

AESTHETICA



Reveal your inner beauty

**Laser Surgery Center
Cosmetic and Plastic Surgery
Cosmetics and Skin Care**

Gregory G. Caputy, M.D., Ph.D.
chief surgeon
Joy A. Bliss, R.N., B.N., M.Sc., Ph.D.
clinic administrator

About your surgery

Rhinoplasty

Surgery of the nose falls into two categories: *Augmentation Rhinoplasty* and *Reduction Rhinoplasty*. **Septoplasty** falls between these two both in terms of classification as well as anatomically. The nasal septum is the dividing cartilage and lining mucosa (moist tissue lining the nose and mouth) which serves to separate the nasal airways. It can be felt by grasping it between your thumb and forefinger while holding the bottom, middle portion of your nose (the columella). This septum is important not only as a support for the top (dorsum) of the nose but also because, often through trauma, it can become misshapen and curve in one direction or another (sometimes many different directions). This can lead not only to a curvature of the visible nose but also to obstruction of the airway - the so-called *deviated septum*. Classically, this was dealt with by performing a *submucous resection* or SMR. This procedure essentially removed all of the curved septum while leaving the dividing mucous membranes intact. This is rarely done today except in the harvesting of cartilage for use as a graft for the visible nose or elsewhere. Today, *septoplasties* are more

commonly performed where the cartilage is reshaped in order to straighten it and alleviate obstruction of the airway. The *turbinates* (deeper structures which moisten and condition the air that we breathe) may also be involved in the obstruction and can be treated at the time of septal surgery. Septoplasty, when performed for functional and not cosmetic reasons is often a covered procedure by most insurance companies.

Augmentation rhinoplasty is an all encompassing term for surgery which makes the visible nose larger. This is usually performed in order to augment the dorsum (top of the nose) although tip augmentation is often performed concomitantly. The tip can also be addressed on its own and tiny pieces of cartilage placed or moved from adjacent areas to make the tip narrower or better defined. For some extensive tip surgery, an *open rhinoplasty* will be performed. This is a procedure whereby an incision is made across the columella and the supporting structures of the nose are directly exposed for surgery. The incision is usually very well hidden although this, along with prolonged swelling, are the drawbacks of the technique. The main advantage is that the technical aspects of the surgery can be more readily and more precisely performed in some instances. *Closed rhinoplasty*, where all of the incisions are hidden within the nose is the most commonly performed type in Dr. Caputy's practice. Sometime, cartilage, bone, silastic or porous polyethylene are used depending upon the desired final outcome and availability of tissue as well as the amount of size increase that is required.

Reduction rhinoplasty is the most commonly performed type of cosmetic nasal surgery

where there is a reduction in the size of the nose. This reduction is most commonly involving the dorsal hump in persons of European or Japanese ancestry. If the reduction of the hump is large, in order to narrow the top of the nose, the nasal bones must be infrafractured. This procedure is what leads to the bruising around the eyes and the swelling which most people associate with rhinoplasty. The nasal tip is often also reduced in order to make the entire top of the nose harmonious. An area just up from the nasal tip itself is usually slightly depressed. This *supratip* depression is due to the anatomy of the nose and is a much sought after trait in "the perfect nose." If over done, the nose can take on a "tipped up" appearance which is not desirable and often screams out, "I've had a rhinoplasty." Here at **AESTHETICA** we try to make noses as individual as you are. The nostril rims can also be reduced in those who dislike the amount of flaring of their nostrils or who have wide nasal openings (nares). The scars from this procedure are usually very well hidden in the groove where the nose adjoins the face. The columella (visible division between the nostrils composed of skin and underlying cartilage) can also be reduced so that the nostrils appear less open on frontal view. An adjunctive procedure which is very useful in those with a relative depression of the area around the base of the nose is to place an implant in this area. This brings the area more forward and gives the appearance of a longer nose but one which is in better balance with the other facial structures. This implant is called a *peri-piriform* implant. The entire face is taken into consideration when rhinoplasty is planned and, often, a *chin augmentation* procedure may be suggested in order to balance the facial profile.

