

Patient Information for Consent

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ENT10 Rhinoplasty

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What is a rhinoplasty?

A rhinoplasty (or 'nose job') is an operation to change the appearance of your nose. Sometimes a rhinoplasty is performed to improve how you breathe through your nose. It involves operating on the bones and cartilage that give your nose its shape and structure (see figure 1).

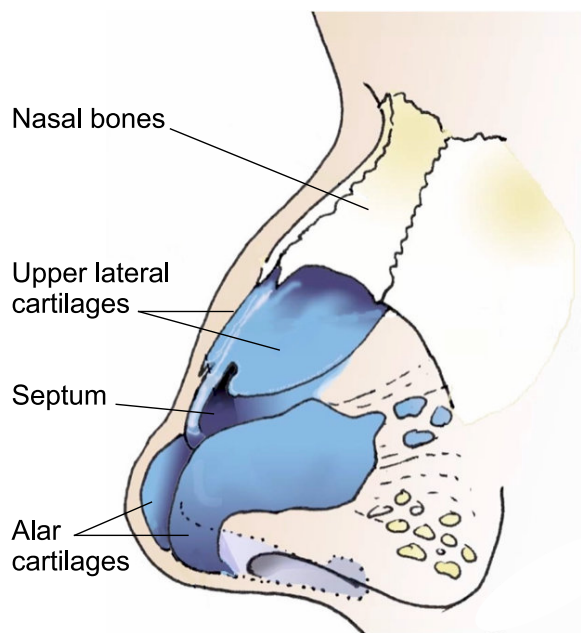


Figure 1
The bones and cartilage that shape the nose

Your surgeon will assess you and tell you if a rhinoplasty is suitable for you. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

Is a rhinoplasty suitable for me?

Most people who want a rhinoplasty would prefer a smaller nose with a better shape. Some people want a straighter nose, while others even want a larger nose.

Your nose may have just grown into a size or shape you are unhappy with, or it may have been damaged. A crooked or damaged nose can sometimes make one side feel blocked or make it difficult for you to breathe through your nose.

Your surgeon will carry out a detailed assessment of the inside and outside of your nose. They will take photos for your medical records and use them to agree the size and shape you want.

Your surgeon will ask you questions about your medical history. In particular they will ask you if you have nosebleeds, allergies or other nasal problems, and about any damage you have had to your nose.

They will also ask you about what you and other people think about your nose and if this affects your self-confidence.

What are the benefits of surgery?

The nose, being at the centre of your face, influences your appearance. Most people who have a successful rhinoplasty are more comfortable with their appearance. Your nose should be the size and shape you want, and it may relieve any symptoms of a blocked nose.

Are there any alternatives to a rhinoplasty?

A rhinoplasty is the only way to change the appearance of your nose. If you have a blocked nose because your nasal bones are crooked or damaged, or the cartilage and bone inside your nose that separates your nostrils (septum) is deviated (bent), you may be able to have a septoplasty to improve how you breathe. A rhinoplasty can be performed at the same time to change the appearance of your nose.

What will happen if I decide not to have the operation?

A rhinoplasty may not improve your physical health. The appearance of your nose will stay the same.

If you are having problems breathing because of an allergy, your surgeon may be able to recommend nasal sprays that may help.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is usually performed under a general anaesthetic but various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes an hour to 90 minutes.

There are two techniques for performing a rhinoplasty.

- Closed rhinoplasty – Your surgeon will make cuts only on the inside of your nose. You will not have any scars that can be seen. They will close the cuts with dissolvable stitches.
- Open rhinoplasty – Your surgeon will usually recommend this technique if your nose has a badly-shaped tip. They will also need to make a small cut across the columella (the external strip of skin that runs down from the tip of your nose between your nostrils) and lift the skin off the tip of your nose. This will leave a small scar beneath your nose. Your surgeon will be able to reshape your nose in a more controlled way. They will close the cut on the columella with stitches that will need to be removed.

Your surgeon can refine the tip of your nose by removing some of the cartilage. If you have a hump (dorsum) on your nose, they can remove it or shave it down. Your surgeon will usually need to break the base of the bones on the side of your nose so they can narrow and set them (infracture). This will also allow your surgeon to straighten your nose (see figure 2).

