Preface

Modern Rhinoplasty and the Management of Its Complications

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Editors

Current basic principles of surgery are ever changing. The remarkable discoveries in antisepsis, anesthesiology, physiology, and pharmacology are few dramatic changes that have forever turned surgery into a relatively safe and predictable profession. In the early part of the nineteenth century, the vast majority of surgical interventions had extremely high morbidity and mortality, such that surgery was only a last resort for life-saving interventions. There is clearly an evolutionary force behind the continuously changing trends and enhanced techniques that aim to improve the safety, outcome, and predictability of surgical interventions. Furthermore, the demand for less-invasive methods that are faster and safer puts additional strain on the scientific and manual capabilities of surgeons.

Rhinoplasty serves as an example of a surgical discipline that has evolved beyond many boundaries. This includes the existing broad capabilities and vast interest to perform rhinoplasty by several specialties along with new anatomically stable approaches to the procedure. Oral and maxillofacial surgeons (OMS) are relatively new in this arena. Only a handful of OMS acquired this advanced skill from cross-specialty colleagues in the late 1980s and subsequently produced very minimal contributions to the scientific literature on the topic. However, in the last several years, a large variety of peer-reviewed articles and text with major contributions by OMS have been published. The profession has embraced this field, although generally requiring postresidency fellowship training to achieve acceptable surgical competence. In fact, the modern approach to rhinoplasty is more “maxillofacial” than ever before. Initial techniques of reductive rhinoplasty were based on basic changes in the more superficial anatomic bony and cartilaginous structures. This limited approach resulted in many reconstructivechal-
lenges and long-term unstable results. The next major evolutionary change was the application of grafts to change and construct of the nose in 3 dimensions while preserving function. Today, the concept of preservation rhinoplasty is the culmination of grafting and skeletal changes in the naso-maxillary and cartilaginous anatomy. This conceptual approach addresses deeper maxillofacial anatomic layers, aiming to provide more lasting and predictable results.

This issue of *Oral and Maxillofacial Surgery Clinics* is a significant step forward for our specialty and complements our prior February 2012 *Oral and Maxillofacial Surgery Clinics* issue on Rhinoplasty: Current Therapy. Our profession and specialty have to further evolve beyond just previously established techniques and embrace modern developments. Furthermore, recognition and addressing unwanted cosmetic and functional outcomes must be an integral part of our subspecialty development. The aim of this issue is to familiarize our readers with recent developments that are continuing to change this field and to maintain our specialty at the forefront of Modern Rhinoplasty and the Management of Its Complications.

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