

Open Rhinoplasty Our experience at RIMS ENT department, Ongole, Prakasam District, A.P.

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I. Introduction

Nowadays pts are more aware about their cosmetic look, eyes can reflect the beauty hidden in the orbits, but nose is prominent part of the face, its shape can't be hideout. No human nose can be perfect, but more of curvature, crooked and widened alae, depressed septal cartilage, Hump brought to the clinicians. They are in dilemma to whom they have to refer either otorhinolaryngologists, plastic surgeon. As an Otorhinologists we deals with all external and internal deviation of the nose starting from the basic, we the people have better knowledge about the anatomy of the nose, we are the right surgeons to deal with these problems. Here is our experience of open rhinoplasties for hump reduction, augmentation, ostetotomies, alar reduction, septoplasty, tip correction, bulbar noses etc . We made a study of 20 cases in the year of April 2016- March 2018 .

II. Aim and objective

correction of cosmetic (aesthetic) part of the nose .

III. Materials and methods

Rims hospital ENT OPD 2017 In a period of 2yrs 20 cases April 2016 – March 2018 underwent open rhinoplasties in our department.

Most of the cases are reported to opd with complaint of nasal obstruction, external deviation of the nose, depressed bridge of the nose., earlier operated with no relief of the problems, sometimes associated problems like chronic rhinitis, sinusitis, csom. These cases are grouped into functional problems like nasal obstruction, Pure aesthetic problems, Otological problems. They were subjected to undergo basic investigations, CT PNS ,nasal endoscopies., most of these cases found to have septal deviations with valve narrowing .These cases are further separated, interviewed whether they are worried about the aesthetic problems. If they want to undergo aesthetic repair they have taken preoperative pictures of all profile like close side view right and left, eagles profile, base, front and assed the psychological aspect of the surgery. Most of these cases posted in general anaesthesia .

Surgical procedure;

Surface markings are made on the nose for classical inter cartilaginous incisions, inverted V shaped (Columnar) incision, ostetotomies. Infiltrations with 1% xylocaine with adrenaline are given over the tip of the nose subcutaneously and spread along laterally, anteriorly dorsally and over the mucoperichondrium of the nasal septum. A columellar inverted V shaped incision is given over the tip columellar part of the nose , Inter cartilaginous incisions are carried out ,and incisions are deepened with fine curved scissors without damage to medial crus, tip of the nose is dissected with good cleavage and dissection continued up so that entire dorsal part of the nasal septum ,nasal bones, upper lateral cartilages, lower lateral cartilages, are exposed and lateral paramedian and median ostetotomies ostetotomies are done to close the gap, hump nose is corrected by chiseling slowly with mallet and goose, Upper lateral cartilages are separated from dorsal cartilage, bulbous tip is corrected by cephalic trimming of medial crus and inter domal suturing are practiced, Tip plasty done by cartilage bit inserted between the medial crura and secured by piercing the needles and sutured with 4 0 nylon or vicryl.. Depressed septal cartilage is corrected by DICE cartilage bits with temporalis fascia making a sac kept over the dorsum. Crooked nose is corrected by septoplasty with osteotomies and used spreader grafts .Intra nasal packing, when performed provides some compression to the septal flaps and prevents haematoma formation ,synaechhia, and decreases the risk of postoperative bleeding and can be removed after 24 hrs. Tapping of the nose will help to reduce dead space ,edema, and formation of haematoma and will protect the nasal structures from external trauma and prevents the displacement of the newly aligned nasal structures. At the end nasal splint applied ,the splint covers the bridge of the nose .in all pts the post operative course was uneventful ,painless, without postoperative bleeding .

Problems;

Though post operative correction is extraordinarily good these pts when we reviewed after 4- 6 weeks some of these cases acquired very good shapes and some of the not satisfied probably because healing of the wound differs with pts. Septal corrections are done by extra corporal approach results are as good as with closed procedure.

IV. Results

Most common nasal deformities in these 20 cases are hump nose,deviated nose,(Crooked), saddle nose .,The mean time of nasal pack removal was after 12 hrs ,and mean time of hospitalization was 72hrs.postoperative photo documentation was performed in all patients after 1,3,6&12months. .The scar of the columellar incision was invisible in all patients some weeks postoperatively.

V. Conclusion

Septo rhinoplasties open or closed approach debate comes we prefer to do open Rhinoplasties since anatomy well defined, we do all the procedures with direct vision and fabricate all into one. Results with rhinoplasties differ with the each individual their configuration their healing,psychological uptake etc.Open rhinoplasties gives the possibility to asses anatomical deformities,asymmetries,& structural alterations by direct inspection of nasal frame work .The much easier bimanual sculpturing under direct vision ,have added a further dimation to rhinoplasty.The strcures of nose can be manipulated in a more precise manner and suture and grafts placed and fixed adequately.

Open approach rhinoplasty is a more traumatic technique in comparison with the closed rhinoplasty with more supratip edema postoperatively the scar of the skin incision is invisible in the majority of cases if the precise technique is performed.In conclusion open rhinoplasty approach provides a full exposure of the osseocartilagenous vault is much and for that reason easier to perform all the modern rhinoplasty techniques with sutures,biological and non biological materials to modify the nasal tip deformities and assymetries and to gain an aesthetic result balanced with the other facial compents . Its disadvangaes are minimal, and for this reason it has become popular all over the world .

1. Bulbous tip depressed nose pre op post op



3. Hump nose with narrow valve pre op and posop



4. Broad nose pre and post op with osteotomies



5. Wide alae with broad nose pre and postop



6. Hump pre and post op



7. Saddle nose with depressed nasal bones corrected



8. Bulbous tip pre and post op



9. Hump nose pre and post op



10 Crooked nose pre and post op



Steps of open Rhinoplasty with extra corporeal approach, hump reduction, and lateral osteotomies



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