Your surgeon may need to support or rebuild part of your nose using a cartilage graft, a bone graft or an artificial implant. Cartilage is usually taken from your septum, ear or rib.

Your surgeon may pack the inside of your nose to prevent bleeding, and place a splint and strapping on the outside of your nose for support.

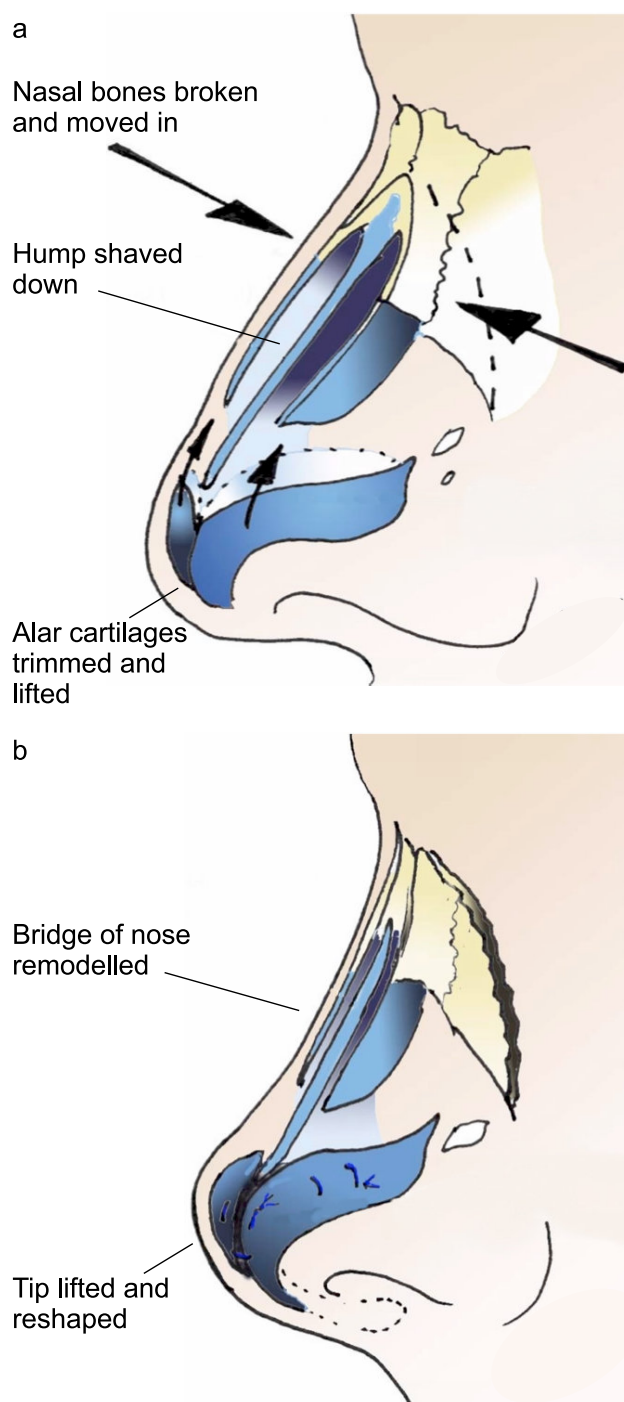


Figure 2
a Procedures involved in a rhinoplasty
b The effects of a rhinoplasty

What should I do about my medication?

Let your doctor know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking several weeks or more before the operation may reduce your risk of developing complications and will improve your long-term health. Smoking stops your nose clearing mucus properly and this can increase the feeling of a blocked nose.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound by keeping warm around the time of the operation. Let the healthcare team know if you feel cold.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious and can even cause death.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told to reduce discomfort and prevent headaches.
- Bleeding during or after the operation. You may need to have your nose repacked with a firmer pack or have a pack in the back of your nose (risk: less than 1 in 100). If the bleeding is heavy, you may need a blood transfusion.

- Infection of the surgical site (wound). Let your surgeon know if your nose bleeds or if the skin over your nose becomes red, swells or is tender. An infection usually settles with antibiotics but you may need another operation.

- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.

- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straightaway if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

Specific complications of this operation

- Bruising of your nose and under your eyes. This usually settles within 2 to 3 weeks.

- Swelling of your nose. Most of the swelling will usually have settled after 2 to 3 weeks. It will take 6 to 9 months for the swelling to settle completely. Sometimes the swelling can make it difficult for you to breathe through your nose.

- Unsightly scarring of your skin (risk: less than 1 in 100). The risk is higher if you get an infection. Scars from the cuts inside your nose cannot usually be seen. If the scars tighten, you may need another operation. If you had an open rhinoplasty, the cut on the columella may, rarely, be obvious and need further treatment.

- Redness caused by tiny burst blood vessels near the surface of your skin. This usually settles but can be permanent.

- Bleeding caused by infection in the first 2 weeks, if the lining of your nose gets infected (risk: less than 2 in 100). You will need treatment with antibiotics and you may need another operation.

- Damage to nerves that supply the skin at the tip of your nose, leading to a numb patch. The risk is higher if you have an open rhinoplasty. This can take a number of months to improve.

- Nasal obstruction is common straight after the operation and usually settles within 2 to 3 weeks. More permanent obstruction can happen if the nasal valve area is reduced when cartilage is removed during surgery (risk: less than 1 in 100). The risk is higher if you already have a nasal problem such as a deviated septum or allergic rhinitis. You may need another operation.

- Cosmetic problems (risk: 1 in 10, risk if a graft is used: 1 in 6). It is important to have realistic expectations about the size and shape of nose you can have. You and your surgeon should both be clear about what you want. The healing process is difficult to predict and it can take up to 6 months before everything settles completely. A hump can come back or nasal bones can thicken if you have overactive bone healing. Sometimes scar tissue forms under your skin and prevents your nose from shrinking to the right size. You may also get small nodules under your skin or crookedness where the bones were broken. If you have one of these cosmetic problems, you may decide to have another operation (revision surgery).

- Graft rejection (risk: less than 1 in 100). This usually happens because the graft gets infected.
- Problems at the donor site if you need a cartilage graft from your ear. You may develop a collection of blood (haematoma) (risk: less than 2 in 100) or unsightly scarring (risk: 1 in 100).
- Reduced sense of smell (risk: less than 1 in 100).
- Toxic shock syndrome, which is an infection of your bloodstream (risk: 1 in 10,000).

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. You should be able to go home the same day.

If you had some packing in your nose, it will usually be removed the next morning. You will feel a 'dragging' sensation as this is removed and you may get a nosebleed for up to 15 minutes. Once this has settled you should be able to go home. However, your doctor may recommend that you stay a little longer.

If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

If you had a graft, you may be given antibiotics to reduce the risk of infection. Your surgeon will discuss this with you.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination.

If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been given medication or need to wear special stockings.

You may need to use a nasal cleansing kit (nasal douche) to keep your nose clean. You may be given a course of antibiotics to reduce the risk of infection.

You will need to stay off work and away from groups of people for 2 weeks. This is to avoid catching a cold, which could result in an infection.

Your nose will feel blocked for up to 2 weeks and may release some bloodstained fluid. Do not blow your nose or sneeze for a few days. Gently wipe or dab any discharge with tissues. (To avoid sneezing, place your tongue in the roof of your mouth and suck hard.)

Your surgeon will remove the splint and strapping after a week. Most swelling and bruising will usually have settled after the third week.

Do not exercise, have a hot bath or bend down for 2 weeks. Sleep with extra pillows to keep your airways clear and to reduce any swelling.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

The future

It can take many months for your nose to settle and for the final appearance to develop. 10 to 18 in 100 people feel they need revision surgery. If you feel you need revision surgery, wait at least 6 months while the structure of your nose stabilises before deciding to go ahead.

Most people make a good recovery and are satisfied with the new size and shape of their nose.

Summary

A rhinoplasty is an operation to change the appearance of your nose and sometimes to improve how you breathe through your nose. You should have realistic expectations about the results.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Acknowledgements

Reviewers: Miss Ruth Capper MD FRCS (ORL-HNS), Mr Eoin O'Broin MD FRCS (Plast.), Mr Paul Roblin MSc FRCS (Plast.)
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