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J Clin Exp Dermatol Res 2015, 6:3
http://dx.doi.org/10.4172/2155-9554.S1.021

4th International Conference and Expo on

Cosmetology & Trichology

June 22-24, 2015 Philadelphia, USA

Unconventional and unpublished personal steps in closed Rhinoplasty

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Photo animation is mandatory .The author uses Adobe Photoshop to understand the desired shape for a patient. After the initial steps the surgery is performed. The author uses a rim incision which is just a 1.5 mm inside the rim of the alae. It is not more than 12mm in length over the alae dome area and columella. This will enter into the skin of the nose just at the caudal edge of lower alar cartilages. Dissection over the anterior surface of the cartilage and excision of most of the LLC accept a 4mm caudal rim to be used as crushed cartilage graft for the tip augmentation.

All osteotomies are external though1.5mm nicks using 2mm osteotome. Tip advancement incision is just about 5 away and inside the skin surface of columella. Advancing the tip forward a differential stitching is used for the anterior movement of the tip and to avoid a hanging tip deformity. Columella side of this incision has to move anteriorly and therefore each interrupted stitch starting from posterior to anterior toward the dome of the nose is taken 2mm forward than its counterpart on the septum side (close to the caudal edge of the septum).It's about 3mm anterior to normally used transfixation incision.

In-fractures of nose: The first line of breaking these bones is the junction of cranium to the nose close to nasoethemoidal bony sinostosis line. Second one is midline and finally the lateral osteotomies. In some people the bones are very strong and don't move easily. In this case Ashes or Walschems forceps is used to move the nasal bone in and out until it's loose from its connections just like one does for post traumatic nasal bone reduction and fixation.

Internal Alarplasty: In today's world small nostril opening are preferred than large ones and from this perspective many people undergo alarplasty, does not leave any outside marks. A wedge of mucosa and soft tissue at the base of alae of equal size, volume and dimensions is excised and closed carefully using 4/0 rapid vicryl inside and one 5/0 rapid vicrul of the transition zone skin on the edge of nostril at the base of alae.

The cartilage graft form LLC is crushed toward the very end of surgery and is wrapped in a single layer of Surgicel and is pushed into the tip though a small gap that is left in the rim incision suture line. The projection is assessed and in case more projection is needed more graft is pushed into the tip. Molding of tip is now performed as per the fancy of surgeon to give some nice shape which is then held that way using steristips fixation to begin with.A Vaseline pack in to the dome of the nostril is fist inserted and then the tip is fixed .First strip of steri strips is over the entire length of the nose on the side walls of the nose and these two strips on each side are stuck together in front of the tip which held by the assistant in a projected manner anterio-inferiroly keeping the direction of the dorsum of the nose.Other steristips are now used and then finally aluminum cast nasal splint.

We know that skin of the nose telescopes superiorly just like any incision in the body that the edges retract and therefore while closing the nose the skin has to be kept pressed in the direction of nostril rim.

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Notes: