



The ideal nose

Sydney facial plastic surgeon **Dr William Mooney** discusses the decision to undergo rhinoplasty. Francis Herron reports.

The nose serves at the focal point of the face – the static structure around which the expression, dynamism and beauty of the face find axis. It is also a complex organ involved in respiration, sinus function, smell and taste. Is the ideal nose possible? To answer this we must look at the complete process of rhinoplasty. ‘The ideal nose must be one that not only looks good but works well,’ says Dr Mooney.

When assessing the cosmetic nose, many factors are important. We begin with the structure, size and shape of the nose, looking for problems such as humps, deviation and tip size, shape and position. But this is only the beginning. The nose has to fit with the other facial features, the cultural background and sex of the patient, even their age and personality.

A female with dynamic features often needs a more definite nasal profile, and similarly a ‘pretty nose’ looks wrong on a strong male face. Some changes that may be needed are very subtle. A successful rhinoplasty is one that creates a natural unoperated-on look; a nose that fits harmoniously with the other facial features.

Careful discussion of the patient’s aims and concerns is also essential to making a full assessment. That said, a team approach must be adopted between doctor and patient when pre-planning a rhinoplasty procedure. Sometimes the patient may place greater importance on some nasal, facial or functional features. And the corollary is true that an experienced clinician may sometimes also highlight features that are not immediately apparent. ‘When it comes to successful rhinoplasty,’ says Dr Mooney, ‘communication is a more powerful and important tool than the scalpel.’

Dr Mooney usually meets with patients several times before the surgery to make this assessment and discuss outcome expectations. As well as discussion about the shape of the nose, computer imaging is an essential tool in ‘looking’ at different shapes of the nose. ‘We image the nose from several angles and look at the effects of different changes – all with the patient present,’ he says. ‘This not only gives the patient a much better idea of a new nose than the one they imagined, but shows the detail involved

and the effect that even just a millimetre of change can sometimes make.’

Full assessment for Dr Mooney also involves an assay of nasal functionality. Other problems such as snoring, sinusitis, allergic rhinitis and change in sense of smell can often be addressed while improving nasal contour. This assessment may include fibre-optic examination and the use of CT scan and nasal airway flow studies. ‘Often patients have inter-current functional problems,’ says Dr Mooney. ‘We find that rectifying these issues makes the patients even happier than their new great nose shape.’

As a fully qualified ear, nose and throat surgeon, Dr Mooney frequently treats sinusitis and improves nasal airways at the same time as cosmetically improving the nose. Sinus and airway surgery don’t add significantly to patient recovery time,’ he says, ‘and these components are often accessed more easily during rhinoplasty. Sleep-breathing disorders and snoring often give patients a tired, worn-out look, so improving nasal airways can often have the effect of giving patients a refreshed, younger look simultaneously.’

Sometimes rhinoplasty can be performed in conjunction with other cosmetic procedures to achieve an optimal outcome. According to Dr Mooney, these include the use of injectable options such as Botox and dermal fillers, but can include the use of facial contouring implants, chin enhancement or reduction, thread lifts, blepharoplasty, otoplasty (ear surgery) or even facelifts.

Of course, deciding in favour of additional treatments is made in close conjunction with the patient and keeping outcomes realistic is our priority. ‘We have had patients thinking they have a very large nose when they really only have a moderate over-projection, coupled with a recessive chin,’ he says. ‘The ideal nose is not a myth, but it is not a cookie-cutter nose that you find in a magazine. It is the right nose for your face, your age and your personality. It is a nose that works as well as it looks. It the nose you expected and planned for after multiple pre-operative visits. It is the right nose for you.’ **acsm**

Case 1

This patient had concerns about the appearance and function of her nose. She had significant obstruction and allergic rhinitis, as well as a large and over-projected nose. Postoperatively her nose is definite but delicate enough to achieve balance with her other facial features.



BEFORE

AFTER rhinoplasty by Dr Mooney

Case 2

This patient was concerned about the appearance of her nose, as well as her recurrent sinusitis. Dr Mooney performed open-structure rhinoplasty, as well as septoplasty (straightening of the partition between the nostrils) and sinus surgery. Postoperatively she has a clear airway, no attacks of sinusitis and a nose that is more dynamic to create facial harmony.



BEFORE

AFTER rhinoplasty by Dr Mooney

Case 3

This 40-year-old had a nose that bothered her most of her adult life. She has very fine features and was concerned a new nose would not look natural. Postoperatively, her nose is more defined and suited to her facial features.



BEFORE

AFTER rhinoplasty by Dr Mooney