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Preface: Rhinoplasty: Current Therapy ix
Shahrokh C. Bagheri, Husain Ali Khan, and Angelo Cuzalina

History of Rhinoplasty 1
Louis S. Belinfante

Man has considered the nose to be a key feature, if not the key feature, of facial appearance, beauty, and dynamics. However, because of its central facial location and weak cartilaginous support, the nose is susceptible to disfiguring infection, trauma, pathologic entities, and human-associated carnages. This article discusses the various methods (eg, endonasal approach, external approach, and osteoplastic operations) surgeons have tried throughout history to give their patients a more attractive face by altering the one physical anatomic structure that one usually notices first.

Rhinoplasty: Initial Consultation and Examination 11
Husain Ali Khan

Many cosmetic surgeons consider rhinoplasty to be the most complex surgical and artistically challenging of all aesthetic surgery today. It is the most common facial procedure performed for women and the second most common for men. The art and science of cosmetic rhinoplasty begins with the initial examination. The surgeon must visualize and predict like Leonardo Da Vinci, be a sculptor like Michelangelo, and be an analyzer like Einstein. This article describes the components and complexities of the initial examination in cosmetic rhinoplasty.

Applied Surgical Anatomy of the Nose 25
Mark R. Stevens and Hany A. Emam

Although anatomy often seems static, the continual innovation of new surgical techniques and approaches, in reality, make it a dynamic field. The first essential principal of any surgery is the comprehensive knowledge of the anatomic area and its physiology. This assertion is especially true in functional and or cosmetic nasal surgery.

Primary Cosmetic Rhinoplasty 39
Shahrokh C. Bagheri

The last 2 decades have witnessed significant changes in both technical and philosophic aspects of rhinoplasty surgery. Many of these changes are designed to provide more predictable, lasting, and enhanced cosmetic results of surgery without compromise of function. Although the aim of this procedure remains unchanged, the techniques and methodology have evolved. What is also continuously changing is the patients’ requests and expectations of favorable cosmetic outcome. This article outlines the basic concepts that are essential in performing cosmetic rhinoplasty.

Septoplasty in Conjunction with Cosmetic Rhinoplasty 49
Carey J. Nease and R. Chad Deal

This article discusses the intimate relationship that the form of the nasal septum and the esthetics of the nose have with one another and that alterations of either can significantly affect the other. Surgeons from several specialties perform surgical
alterations of the external and internal nose; however, many of the advancements have been kept within the literature of their respective fields. It would be wise for rhinoplasty surgeons to have a solid understanding of the form and function of the nose so that they may bridge the gaps of their specialty and provide the best possible care for their patients.

**Grafting in Cosmetic Rhinoplasty**
James Koehler and Landon McLain

As rhinoplasty techniques continue to evolve toward structural support and away from purely reductive techniques, the need for sophisticated grafting options will escalate to augment or replace critical support mechanisms of the nose. This will result in improved esthetic outcomes and functional results. We have found that well-planned and executed adjunctive grafting techniques can deliver lasting results with preservation of function and cosmesis. This article reviews the various graft materials and the techniques and indications for their use.

**Nasal Tip Modifications**
Mary L. Schinkel and L. Mike Nayak

Rhinoplasty remains a challenging art but is now systematized at least in part by recent understanding of the supporting mechanisms and how they may be manipulated to control the nasal tip. Nasal tip control is the key to a successful, aesthetically pleasing, rhinoplasty result with preservation of nasal function.

**Dorsal Hump Surgery and Lateral Osteotomy**
Behnam Bohluli, Nima Moharamnejad, and Mohammad Bayat

Lateral osteotomy is a controversial step in rhinoplasty, which is usually performed to narrow a wide nose, widen a narrow bony pyramid, straighten a deviated nose, or close an open roof deformity. The osteotomy is performed using several methods, although the internal continuous and external perforator are the main ways to perform the lateral osteotomy. Most other techniques are modifications of these basic methods. The purpose of this article is to review the essential concepts of nasal hump surgery and lateral osteotomy as used in cosmetic rhinoplasty.

**Nasal Base Surgery**
Behnam Bohluli, Nima Moharamnejad, and Amin Yamani

The nasal base is an important aspect of the nose with a complex anatomic architecture comprising a combination of cartilages, skin, connective tissues, and ligaments. Recent studies show that all nasal base deformities cannot be corrected by simple excision and suturing techniques. Alar release and medialization would be effective in some of these deformities. This article presents an overview of conventional concepts of alar base surgeries, which have remained unchanged over many years. Indications and limitations of each technique are discussed, followed by a more detailed description of alar release and medialization.

**Correction of the Crooked Nose**
Jason K. Potter

Correction of the deviated nose is one of the most difficult tasks in rhinoplasty surgery and should be approached in a systematic manner to ensure a satisfied patient and surgeon. Correction of the deviated nose is unique in that the patient’s
complaints frequently include aesthetic and functional characteristics. Equal importance should be given to the preoperative, intraoperative, and postoperative aspects of the patient’s treatment to ensure a favorable outcome.

Internal Septorhinoplasty Technique

Peter D. Waite

The internal septorhinoplasty was the standard operating procedure until the popularity of the external or open rhinoplasty technique. The internal technique of the rhinoplasty should be in the armamentarium of every cosmetic surgeon. There will always be indications for both internal and external rhinoplasty. The advantages of the internal technique are several. Rhinoplasty should be treatment planned based on the individual diagnosis. With experience, most surgeons find the internal rhinoplasty to be successful and extremely rewarding. A simple internal rhinoplasty will produce a good result and satisfied patients.

Revision Rhinoplasty

Angelo Cuzalina and Clement Qaqish

We partition this discussion of revisional surgery based on perceived problems with the primary rhinoplasty. This will focus on either underresection or overresection of tissues and the ensuing clinical result. We also discuss some select problems associated with manipulation of tissues via suturing or grafting and briefly discuss functional considerations in secondary surgery. We advocate an open approach when performing most revision rhinoplasty. Visualization and access provided by the open approach enables the surgeon to achieve treatment goals in a more predictable fashion, particularly in cases requiring extensive grafting or when a different surgeon performed the primary rhinoplasty.

Ethnic Rhinoplasty

Mohan Thomas and James D’Silva

This article examines the surgical techniques of rhinoplasty in relation to aesthetic considerations of various ethnic groups. Rhinoplasty in general is challenging, particularly in the ethnic population. When considering rhinoplasty in ethnic patients one must determine their aesthetic goals, which in many cases might deviate from the so-called norm of the “North European nose.” An experienced rhinoplastic surgeon should be able to navigate his or her way through the nuances of the various ethnic subsets. Keeping this in mind and following the established tenets in rhinoplasty, one can expect a pleasing and congruous nose without radically violating ethnicity.

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