

Preoperative, Anesthetic, and Postoperative Care for Rhinoplasty Patients

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KEYWORDS

- Rhinoplasty • Preoperative care
- Anesthetic care • Postoperative care

PREOPERATIVE CARE

An educated patient is more likely to have a positive perioperative experience. After the initial consultation and when the surgical plan is complete, rhinoplasty patients in the authors' care undergo a structured preoperative visit to ensure that all concerns are addressed, all questions are answered, and the patient and the surgeon have a shared understanding of the goals of the surgery. This visit takes place 1 week before the scheduled surgery date.

All patients fill out a preoperative questionnaire detailing their past medical, surgical, and anesthetic history, including a list of current medications. Patients who are on aspirin or other medications that may disturb normal platelet function were told at earlier visits (in collaboration with their prescribing doctors) that these medications should be stopped 2 weeks before the surgery date. Patients who smoke are asked to avoid smoking and using other nicotine-containing products for 4 weeks before surgery because their effects on wound healing is well documented.¹

After the patient completes the questionnaire, the surgeon reviews the responses and performs a thorough physical examination, including auscultation of the heart and lungs. After addressing all potential issues concerning the patient's general health and well-being, the surgeon can now focus on the nasal analysis and evaluation.

Although nasal evaluation is assessed at the initial visit, it is important to review pertinent findings and get reacquainted with the patient's anatomy before surgery. The primary concerns of the patient and what he or she hopes to achieve through surgery must be paramount. After the surgeon iterates and validates these concerns, analysis should begin broadly. After assessing the symmetry and proportions of the nose to the face, it is important to evaluate the thickness, integrity, and mobility of the skin-soft tissue envelope in relation to the underlying nasal structures, because it dictates what can be accomplished intraoperatively.² Another critical factor in assessing the patient is to determine through careful palpation the inherent strength and support of the nasal tip. A patient who has weak tip support will not tolerate extensive removal of cartilage but may require the addition of supportive grafts and struts to improve the tip's stability and support. Patients who have strong tip support can tolerate reduction maneuvers that improve refinement. The size, shape, attitude, and resilience of the alar cartilages can be estimated by palpation or ballottement of the lateral crus between two fingers surrounding its cephalic and caudal margins. During this assessment, the surgeon makes the all-important decision about whether to enhance, reduce, or carefully preserve the tip projection that exists preoperatively.³

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Just as it is important to recognize the main aesthetic concerns of the patient, it is important for the surgeon to highlight and point out the more subtle findings. If unaddressed, the scrutinizing patient may notice these postoperatively, negating an otherwise positive outcome.⁴

Even in cases of cosmetic rhinoplasty, careful evaluation and documentation of the nasal airway and discussion of symptoms of nasal obstruction are addressed in detail. Many cosmetic patients may have underlying symptoms of nasal obstruction that go undiagnosed and may become a source of complaint postoperatively.⁴ On occasion, the use of rigid or flexible endoscopes may yield useful information that could affect surgical planning.⁵

Previous to the preoperative visit, standardized digital photographs from the frontal, base, lateral, and oblique views are taken. These images are also computer enhanced to simulate surgical goals. They are excellent communication tools, and satisfaction with cosmetic surgery after computer imaging has been documented to be higher than in those patients who did not receive imaging.⁶ Computer imaging not only facilitates discussion about specific goals of the procedure but it also helps to uncover any potential unrealistic expectations of the patient.⁷ It must be stressed to the patient that the images represent a means to facilitate discussion and to improve their education of what can and cannot be accomplished. It is the surgeon's responsibility to temper the patient's desires to realistic goals. Every effort is made to reproduce these images, which are used intraoperatively. Images are displayed in the operating suite, and an attempt is made to match the enhanced images to the patient on the table. A study by Agarwal and colleagues⁷ illustrated that computer imaging for rhinoplasty patients portrays a realistic picture of actual postoperative results; however, they state that it is important for the surgeon to be able to use this modality with discretion because the computer images should be restricted to the confines of the surgeon's abilities.

While reviewing the photographic images, it is critical to review the goals of surgery and ensure that the issues the patient would like addressed have not changed. During the preoperative evaluation, the surgeon must possess a mental image of the potential outcome and the surgical limitations inherent in every individual case. In essence, the operation is rehearsed as the preoperative evaluation proceeds.⁴

After the surgical goals are reviewed and the plan is mutually understood between the patient and the surgeon, the patient is given a standardized medical procedure informed consent form

and a rhinoplasty-specific consent form outlining the specific skin incisions that will be used. The authors hand-write the specifics of the procedure and repeat the goals of the surgery. The patient is encouraged to ask questions, and every effort is made to explain the risks, benefits, and alternatives using terminology that the patient can easily comprehend. Possible complications are also discussed. Complications rates from rhinoplasty vary between 10% and 15%.⁴ Complications can be categorized as aesthetic or functional in nature. A candid discussion with the patient regarding the possibility of a complication is imperative, with the acknowledgment that every effort will be made to correct the complication if it occurs (most complications are correctable).⁸ The patient should also be made aware of the temporary swelling, ecchymosis, and nasal obstruction in the immediate postoperative period. An intimate knowledge of the patient's unique nasal anatomy and accurate preoperative analysis are crucial to achieving the desired long-term postoperative result and to avoiding preventable complications.

After completing the informed consent process, patients are given postoperative prescriptions in advance. Typically, patients are placed on narcotic medications for pain and prophylactic antibiotic for 5 days. The authors do not give their patients a steroid taper. Studies have shown that postoperative steroids are not effective in reducing postoperative edema and subject patients to undue risk.⁹⁻¹¹ Preoperative orders in anticipation of surgery are also completed at this visit. There is a standardized work-up of ancillary testing for patients undergoing a procedure under general anesthesia (**Table 1**). Patients meet with the clinical nurse to discuss the details of the operative day, including the time and location of the surgery, perioperative diet, and final costs of the procedure.

ANESTHETIC CARE

All patients undergoing rhinoplasty have their surgery at an accredited ambulatory surgery center and are given the opportunity to meet the anesthesiologist preoperatively. All issues regarding the anesthesia are answered, and a thorough history and physical examination is performed. Although this procedure may be repetitive, it allows the anesthesiologist to formulate an appropriate plan for anesthesia well ahead of the actual surgery date. In addition, most patients gain comfort in knowing that all members of the surgical team share a similar goal of achieving a good outcome while placing priority on their safety and well-being throughout this process.

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