

nose

essential guide to modern rhinoplasty: balance & harmony



Sydney plastic surgeon
Dr Kourosh Tavakoli explains his
approach to cosmetic rhinoplasty.



BEFORE



AFTER rhinoplasty by Dr Tavakoli



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Rhinoplasty represents one of the greatest fusions of art and science in the field of plastic surgery. Sculpting a new nose not only requires a thorough knowledge of nasal anatomy and function but also a full appreciation of the patient's sense of beauty and ethnicity.

Although most patients are concerned about the 'Michael Jackson' nose job, few would disagree with the impressive results achieved in a well-orchestrated rhinoplasty, as seen recently in the American popstar Ashlee Simpson.

This article concentrates on simplifying medical terms and introduces you to the assessment protocol I use in cosmetic rhinoplasty consultation.

Examination begins by arbitrarily dividing the face into one-thirds, as popularised by Leonardo da Vinci. This practice enables the surgeon to get an understanding of the overall facial balance even before starting the nasal analysis.

It is essential to analyse the nose from various angles, but mainly from the frontal and profile views. Furthermore, the nose needs to be divided into the upper one-third,

middle one-third and lower one-third.

My approach is detailed below:

Frontal view

- **Upper one-third** Analysis begins by concentrating on the distance between the eyes, and the relationship between the eyebrows to the top of the nose.

- **Middle one-third** It is imperative to match the width of the nose here to the shape of the patient's face, eg round or oval.

In addition, the transition line between the upper and middle thirds has to be very smooth. The term 'crooked nose', describes cartilage bends in the septum. Over-correction of this part can lead to the condition of 'inverted-V deformity'.

- **Lower one-third** The nasal tip can be normal, pointy, broad or even 'boxy' in appearance. It is important to achieve symmetry in the nasal tip complex and again match the overall tip configuration to the patient's facial shape.



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Profile view

- **Upper one-third** I refer to this point as the 'take off'. The transition has to be smooth. A high take off is classically called 'The Roman Nose'.

- **Middle one-third** Most rhinoplasty patients are preoccupied with the hump or bump associated with the middle third of the nose. Although its correction is an essential part of nose reshaping, the dorsum of the nose needs to be reduced so it matches the sex and ethnicity of the patient. Over-resection here leads to 'saddle-nose' deformity.

- **Lower one-third** The shape of the nasal tip, and to some extent the size of the septum, can lead to terms such as 'long nose' or 'short nose'. The tip of the nose can in turn be over-projected ('hooked nose') or under-projected ('piggy nose').

In the profile view the surgeon has the opportunity to assess the patient's chin. Patients with an overly weak or

receding chin can greatly benefit from a combined rhinoplasty and chin augmentation procedure.

'Sculpting a new nose not only requires a thorough knowledge of nasal anatomy and function but also a full appreciation of the patient's sense of beauty and ethnicity'

With detailed analysis and planning, and excellent communication between the surgeon and patient, cosmetic rhinoplasty can bring balance and harmony to the entire face. **acsm**



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