One of the difficulties of nasal surgery is the communication of exactly what is desired by the patient and what is obtainable by the surgeon. We have incorporated **computer imaging** technology in the practice and we find it particularly useful to promote frank discussion of what is desired as a result of the surgery. Know that Dr. Caputy will be very honest with you what is achievable and what is not. It is far easier to change a line on a computer screen than it is to perform the often intricate surgery to arrive at the desired final outcome. There are many variables involved and the tool of computer imaging is being used in a “best case scenario” and so that both Dr. Caputy and you agree on what is desirable for you. Results can vary not only due to complications but also to anatomy. Know also that Dr. Caputy will strive to make your nose the way that you want it and not to make it into some preconceived ideal that you may not desire. It is you, after all, who live with your nose and, within reason, it can be altered so as to make it the way that you desire it to be.

Although reduction and augmentation rhinoplasties were discussed separately, most commonly, some aspects of each are performed during your surgery. For example, a rather flat nose with little projection (distance the nose is away from your cheeks) yet with wide nostrils may require a reduction of the nostril bases and reduction of the tip width but with augmentation of the dorsum and, perhaps, the peri-piriform area. Again, it is imperative that the entire face and facial balance as well as maintenance of ethnicity is considered in rhinoplasty surgery.

An “over-done” rhinoplasty is often very evident to all and, as with most surgeries, Dr. Caputy stresses a conservative approach. It is far easier, for example, to reduce a nasal dorsum slightly more, than it is to try to reconstruct one which has been over reduced. Dr. Caputy is often called upon to perform corrective surgery on nasal deformities which have been caused by other surgeons. Although these are often more difficult to correct than primary deformities, an excellent cosmetic result can often be obtained.

All of the above nasal surgeries are performed on an outpatient basis if the patient is healthy. This means that the patient is able to go home in the care of a competent adult or to an overnight care facility following the procedure. These can be arranged by the staff of **AESTHETICA** if desired. In the case of very large reductions or in a patient with health problems, the procedure can be done in the hospital but, as always, at increased expense. Dr. Caputy has privileges at each of the major local hospitals to perform all of these procedures. The office surgical unit is fully accredited and general anesthesia is provided only by board certified M.D. anesthesiologists. Breast surgery is usually performed under general anesthesia for patient comfort and safety although smaller procedures may be performed using conscious (intravenous) sedation. Most patients find the former to be preferred due to shorter action in the body and, therefore, faster recovery. You will remain in our facility to recover for about 1 1/2 to 2 hours following your surgery and visit a number of times with Dr. Caputy for your postoperative care. You should plan on

not driving for a minimum of one week following the procedure. Preoperative preparation is minimal with simple avoidance of substances known to increase the risk of bleeding. A complete list of these is available for you.

Risks of these procedures are individual to them although, generally, in addition to the risk of anesthesia there are the risks of bleeding and infection. When an implant is used, this may necessitate implant removal. Bruising and resultant skin discoloration can occur and can also be reduced by the use of *Arnica montana*. Deviation of structures is possible as is displacement or extrusion of implants and grafts. Cartilage and change shape with time although when small pieces are used for tip augmentation, this is rarely a problem. Recurrence of deformity, overcorrection or additional deformity are all possible but rarely occur in Dr. Caputy’s practice. Nasal septal perforation can occur and the risks are higher in those who experiment with certain drugs. Please be frank with Dr. Caputy on all aspects of your the medical history.

We hope that this short informational brochure answers some of the questions which you have about nasal surgery. Please ask either the staff of **AESTHETICA** or Dr. Caputy should you have any other questions about any of these procedures.

*One Kapiolani Building, 600 Kapiolani Boulevard
Suite 409, Honolulu, HI 96813
Phone: (808) 536-8866, (800) 488-9855
Facsimile: (808) 536-8867
e-mail: caputy_bliss@msn.com*