

Plastic Surgery: Nose surgery can help both aesthetic problems, function

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Plastic Surgery

The nose is the center of the face. Unsatisfactory nasal architecture can thus be a source of concern or annoyance on the part of an individual. The same nose can be a source of ethnic identity and familial pride on one person and an unmitigated disaster on another. Like most aspects of physical appearance, individual perceptions and preferences vary wildly.

There are two aspects of nose structure. One is the functional, how the nose works. The other is the aesthetic, how the nose looks. For instance, manual alteration of a nose in a bar fight can result in both functional and aesthetic problems, such as one side of the nose being blocked and the nose looking crooked. It is possible for a nose to look fine and still be blocked due to internal derangements of cartilage or bone. It is possible for a nose to look like a potato and work just fine.

The rhinoplasty surgeon should do a careful functional history and examination, as nasal surgery can correct aggravating symptoms, but it can also create problems if the nose is excessively or carelessly narrowed.

Aesthetic, or cosmetic, concerns are considered next. Careful facial analysis, with computer assistance, is carried out to make sure that other facial characteristics aren't unduly affecting the appearance of the nose. A retrusive chin (so-called "weak chin") can make a normal nose look big. The lips, cheeks, eyes, and forehead can all influence how a nose looks.

The basic features of the nose are examined next. Is the nose straight or crooked? Is it long or short, wide or narrow, pointed or bulbous, flat or humped? Numerous measurements are made to determine if the nose is in proper proportion to the face and to itself.

The most common procedures for cosmetic reasons are reducing a nasal hump, narrowing a broad or bulbous tip, straightening a crooked nose and narrowing a

wide nasal base.

We generally prefer an "open" approach, where a small incision is made in the middle column of the nose and the skin of the nose is lifted off the underlying nasal framework so it can be clearly seen and modified. Most all of these procedures can be done with local anesthesia in combination with sedation and are outpatient procedures. Usually a splint is worn for a week or so afterward. Most procedures don't require a nasal pack.

Noses can stay swollen for several weeks after surgery, so final results can't really be assessed for months. Risks are bleeding, infection, long-term swelling and less-than-satisfactory results. About 10 percent of nasal procedures require revision of some sort.

Patients generally do well if they have a specific complaint with their nose ("get rid of this hump") as opposed to vague ("I don't like my nose").

Generally, more conservative nasal surgery is preferable to radical alterations (if you want something radical we can refer you to Michael Jackson's clinic). Accordingly, a patient with realistic expectations is going to be happier than one who wants a nose job to be a life-changing experience.

If you like your nose, don't ever let anyone touch it. Who cares what anyone else thinks? If something specific about your nose bugs you and makes you feel unattractive, then it is reasonable to have it evaluated.

Dr. Alan Muskett is a board-certified plastic surgeon at Billings Plastic Surgery. More information is available at www.billingsplasticsurgery.com.