Like any surgical procedure, rhinoplasty has evolved based on improved surgical techniques that survived the test of time and patients' increasing expectations. As in most cosmetic procedures, the vast majority of advances for rhinoplasty are from the teachings of surgical skill sets to younger surgeons through operative training, textbooks, lectures, and symposia. The difficulty of developing randomized or prospective cohort studies and multicenter analysis for cosmetic procedures contributes to the progression via traditional (non-research-based) modes of teaching. Cosmetic surgery is unique among other surgical specialties due to changing trends and racial and regional ethnic preferences that drive patients' desires to what is considered an esthetic result. In no other procedure are such differences as clear as for rhinoplasty. The operation is individually customized with respect to current ethnic and cultural norms. In modern rhinoplasty surgery, no single procedure or approach can provide a reproducible outcome for the vast array of patient desires for beauty and functionality. Surgeons have to be armed with multiple techniques that are utilized in concert to give predictable results.

Cosmetic rhinoplasty remains one of the most challenging facial cosmetic procedures. This is unlikely to change despite many advances and changes in this field. The last two decades have witnessed significant contributions to the field of rhinoplasty and have changed both the technical and the philosophical aspects of this surgery. Many of these changes are designed to provide more predictable, lasting, and enhanced cosmetic results of surgery without compromise of function.

Oral and maxillofacial surgeons have a unique training with extensive and expanding focus on many aspects of the face, including moving the maxilla in three dimensions, repairing frontal, orbital, nasal, or zygomatic fractures, and treating benign and malignant tumors. Although currently not all graduating oral and maxillofacial surgery (OMS) residents are fully exposed to facial cosmetic surgery, it is only logical that cosmetic rhinoplasty, along with other facial esthetic procedures, should be an integral aspect of OMS. This is particularly true because OMS training is so dedicated to all aspects of the facial skeleton and the American Board of OMS tests all candidates in facial cosmetic surgery and expects a certain level of knowledge. We also believe that a majority of training in cosmetic surgery is acquired beyond the residency years. Especially important in cosmetic surgery is the learned benefits of observing over time the results of one's own surgical residency. Rhinoplasty should be thought of as a lifelong learning process due to its complexity.

EDITORS’ PERSPECTIVE ON FUTURE RHINOPLASTY

Rhinoplasty, like many other cosmetic procedures, is challenging not only for technical reasons but also because the patient seeking cosmetic surgery often expects an “exceptional” outcome. Unfortunately,
none of the three residency specialties teaching rhinoplasty—oral and maxillofacial surgery, otolaryngology, and plastic surgery—do an “exceptional” job of teaching the surgical resident all the nuances of rhinoplasty. This is why advanced training and continued education in the field of rhinoplasty and cosmetic surgery following one’s residency is essential to master this truly challenging field. Surgical “superspeciality” fellowships are becoming more of the norm to immerse the training fellow totally in principles, techniques, and case volumes high enough to give maximum training, experience, and education in this demanding field.

The goal of this issue of Oral and Maxillofacial Surgery Clinics of North America is to familiarize the reader with the most current principles of diagnosis and treatment of the rhinoplasty patient as it relates to our specialty. It is not intended as a comprehensive review of the subject, but rather to highlight the important topics, challenges, principles, current thinking, and variations in rhinoplasty surgery. We also hope to stimulate young surgeons to seek out further training and stimulate research and writing within this field.

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