



nose

# fact vs fiction

Sydney ENT and facial plastic surgeon **Dr William Mooney** busts some of the most popular rhinoplasty myths.

**Myth: Rhinoplasty is a risky procedure**

**Fact:** There's no doubt that rhinoplasty is a complex procedure, but it's not usually risky and the complication profile is minimal when performed by a skilled surgeon. Precautions are taken to minimise the chance of potential problems arising, including administering antibiotics, offering pre-operative care and post-operative follow-up.

Most patients are discharged on the morning after their surgery, and initial discomfort normally lasts a few days. This can usually be managed with over-the-counter analgesia such as paracetamol and low-dose codeine. We now have a complex treatment regime that is tailored to suit the patient and to lessen the risk of bruising and bleeding.

When treated by an experienced specialist, most patients are happy with the procedure, care and overall outcome.

There are no absolutes in surgery. Despite the best care, a small proportion of results will need revision. It's recommended that good communication between the patient and surgeon is maintained, and that prompt attention is given where needed.

**Myth: Everyone will know I've had rhinoplasty**

**Fact:** It isn't uncommon for family and friends to know there is 'something different' about the patient but not be able to pinpoint exactly what it is that has changed.

The hallmark of a successful rhinoplasty is that people don't notice it. When I perform a rhinoplasty, my ultimate aim is to make the nose look natural. It's about creating the right nose for the face, so if a patient has bigger features, they will need a bigger nose to balance them out.

When patients see the pre-operative computer imaging of themselves, many often comment on their nose 'disappearing' and their eyes and lips becoming more dominant. In reality, as a static non-moving facial feature, the nose grabs more attention when it is not suited to the face.

Of course, in post-traumatic cases or in patients with significant problems, the change can be more significant.

**Myth: The nose won't be right for me**

**Fact:** The art and science of rhinoplasty have evolved significantly over time. It's no longer a routine operation with the same nose for every face. It's now a complex procedure that takes into account the harmony and characteristics of the patient's face, age, sex, race, profession and expectations.

Dynamism of the face is also a deciding factor for the type of nose that is eventually chosen, so I prefer patients to have a couple of consultations with me before the surgery. This way, I can observe their facial expressions before advising on the best nose shape and size to complement their other features.

I also use digital imaging software to show the patient how different types of noses will most likely look on their face. I believe this is an extremely valuable tool in helping to select the nose that is most suitable.

Rhinoplasty is now designed to achieve a natural-looking nose for each individual patient's face. Creating the right nose is something the patient and surgeon can do in consultation together.

Case study 1



BEFORE



AFTER rhinoplasty by Dr Mooney

Case study 2



BEFORE



AFTER rhinoplasty by Dr Mooney

**Myth: Rhinoplasty is all about appearance**

**Fact:** For many patients, functional problems with their nose are just as important – if not more so – than their appearance. Breathing obstruction, snoring, sinusitis, loss of sense of smell, allergies, headaches and post-nasal drip are all possible problems that can be corrected with rhinoplasty surgery.

Treating and assessing the nose only begins with its appearance. I conduct a full assessment of the patient's

nose to improve both functional and cosmetic concerns. I find many patients are delighted with how their nose works as well as how it looks.

The nose is the axis of the face. Its function and appearance are often understated and can have huge implications on quality of life and perception of self. So it is important that patients make time to talk to a specialist if they are considering this procedure. **acsm**