revision rhinoplasty and will take one year to completely heal.



A 35-year-old female patient who had rhinoplasty when she was 15 had too much cartilage removed, which resulted in a severely pinched tip, a very short nose, and a scooped out area on the left side of her nostril.



A bilateral lower lateral cartilage graft fixed the pinched tip, a caudal septal extension graft from her septum helped lengthen the nose, and a left alar rim cartilage graft fixed the scooped out hole. Her post-op pictures show her nine months after revision rhinoplasty with an open approach rhinoplasty.