Rhinoplasty : complications and patient counseling

Essay

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List of Abbreviations

BDD	**Body Dysmorphic Disorder**
OCD	**Obsessive compulsive disorder**
OCP	**Obsessive compulsive personality**
PHDPE	**Porous high density polyethylen**
PTFE	**Polytetrafluorethyle**
SSRI	**Selective serotonin reuptake inhibitors**

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INTRODUCTION

For centuries, anthropologists and clinicians have attempted to objectively understand the concept of facial beauty ***(Husein et al., 2010).***

Renaissance artists emphasized that facial beauty is rooted in symmetric and balanced proportions. Their quantitative descriptions persisted and are currently used in reconstructive facial operations ***(Uzun and Ozdemir, 2014).***

On the other hand , the perception of beauty is continually evolving so as cosmetic surgeons, it is extremely important to step out of our personal perceptions of beauty and surgical norms and understand the perspective of the patient ***(Khan, 2012).***

The size, shape and proportions of the nose provide beauty or handsomeness because it is at the center of the face ***(Uzun and Ozdemir, 2014).***

Rhinoplasty, one of the most frequently performed cosmetic surgical procedures, has been the most interesting field among plastic surgeons for many years ***(Lee et al., 2004).***

It is performed in a wide range of functional and aesthetic indications. The indication is the major factor influencing the rating of the result by the patient. As to be expected, patients with mainly functional problems will rate a rhinoplasty successful, when the breathing function is improved ***(Rettinger, 2007).***

The more aesthetic demands are involved in the indication for rhinoplasty, the more patient's satisfaction will be based on multiple factors.

Independent of the indication the success of rhinoplasty should be based on patient's satisfaction ***(Ching et al., 2003).***

The assessment of the result by patient and surgeon can sometimes be different. Legal consequences may be named a "typical complication" of rhinoplasty. If financial interest is involved in patient's motivation, even an adequate relationship between patient and doctor will not help to avoid a court case. Inadequate reactions of the surgeon or misunderstandings can make the situation worse. It is helpful to inform of a possible revision preoperatively ***(Rettinger, 2007).***

Informed consent is an important part of preparing the patient for surgery so plenty of time should be set aside for it in the initial consultation. The surgeon will discuss the procedure including its risks and potential outcomes with the patient in detail ***(Godin, 2012).***

Justification is usually not needed in plastic reconstructive surgery. It is totally different in the field of aesthetic surgery. Ethics, the emotional and social situation of the patient and psychological and even psychiatric criteria play an important role in the decision to operate the patient ***(Schmidt-Tintemann, 1999).***

It is important to assess the patient's motivation. Open-ended questions should be asked as they will often reveal the patient's motivation. "What do you not like about your nose?" "Why do you want surgery at this time?" "What effect will a rhinoplasty have on your life?" It is extremely

important to "hear" what the patient is saying psychologically rather than merely listening to the words. Which patients to reject for a primary rhinoplasty? These would include the overly narcissistic male, the perfectionistic female who will never be satisfied, and the unhappy patient who thinks that the operation will change his or her life. Once you choose to operate, you must provide the care and concern that the patient requires, not the amount that is reasonable ***(Daniel, 2010).***

Rhinoplasty is considered to be an operation with high risks, primarily because *of the limited predictability of the aesthetic result. What are the reasons? A perfect* result immediately after surgery may be totally different one year later. Reports on long term results of rhinoplasty are rare. Limited predictability is mainly due to the dynamics of the healing process. Many different types of tissues are involved: bone, cartilage, mucosa, skin, fat, fascia, muscles, nerves, vessels, perichondrium and periosteum. The individual reactions of these tissues are not always under the control of the surgeon. This is especially true for cartilage, the main supporting structure of the nose ***(Rettinger, 2007).***

Five to 15% of all patients re-consult a doctor for a revision because they are much dissatisfied with their final rhinoplasty result. It can be assumed that the rate of inwardly dissatisfied patients is considerably higher. Findings of the tip followed by functional problems and irregularities of the nasal dorsum are named most frequently. This is not only limited to patients. Gunter JP, one of the most experienced rhinosurgeons worldwide, declared in a self-critical analysis that the ideal nose could be obtained only in some cases ***(Gubisch and Dacho, 2013).***

Aim of the work

The aim of this Essay is to review the literature pertinent to rhinoplasty counseling, complications and to develop a preoperative questionnaire and an informed consent for rhinoplasty patients.

