



NINA S. NAIDU, MD, FACS
PLASTIC & RECONSTRUCTIVE SURGERY

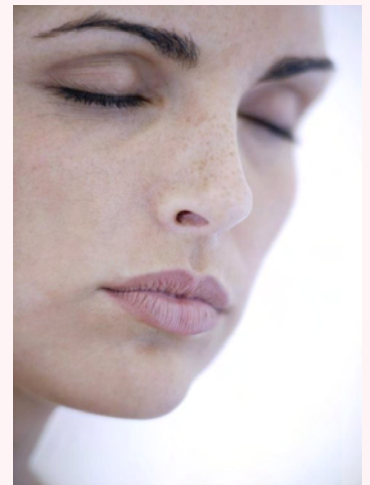
A Patient's Guide to Rhinoplasty

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Dear Patient,

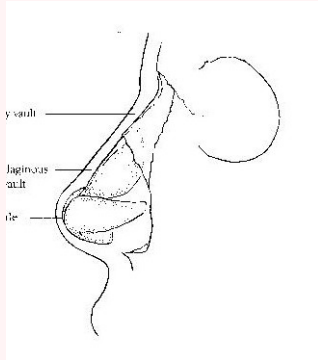
We are delighted that you have chosen to explore rhinoplasty (nasal reshaping) surgery with Dr. Naidu. This guide was written to help you understand the risks and benefits of rhinoplasty. Please read the following information in its entirety prior to your visit, as this will make your time with us more productive. If you have any questions about anything contained in this material, please print out the relevant sections and we will be happy to discuss them with you at the time of your consultation. If anyone else will be involved in your decision-making, we ask that you bring him or her with you to your visit. We look forward to meeting you!



When to consider a rhinoplasty

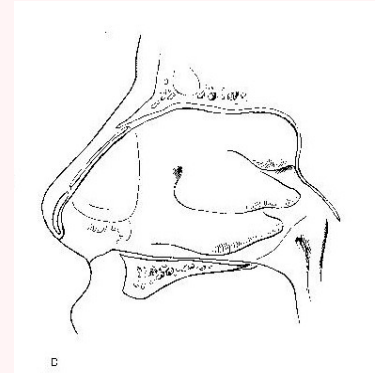
The shape of your nose is usually the result of heredity, but its appearance may also be altered secondary to trauma or prior surgery. Rhinoplasty, or nasal reshaping surgery, can improve the appearance and proportion of your nose. Surgery of the nose may also correct impaired breathing caused by structural abnormalities. Rhinoplasty can change the size of the nose, nasal width, nose profile, nasal tip, nostril size, and help to correct nasal asymmetry and deviation. It is a highly individualized procedure, and should be undertaken for yourself, not to fulfill someone else's desires. You are a good candidate if you are at least 16 years of age, physically healthy, and do not smoke. You should have realistic goals in mind.

Anatomy of the nose

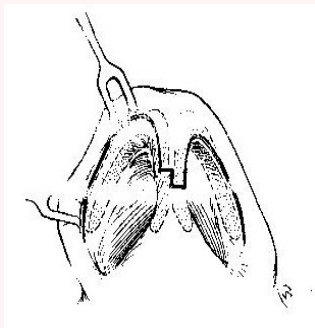


Although the nose externally appears to be a relatively simple organ, it is in fact a complex instrument that serves several functions in the human body, including respiration, filtration, humidification, temperature regulation, and protection.

The three main components of the nose consist of the osseocartilaginous vault (dorsum), the lobule and tip, and the nasal base. The dorsum of the nose is made up of both bony and cartilaginous elements. The lobule and tip are made of cartilage and soft tissues, and the base of the nose consists of the alar base, nostrils, and columella.



Procedural steps



Surgery of the nose is performed either using a closed procedure in which the incisions are hidden inside the nose, or through an open procedure, in which an incision is made across the columella, which is the narrow strip of tissue that separates the nostrils. The soft tissues of the nose are gently raised, allowing access to the nasal structures.

The nasal structure is reshaped, either by shaving down the cartilage and bone, or in some cases, by augmenting the framework with additional cartilage. If you have a deviated septum, it is corrected at this time as well. Once the nasal structure has been sculpted to the desired shape, the nasal skin and tissue is re-draped and the incisions are

closed. A splint is placed over the nose for one week. Your initial swelling will subside within a few weeks, but it may take up to one year for you to see your final results. During this period, you may notice gradual changes in your nose. Swelling may come and go, and may be worst in the morning for the first year following surgery.

Additional procedures



In some cases, additional procedures may be recommended at the same time as your nasal surgery. Some patients will benefit from a small chin implant at the same time as their rhinoplasty, which can help to balance the profile. Additional procedures incur additional

operating time, anesthesia, and surgical risks.

