TOP 10

RHINOPLASTY MISTAKES

A must-read before you proceed with Rhinoplasty

Profiles beverly hills

INTRODUCTION

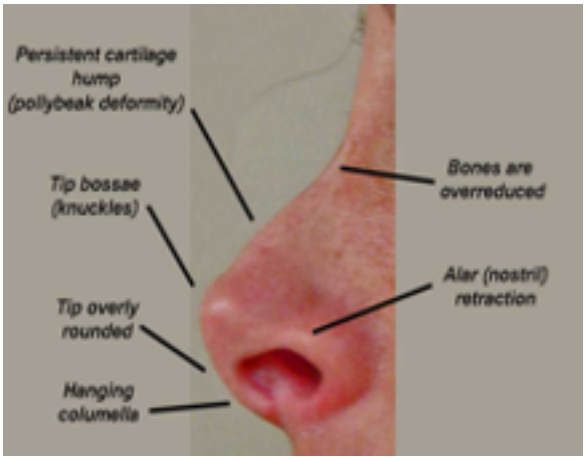
DON'T GET A RHINOPLASTY WITHOUT READING THIS FIRST

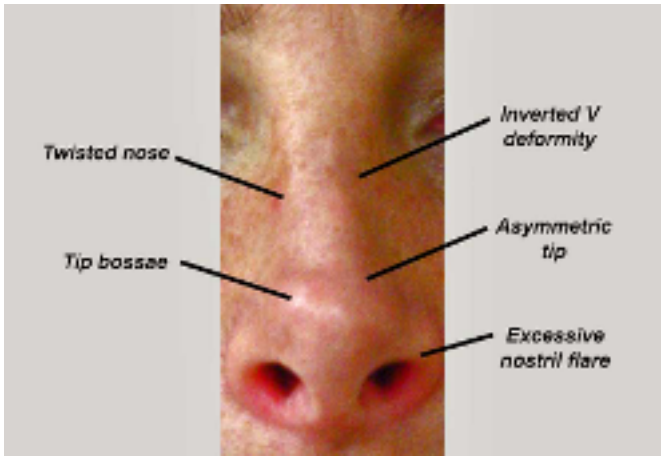
THE TOP 10 RHINOPLASTY MISTAKES

A rhinoplasty, or 'nose job' can transform your life, improving self-confidence, body image, breathing and exercise tolerance. Yet, more than any other cosmetic procedure, the little details make all the difference in ensuring a happy outcome.

A big percentage of the rhinoplasties we do at Profiles Beverly Hills are revisions or re-do procedures.

Almost all of the problems we see are from technical errors that are preventable.





INTRODUCTION

Below are the 10 most frequent rhinoplasty problems we see and why these happen.

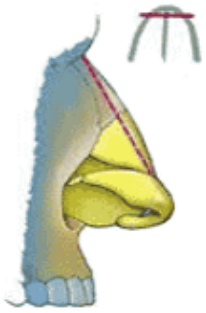
THE 10 DEADLY SINS OF RHINOPLASTY

1. THE SCOOPED BRIDGE
2. THE POLLYBEAK DEFORMITY
3. HANGING COLUMELLA
4. NOSTRIL RETRACTION
5. EXCESSIVE TIP ROUNDING
6. THE OVERPROJECTED NOSE
7. TIP BOSSAE
8. NASAL VALVE COLLAPSE
9. OPEN ROOF DEFORMITY
10. THE TWISTED NOSE

MISTAKE #1 - THE SCOOPED BRIDGE

THE SOOPED BRIDGE - When the bump on the bridge has been shaved down too much.

In many rhinoplasties, there is a nasal hump that patients would like removed. There are several ways this can be achieved.



A nasal hump reduction.
The bone and cartilage above the dotted line is removed to create a straight profile.

Many surgeons use chisels or osteotomes shown above.

Osteotomes are sharp instruments that cut through the bone at a desired level to lower the hump. This is an all-or-nothing thing where the bump is removed in one shot. The problem is one of judgment and execution. Sometimes the angle isn't right or the surgeon thinks he or she is taking down the bone to a certain level only to find out that he or she misjudged.

It can be even easier to make this mistake using a closed rhinoplasty approach (from inside the nostril) where this maneuver is being done blindly under the cover of the nasal skin. In this case, you can't exactly see what you're doing, so most of the work is done by 'feel'. It takes a lot of experience to develop that 'touch' and to consistently get it right. It's just too easy to misjudge and make a mistake with this technique.

MISTAKE #1

1

We prefer nasal rasps, which are essentially fine files, shown here.

At Profiles Beverly Hills we prefer to use rasps to reduce a bump. These instruments can be used to slowly file down the bony bump, reducing a little at a time until we have arrived at the intended result. With rasps, we can accomplish this three-dimensionally in a very careful and controlled way to make sure not to overdo it.

When the bone is reduced too much, the nasal profile will look scooped and the bridge will look washed out and child-like from the front view.

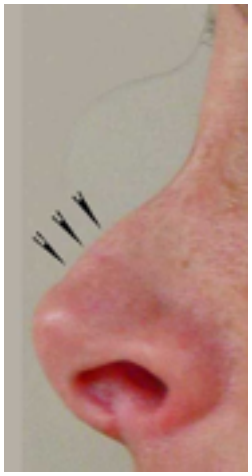
See the photos above to show the area of bone that was over-reduced in this real revision patient of ours (on the left), and what the bony profile should look like (on the right). The blue outline shows the area of bone that must be built back up to restore the proper bony height.

MISTAKE #2 - THE POLYBEAK DEFORMITY

THE POLYBEAK DEFORMITY - When the area just above the nose tip is too full.

Normally, there should be a hint of a dip or depression just above your nasal tip that defines the transition from your bridge to your tip on profile. When that area is too high or filled in, we call it a pollybeak.

When it is very full, it can even make the nose look down-turned like a bird's beak, thus the name. The reason for this is that the area above the tip often becomes the part of your nose that sticks out or projects the most from your face. This is not the way it should be. Your tip should be the most projecting point of your nose.

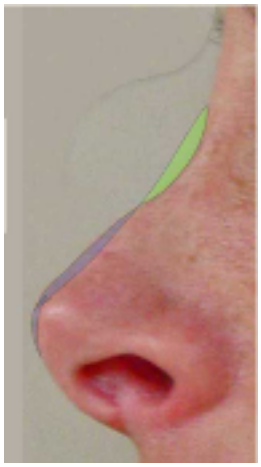


A pollybeak deformity indicated by the arrows.

There are several causes for a pollybeak. First, the cartilage is not reduced enough in the area above your tip. Second, the surgeon may be overaggressive in reducing that area too much in someone with thick skin. In this case, the skin doesn't contract and flatten out as much as it should and, instead, the area fills in with thick scar tissue. Finally, there may not be enough support provided to your nasal tip. Over time, your tip may droop and make the area above the tip look too full.

MISTAKE #2

2

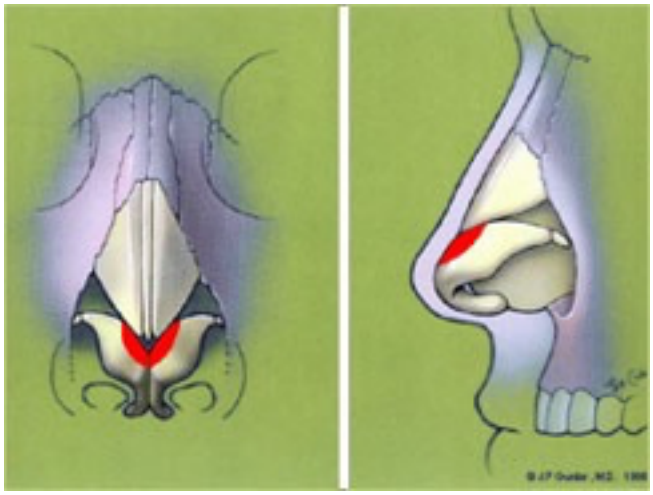


A plan for fixing a pollybeak deformity. The green area is the area of the bridge that was built up in the last step. The blue shaded area shows the cartilage that has to be shaved down to correct this appearance. Notice how the tip itself also has to be deprojected or brought in closer to the face.

On the left, only the pollybeak was taken down but the tip was not brought in, so it looks too high and too pointy. On the right, you can see how much more balanced the tip height looks (there are still other problems to be fixed, like excessive rounding and a hanging columella).