Chapter I

Patient counseling and Questionnaire

Beauty concept and individual differences

The perception of beauty is continually evolving, as with fashion, our minds adapt to new trends and our eyes progressively break away from traditional patterns. The public often looks to actors, musicians and sports stars to set trends in fashion and beauty. Not unlike the fashion industry, the trends in cosmetic surgery are continually changing. As cosmetic surgeons, it is extremely important to step out of our personal perceptions of beauty and surgical norms and understand the perspective of the patient ***(Khan, 2012).***

The size, shape and proportions of the nose provide beauty or handsomeness because it is at the center of the face. The shape of the nose is also a signature indicating the ethnicity, race, age, and sex and knowledge of the unique shape, anatomy, and dimensions of the human nose is essential for surgeons undertaking esthetic repair and reconstruction of noses ***(Uzun and Ozdemir, 2014).***

Cosmetic parameters for beauty have regional, ethnic, and cultural differences. The surgeon needs to consider the classic norms that pertain to a patient and must never compromise form for function***(Khan, 2012).***

A successful cosmetic result with compromise of function is a failure. About 35% of patients requesting a cosmetic rhinoplasty have a significant preexisting anatomical nasal obstruction, which if not corrected will lead to postoperative nasal obstruction. Therefore, a clear understanding of septal, valvular, and turbinate function, as well as their

surgical correction must be a critical components of a rhinoplasty operation ***(Daniel, 2010).***

Today, cosmetic surgeons treat all segments of the population. In the past, cosmetic surgery was only considered to be fashionable by wealthy female patients. Current cosmetic surgery encompasses all socioeconomic classes and genders. In fact, younger patients and male patients are increasingly interested in cosmetic surgery ***(Khan, 2012).***

The reality is that virtually all female patients want a more attractive nose, but one that looks natural. The younger the patient the greater the desire for a smaller cuter nose. In addition to being smaller, they often want a slightly curved bridge, a slightly rotated columellar, and a well-defined tip. Rhinoplasty operation enables the surgeon to achieve these goals consistently ***(Daniel, 2010).***

When consulting with patients of a specific ethnicity, it is important to determine how much of their ethnicity they wish to preserve. In some cases, the patient may only want to make a minimal change to a particular feature (for example, a large dorsal hump or a wide alar base). A surgeon must quickly understand and be comfortable with the patient's expectations and desires of cosmetic surgery ***(Khan, 2012)***.

On the other hand requests for an extreme change in appearance should warn the surgeon of unrealistic goals or a lack of understanding that significant changes in nasal appearance may not complement ethnic facial features ***(Azizzadeh and Mashkevich, 2010)***.

Psychological aspects and Motivation in Rhinoplasty

The motivations, anxieties, and expectations of patients must be evaluated thoroughly in order to identify why these individuals are willing to confront the

financial burden, associated risks of surgery, and the variety of inconveniences resulting from surgery ***(Ercolani and Agostini, 2013).***

Large number of females suffer from dissatisfaction about their physical appearance, since their mental ideal images are far from their perceived self image. Females underestimate and males overestimate their abilities**,** Such negative messages and unfair attitudes of community, especially males toward females have led to extreme attention of females to their appearance and beauty. Researches have revealed that prevalence of psychopathology in patients who demanded rhinoplasty was high, in the latest studies, these findings have been confirmed ***(Samadzadeh et al., 2011).***

A study of 1,880 women between 18 and 35 years of age showed that an interest in cosmetic surgery was positively related to body image orientation, having children, been teased for appearance, knowing someone who has had cosmetic surgery and being recommended cosmetic surgery, whereas agreeability, body image evaluation, education and quality of relationship with parents were negatively related to an interest in cosmetic surgery ***(Javo and Sørlie, 2010).***

Although studies have shown an improved quality of life and improvement on many psychosocial well-being indicators after rhinoplasty, there is a higher risk of suicide in patients who undergo cosmetic surgery and a vastly increased rate of psychiatric disorders. This is not to say that all cosmetic surgery patients have psychological problems, it does mean though that a disproportionally large number of such patients tend to undergo cosmetic surgery ***(Ziglinas et al., 2014).***

Rhinoplasty is performed in a wide range of functional and aesthetic indications. The indication is the major factor influencing the rating of

the result by the patient. As to be expected, patients with mainly functional problems will rate a rhinoplasty successful, when the breathing function is improved. The more aesthetic demands are involved in the indication for rhinoplasty, the more patient's satisfaction will be based on multiple factors. Independent of the indication the success of rhinoplasty should be based on patient's satisfaction .Questionnaires can be used to analyze patient's satisfaction, especially when evaluation of appearance and quality of life are included ***(Rettinger, 2007).***

Dissatisfaction with appearance is most pronounced in rhinoplasty patients compared to candidates for other aesthetic procedures and the mirror daily reminds the patient of the deformity causing distress, mostly since puberty. Eight out of 10 patients are motivated by their wish for a change or seeing the outcome of successful surgery in others ***(Tasman, 2007).***

The step of applying for surgery is frequently taken when self esteem declines with advancing age or when patients take on the role of "highly motivated doers" who simply wish to improve their appearance. Both patients and surgeons expect the improved appearance to foster self esteem, reduce social anxiety, obsessiveness, hostility and paranoia, and thereby improve quality of life ***(Tasman, 2007).***

These positive changes can be attributed to the operation and not to other circumstances as the improvement of self esteem becomes more pronounced with passing time after surgery. From this perspective the operation may be seen as a psycho-therapeutic intervention ***(McKiernan et al., 2001).***