Surgery and Anesthesia

Surgery is performed on an outpatient basis, either in the hospital or in an ambulatory surgery center. The surgery lasts 1 1/2–2 hours, and is usually performed under general anesthesia. Many patients worry about the risk of general anesthesia, but it is very safe and it assures that you will be completely comfortable during surgery. Prior to surgery you will be required to obtain medical photographs, routine

bloodwork, and in some cases preoperative clearance from your primary medical doctor. The evening prior to surgery, you should not eat or drink anything after midnight. This ensures that you will have an empty stomach prior to surgery, which is very important for your anesthesiologist to care for you safely. You must have a responsible adult available to escort you home after surgery.



Recovery

Following surgery, you will awaken in the recovery area. Once you are fully alert, you will be transported to the step-down area where you will be given something to eat prior to discharge. You will have a splint placed on your nose at the conclusion of the procedure. The nurses in the recovery area will provide you with detailed instructions on caring for your nose immediately following surgery. A responsible adult will need to be available to escort you home.

Patients are seen in the office one week following surgery. At that time your splint and any external sutures will be removed. All internal sutures will dissolve on their own.

Walking is permitted the day of surgery, but strenuous activity and sex should be limited until three weeks following surgery. Most patients do not complain of severe pain following this surgery, but note some heaviness or throbbing in the nose. Pain medication is prescribed

for any discomfort. The initial swelling will resolve within 6 weeks after surgery, but you will not see your final result for up to one year after surgery. You may notice that your swelling resolves along the dorsum of your nose before the tip. You may also have clear discharge from the nose for one year following surgery, which is a normal response of your body to the procedure.

Risks of Surgery

All surgery carries risks. The most frequently reported complications after rhinoplasty surgery are as follows:

Bleeding: A small amount of bloody discharge is normal the day of surgery. Significant bleeding requires an immediate return to the operating room to stop the bleeding vessel and evacuate any blood.

Infection: Infection following rhinoplasty surgery is rare and can usually be treated with oral antibiotics. To help prevent this, you will be given an antibiotic prior to surgery, and a prescription for an antibiotic after surgery.

Poor wound healing: This may occur in patients with very thin skin, in smokers, or following an infection. This complication may require additional surgery.

Nasal asymmetry: Some patients may note asymmetry of the nose or skin contour irregularities following surgery. Significant asymmetry may require surgical correction.

Scarring: If you have an open procedure, you will have a small scar in the columella. This typically fades very well within the first 6 weeks after surgery, but rarely it may be more prominent.

Pain: Most patients report mild discomfort following surgery. A small number of patients may have permanent pain.

Blood clots: Blood clots may form in the legs, or travel to the lungs, following surgery. This is a potentially fatal complication, and therefore preventive measures, including the use of leg compression devices during surgery, are taken with every patient.

Numbness: Most patients will note some numbness over the nose after surgery which typically resolves. A small number of patients may note persistent changes in sensation.

Nasal airway alterations: The normal passage of air through the nose may

be altered.

Septal perforation: Rarely, a hole in the nasal septum may develop. Additional surgical treatment may be necessary, and in some cases it may be impossible to correct this complication.

Skin discoloration and swelling: A small number of patients may experience prolonged swelling and bruising over the nose. Patients with thicker skin typically have prolonged swelling.

Anesthesia risks: Although general anesthesia is very safe, all patients are screened for any personal or family history of anesthesia reactions.

Visible sutures: Rarely, sutures may become visible or produce irritation, requiring removal.

Revisional surgery: A small number of patients may require revisional surgery. This is typically not performed prior to a year after the initial procedure.



Following surgery

After surgery, you will notice swelling which will resolve gradually over the course of one year or longer. You may also have some clear drainage from the nose during this time, which is normal. You will be

seen at one week, six weeks, three months, six months, and one year following surgery. Should you have any issues or concerns between your visits, you will be accommodated at your earliest convenience.

For more information about rhinoplasty surgery

Additional sources of information about rhinoplasty surgery can be found online at the following sites:

Nina S. Naidu, MD, FACS: www.naiduplasticsurgery.com

American Society of Plastic Surgeons: www.plasticsurgery.org



About Dr. Naidu

Nina S. Naidu, MD, FACS is Board Certified by the American Board of Plastic Surgery and is a Clinical Assistant Professor of Surgery at Weill Cornell Medical College. Her practice focuses on aesthetic and reconstructive surgery of the face, breast, and body, with a special emphasis on breast augmentation, abdominoplasty (tummy tuck), and rhinoplasty (nasal reshaping) surgeries.

Dr. Naidu completed her undergraduate studies at The Johns Hopkins University and obtained her medical degree from Cornell University Medical College. After completing her general surgery and plastic surgery training at New York Presbyterian – Weill Cornell Medical Center, she performed an additional year of fellowship training at the University of Pennsylvania. She is an active member of the American Society of Plastic Surgeons and is a Fellow of the American College of Surgeons. Dr. Naidu maintains privileges at several prominent New York hospitals including New York Presbyterian Hospital – Weill Cornell

Medical Center; Manhattan Eye, Ear, & Throat Hospital; Lenox Hill Hospital; and the Center for Specialty Care.

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Photo: Victoria Wills