MISTAKE #3, #4 & #5 - HANGING COLUMELLA, NOSTRIL RETRACTION, AND EXCESSIVE TIP ROUNDING

A frequent problem after an overaggressive rhinoplasty is a tip that becomes distorted and lacking in support. This usually happens when too much of the tip cartilages are removed in trying to narrow and refine the tip. Instead, you just end up with a tip that is unstable. We have lumped these 3 problems together because they often occur together after a rhinoplasty in which the tip cartilages collapsed.



The area of the tip cartilages (in red) that is commonly removed during a rhinoplasty.
The key is not to remove too much.

Many surgeons are very aggressive with these maneuvers and may take out most of this cartilage or slice right through it without repairing the edges. They do this because the short-term changes can be very dramatic. You can turn a wide boxy tip into a very narrow one. But, this is ultimately a bad decision as this maneuver severely compromises normal tip support.

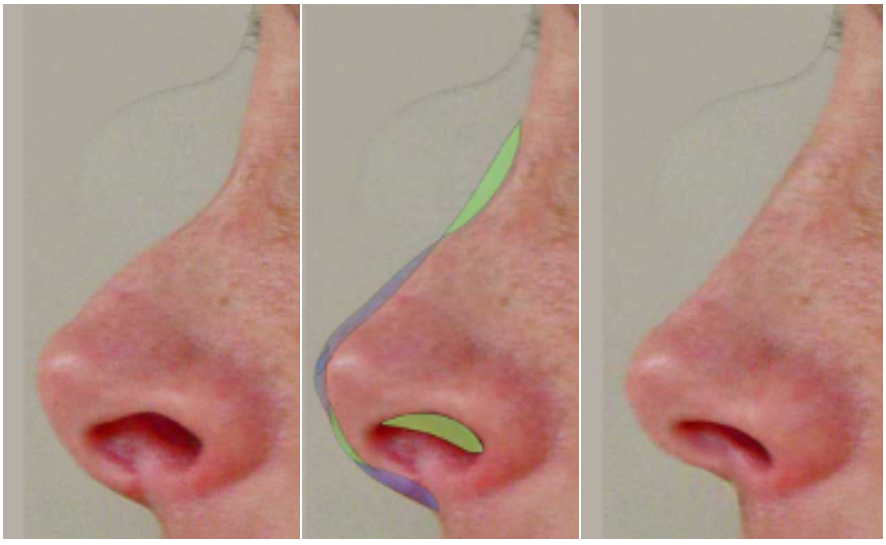
The long-term consequences are usually devastating as the tip becomes progressively pinched and distorted over years. If too much cartilage is removed in this area, the tip can start to collapse. It can often look asymmetrical with formation of bossae or bumps in the cartilage that show through the skin. Also, the tip can start to rotate up too much. This gives the nose an upturned and shortened “Miss Piggy” appearance. This problem can be exaggerated when surgeons also remove the nasal spine (the bone at the bottom of the tip) and the bottom part of the septum.

MISTAKE #3, #4 & #5

3 4 5

Maintaining the integrity of this anatomy is critical to ensuring a good, strong result over time. In fact, at Profiles Beverly Hills, we routinely reinforce this anatomy during our rhinoplasties (instead of weakening it). If the above mistakes are made, the columella or structure separating the nostrils can appear to hang down too much, called a hanging columella. Also, the rim of the nostrils can appear pulled back or retracted. Ideally, the distance between the edge of the nostril and the bottom edge of the columella should be no more than 2 to 3 millimeters. Anything more creates a very unflattering look that resembles a snarl. What's worse is that breathing can also be affected. These problems can be fixed, but it can take a lot of effort including complex cartilage grafting.

Above is the final step in improving the appearance of this nose. The photo on the left has only the bridge improved while the photo on the right also addresses the tip. You can see that the columella is tucked back, the nostril rim is pulled down, and the angle between the tip and the upper lip is better. Notice that the tip still projects outward by the same amount, but it looks so much less dominant and heavy when these problems are corrected.



The original post-rhinoplasty picture on the left, the planned changes in the middle, and the imaged ideal result on the right. The green shaded regions are areas to be built up. The blue shaded regions are areas to be shaved down.

MISTAKE #6 - THE OVERPROJECTED NOSE

THE OVERPROJECTED NOSE - When the nasal tip appears to stick out too far from the face.

The first reason this occurs is that many patients are initially more concerned about their bump than anything else and are happy if the bump is removed. Many patients afterwards, however, realize that the tip still appears too prominent and that they're not so happy that only the bump was reduced.

