

## “Nose Jobs”

Perhaps no more elegant procedure has been saddled with such an inappropriate moniker. The proper name for this operation is **septorhinoplasty**, implying that in most cases the nasal partition or septum is corrected while the external nose is altered for functional and often aesthetic reasons. Patients seek correction for a number of problems. Functional considerations center around obstruction to breathing, recurrent sinus infections, aggravation of the allergic reaction, and snoring. Aesthetic considerations involve primarily disproportion of individual external features and deformity secondary to trauma. The disproportion may be heredity or may follow early, often unrecognized, childhood injuries that ultimately influence nasal development.

Modern nasal surgery offers patients the option of achieving all of the above goals in one procedure. The ideal result is one in which proportion, with respect to the patient's facial shape and overall body size, is achieved. An equally important concept to be considered in evaluating the profile is the adequacy of the patient's chin projection. Unless both are corrected simultaneously, the result is never ideal. Instead of utilizing the conventional firm preformed “chin implant”, I prefer to construct the implant individually for each patient using a rolled mesh technique, the details of which I will explain during consultation. This soft implant is inserted through a submental (below the chin) incision which allows placement of the implant in a pocket under the connective tissue covering the “front” surface of the mandible (lower jaw). This makes the implant imperceptible to both the viewer's observation and the patient's sense of touch!

Attempts to achieve a certain “look” are doomed to failure. Over the past 27 years a technique for obtaining predictable results using the “open rhinoplasty” approach combined with grafts obtained from the patient's own nose allows correction of the entire spectrum of deformity, especially those resulting from poorly performed primary surgery. Unfortunately adoption of this technique has not enjoyed widespread acceptance because of the additional training, aesthetic judgment, and surgical skill required. Stories of excessive pain, bruising, packing, and splints discourage many from seeking help. The currently utilized procedure **eliminated the need for packing and splints** over 25 years ago. My patients experience little discomfort and external evidence of the surgery (bruising and swelling) has almost vanished by the time of external dressing removal at one week. Nasal surgery properly performed should not be feared and may be combined with other aesthetic procedures.

James J. LaNasa, Jr. M.D. F.A.C.S.