

Although for many patients Rhinoplasty surgery can be a positive and even life changing experience, all surgery carries certain risks. The results of Rhinoplasty surgery are not completely predictable and will be affected by the nature of the patient's tissues and healing process. Therefore, the aesthetic result cannot be guaranteed and it is possible for a patient to be dissatisfied with some aspect of the results of their operation. Realistic expectations together with a good relationship with an experienced surgeon is your best insurance of a happy outcome.

The following is a list of possible complications of which you should be aware and which may occur despite the surgeon's best efforts. In most cases they can be managed, with a satisfactory outcome. However, if you feel that you would be unable to cope with a complication then you should not undergo the surgery.

Bleeding

Excess bleeding will result in bruising and swelling. Should bleeding persist then nasal packing may be required. Bleeding can occur any time in the first 7 days following surgery and the risk can be minimized by patients resting and avoiding anti-inflammatory drugs, other than Panadol, for a month before surgery.

Bruising and swelling

It is common for bruising and swelling to be present especially around the lower eyelids following Rhinoplasty surgery. This usually subsided in 1-2 weeks and but it may last longer.

Infection

Infection is rare following Rhinoplasty as all patients are given prophylactic antibiotics. It is indicated by redness and swelling possibly accompanied by a raised body temperature and usually occurs in the first week following surgery.

Irregularities

As the swelling subsides it is common for patients to feel slight bumps under the skin of their nose. These usually settle over 6-12 months. Should an irregularity persist then further treatment may be required.

Numbness

It is common for the nasal tip to feel slightly numb after surgery.

Scarring

With our preferred "Closed" technique for Rhinoplasty there is no external scarring, as all the incisions are made inside the nose. Occasionally, however, it is necessary to remove thickened tissue at the base of the nose (alar base excisions) and in these cases small scars will be created. These are reddened initially but usually fade with time. Should an "Open" technique be required, a small scar will be present on the columella.

Airway obstruction

Usually airway obstruction is improved with Rhinoplasty surgery. Occasionally, however, making the nose smaller and narrower reduces airflow through the nose and further treatment may be required.

Asymmetry

The 2 sides of the face are rarely completely symmetrical and any pre-existing asymmetry may still be detectable after surgery.

Thick skin

There is a limit to the amount of reduction in size of the nose that can be achieved for patients with thick skin. Such patients may be dissatisfied and feel, for example, that their nasal tip still looks large.

Comments from others

Although it is anticipated that most comments will be complimentary, it is possible that unkind comments made by a third party can lead to anxiety and dissatisfaction.

Emotional effects

A patient's ambitions for a "perfect nose" may not be achieved. Patients who are obsessive about their appearance or who suffer from certain psychiatric disorders may never be happy with the appearance of their nose. In addition, should complications occur, there may be significant adverse effects on a patient's life including social, sexual, emotional, physical and financial.

Revision surgery

It is not unusual for minor surgical revisions to be performed. It should be recognized, however, that should revision surgery be required, this may be emotionally, socially and financially demanding. Although often straight forward, the surgery may be complex and the outcome is not guaranteed.



COMPLICATIONS OF RHINOPLASTY



AVENUE
PLASTIC
SURGERY

> PLASTIC SURGERY
> AESTHETIC SURGERY

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