The second reason is that technical maneuvers to reduce the nasal tip's projection are more sophisticated. Many Rhinoplasty surgeons were never trained in these maneuvers and therefore don't attempt them. Some may have tried these techniques in the past but have experienced problems due to inexperience and now choose to avoid de-projecting the tip.

Lastly, it can be a problem of technique. It is almost impossible to achieve meaningful de-projection of the tip through a standard closed rhinoplasty approach in a way that still provides enough support.

Here is a patient who came to Profiles Beverly Hills because she was unhappy with a previous rhinoplasty. On the left, you can see that her tip is too prominent and her bridge is a little too sloped, which makes her tip look even more projected. On the right is her Profiles Beverly Hills revision rhinoplasty which included some augmentation of the bridge with tip de-projection. And, because of the way we performed this procedure, her nose will stay stronger than if she never had anything done.

MISTAKE #7 - TIP BOSSAE

TIP BOSSAE - When bumps or 'knuckles' at the nose tip can be seen through the skin.

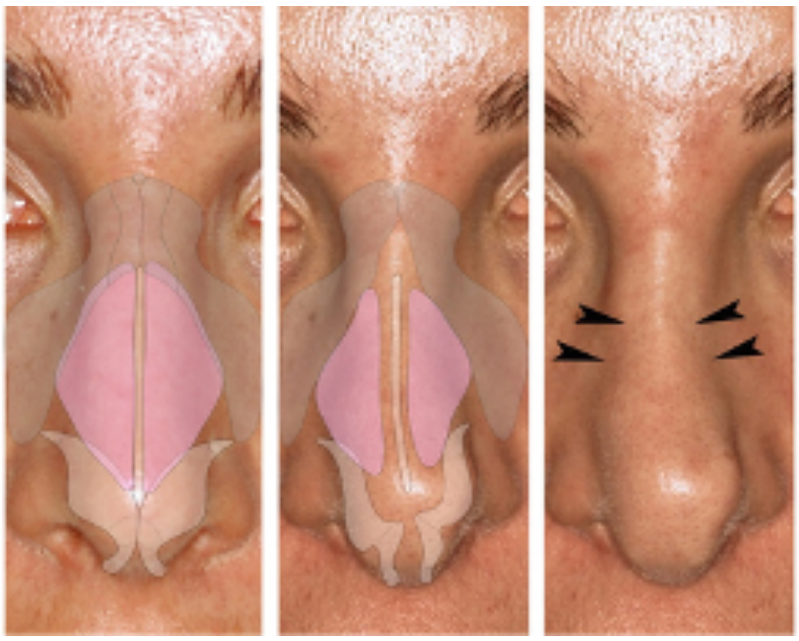
Think of the tip cartilages like a pair of wings. They hold the nostrils' shape and keep them open to allow normal breathing. In poorly done rhinoplasties, this cartilage can be aggressively cut or removed so that it loses its natural spring. Over time, whatever cartilage is left starts to bend and twist as the skin contracts. As the cartilage twists on itself, the weak points at the 'joints' of this cartilage can start to form bumps or knuckles.

On the left, you can see normal anatomy of the tip cartilages. The center photo shows the weakened and twisted cartilages commonly found after over-aggressive cartilage removal. On the right, you can see the bumps (bossae) on the surface of the nose.

MISTAKE #8 - NASAL VALVE COLLAPSE

NASAL VALVE COLLAPSE - when the nasal valve is overly narrowed and blocked.

The nasal valve is a term used to describe the narrowest part of your nasal airway. There really are two types of nasal valve collapse. One is the collapse of the tip cartilages where the blockage is just inside the nostril. The other occurs when the upper lateral cartilages in the middle of the nose have been too narrowed.



In the image on the left, you see normal nasal anatomy (nasal bones in grey, the upper lateral cartilages in pink and the tip cartilages in white). The center photo shows a poorly done rhinoplasty in which the structures have been aggressively reduced and are collapsing. The resulting changes are seen on the right. The arrows indicate the collapse of the upper lateral cartilages as they fall inwards and affect breathing.

MISTAKE #8

8

The problem seen above occurs more often after a closed rhinoplasty where a nasal bump is reduced blindly from under the skin. Because closed rhinoplasty does not allow easy access to these cartilages, this technique often detaches the cartilages from their normal supports without repairing and reattaching them at the end of the procedure. When the natural cartilage supports have been lost, they simply fall inwards and collapse.

