Revision Rhinoplasty
Panel Discussion, Controversies, and Techniques

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KEYWORDS

• Revision rhinoplasty • Cosmetic surgery • Surgery techniques • Surgical approaches • Rhinoplasty • Facial rejuvenation • Alloplast • Rib cartilage • Graft • Spreader graft • Graft warp • Surgical complications

Revision Rhinoplasty Panel Discussion

Peter Adamson, Jeremy Warner, Daniel Becker, Thomas Romo, and Dean Toriumi address questions for discussion and debate:

1. What is the single most difficult challenge in revision rhinoplasty and how do you address it?
2. During revision rhinoplasty, when dorsal augmentation is necessary and septal and ear cartilage is not available, what is the best substance for correcting the problem?
3. If rib cartilage is used for dorsal augmentation during revision rhinoplasty, what is the technique to prevent warping of the graft?
4. Alloplast in the nose – when, where, and for what purpose?
5. Does the release and reduction of the upper lateral cartilages from the nasal dorsal septum always require spreader graft placement to prevent mid-one-third nasal pinching in reductive rhinoplasty?
6. Analysis: Over the past 5 years, how has your technique evolved or what have you observed and learned in performing revision rhinoplasty?

What is the single most difficult challenge in revision rhinoplasty, and how do you address it?

ADAMSON AND WARNER

The single most difficult challenge in revision rhinoplasty is the psychology of the revision rhinoplasty patient. With respect to the psychology of the revision rhinoplasty patient, there is no

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doubt that the consultative process and partnership with the patient in a revision setting is vastly different from that of the primary rhinoplasty patient. While primary rhinoplasty patients are often hopeful and optimistic, the revision rhinoplasty patient is often hesitant, upset, and leery regarding what can be achieved after a failed attempt to achieve their goals. While it is important to carefully listen to patients' concerns in any consultation, it is especially important to understand the revision rhinoplasty patient's original concerns in addition to their current concerns. In cases where the original concerns can truly no longer be addressed adequately, it is important to be honest with the patient and tell them so. An attempt to lead the patient down a pathway likely to fail is a recipe for disaster for both the patient and the surgeon. We often would like to think we can "save the day," but we must realize what our limits are, especially in the patient who has had 3 or more surgeries. Fortunately, in many cases, the original concerns can be addressed surgically, and it is incumbent upon the surgeon to listen to these concerns and determine what can, and what cannot, be achieved.

Iatrogenic rhinoplasty deformities can come in a variety of shapes and forms. Patient concerns may be focused on the aesthetics of the nose, function of the nose, or both.[1–3] Any deformity may have an impact on the patient. The challenges for the surgeon are to determine:

1. If the deformity is real or imagined
2. If the surgeon has the ability to correct the deformities
3. If the surgeon has the ability to achieve the patient's original goals
4. Whether or not the patient has realistic expectations coupled with the likelihood of satisfaction after surgery.[4–6]

The latter is the most difficult component of the decision making process because it can be unpredictable. But we can make reasonable assumptions during the consultation process based on the patient's personality and demeanor. The patient who understands that surgical outcomes can be partly based on nature and the healing process, and who gives the previous doctor credit for doing their best, can typically be assumed to move forward in an optimistic manner. Conversely, the patient who is very negative regarding their previous doctor, and expresses this in a revision consultation, should be considered cautiously for surgery, as they may be likely to shift their negative feelings toward the new surgeon should there be a suboptimal revision outcome.

BECKER

The nationally reported revision rate for primary rhinoplasty ranges from 8% to 15%.[1–8] Experienced surgeons consistently achieve a high level of satisfaction among their patients. Still, complications can and do occur despite technically well-performed surgery. All surgeons have complications.

The single most important challenge in revision rhinoplasty is to reduce the occurrence of the most commonly seen complications. On a national and international level, the most common complications that I see relate to the midnasal pyramid and lateral alar sidewalls. These complications can be reduced by recognizing this and taking steps to mitigate the risk. In both situations, the key is to ensure strong structural support. For the lateral alar sidewalls, this relates to preserving appropriate support and adding additional support as needed. In the case of the midnasal pyramid, this relates to preserving support after hump reduction. This is discussed further in the final question.

Revision rhinoplasty is a term that encompasses a wide spectrum of technical problems, from straightforward to complex. For the more complicated revision rhinoplasties, in my practice the single most difficult challenge is the psychological aspect.[9] The revision rhinoplasty patient is someone who sought aesthetic improvement and had the opposite result. They are acutely aware of the risks of surgery, they have a strong desire for repair coupled with fear of further worsening. The challenge is to help the patient understand the realistic expectations for surgery, and to empower them to be happy after a successful surgery.

In an established revision practice, patients seeking consultation include many who have all but lost hope. Commonly, the experienced revision surgeon will find that significant improvement is possible. However, to achieve success, it is important that the patient and surgeon come to a realistic understanding of what can and cannot be accomplished. Verbal communication supplemented by computer imaging helps surgeon and patient arrive at a shared surgical goal.

The revision rhinoplasty patient needs an environment in which they will be able to develop