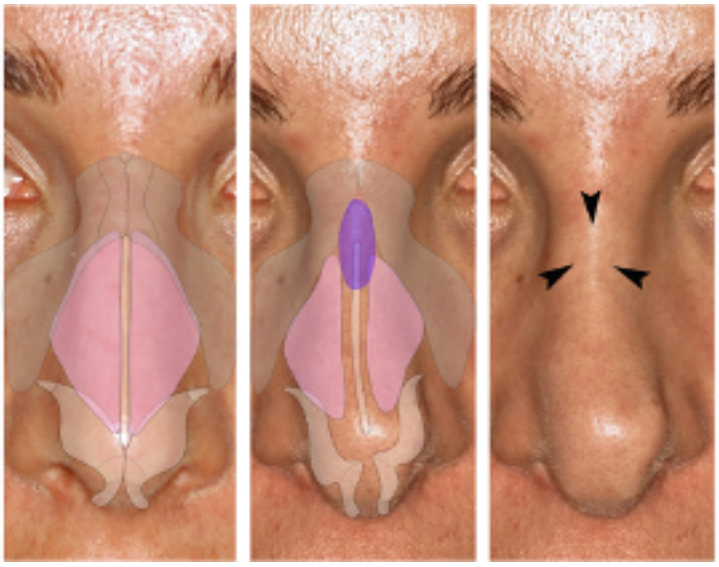
The result is poor breathing and two visible cosmetic deformities. One is called an 'inverted V deformity'. That's because the collapsed area where these cartilages attach to the nasal bones looks like an upside-down letter V. The second problem is that the middle part of the bridge can start to look very pinched.

The photo on the right shows the 'inverted V' deformity caused by collapse of the upper lateral cartilages.

MISTAKE #9 - THE OPEN ROOF DEFORMITY

THE OPEN ROOF DEFORMITY - When the bridge of the nose looks unnaturally flat.

The nasal bones look like a covered bridge or tunnel. When a bump is reduced, the top of the bone is shaved or cut down to reduce the bump. When bone is removed, this leaves an opening in the roof of the tunnel. If the opening is not closed properly, we call the resulting problem an 'open roof' deformity.



When you have an open roof, the middle part of the bridge will look and feel unnaturally flat (shown here in purple). The edges of the bones are separated and can be seen and felt as a prominent ridge at the side edges of the bridge.

MISTAKE #10 - THE TWISTED NOSE

THE TWISTED NOSE - when the nose is noticeably crooked.

A twist in the nose can happen anywhere from the nasal bones to the middle third of the nose and down to the tip. A frequent cause for a twisted nose is crooked nasal bones. This can result when a pre-existing crooked bridge simply was not corrected appropriately or when poorly performed osteotomies caused the bones to shift in an unintended way.

We find a common cause for a persistently crooked nose is the septum. A deviated nasal septum not only causes breathing issues but is also a prominent cause of twisting of the middle and lower structures of the nose.

Think of the septum as the main tent pole or support for the nasal tip. If the septum is crooked high along the bridge or down low near the tip, it is almost impossible for the rest of the nose to be straight. In many cases, the septum is crooked in two, three, or more places, including difficult to reach areas like far at the back and high up under the nasal bones. If any one of these locations is not fixed, the nose may appear straighter for a while but will eventually go back to being twisted as pressure from the crooked section pushes the repair away from the midline.

Many surgeons call this 'cartilage memory', meaning that crooked cartilage has a tendency to go back to the way it was. We at Profiles Beverly Hills, however, have proven that even a badly curved piece of cartilage can usually be fixed with the proper maneuvers to overcome the curvature, using specific grafting or suture techniques to strengthen the repair and 'force' it to be straight. If the cartilage is twisted beyond repair, we can remove it and replaced entirely with cartilage from elsewhere.

Loss of support of the tip or sidewall cartilages can also cause twisting in addition to the problems discussed in previous sections. More often than not, we find that many of these normal structures have been damaged or removed, causing the lower part of the nose to buckle and warp.

The patient who arrived at Profiles Beverly Hills needed six different cartilage grafts to rebuild her nose, improve breathing and to restore an appealing aesthetic.

Profiles beverly hills

WEBSITE	www.beverlyhillsprofiles.com
INSTAGRAM	@profilesbeverlyhills
PHONE	(310) 276-6800
LOCATION	9201 West Sunset Blvd Suite M130 Los Angeles, CA 90069

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