

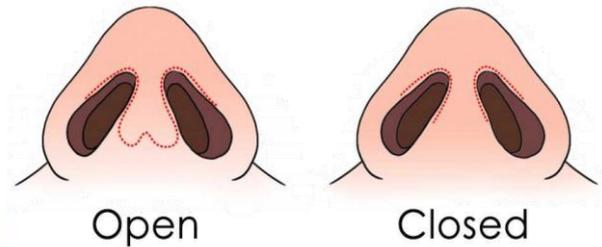


## Operation Information

### Augmentation Rhinoplasty

#### Introduction

Augmentation Rhinoplasty aims to improve the appearance of the external nose while the anatomy of the nose considered normal. A small incision is made either across the base of the nasal cavity or entirely through the nostrils and then followed by making spaces between the nasal bone, septal cartilages and its subcutaneous tissue. An implant is then placed where the space allows the underlying framework of the nose reshaped.



Source:  
<https://www.theprivateclinic.co.uk/wp-content/uploads/open-closed-diagram-rhinoplasty-the-private-clinic.jpg>

There are two types of implants for augmentation rhinoplasty namely Autograft and Alloplast. Autograft can be obtained from the client himself/herself, such as septal cartilage, auricles, cranium, rib bones etc. The advantage of using an Autograft is the long term survival time and the relatively low complication rate (such as infection and resistant reaction).

Alloplast refers to the artificial implant, usually making of silicon. The advantage of using silicon is the shortened duration of operation and its non-traumatic nature to the other parts of the client's body. The surgical approach is determined by individual condition with the expertise of plastic surgeon.

#### Outcomes

This operation is surgery attaining a well-functioning and aesthetically refinement of the nose.

#### Procedures

##### Closed Rhinoplasty

The operation can be performed under local or general anaesthesia. This approach is the most common one. Incision is made within the nasal cavity. Spaces are made between the nasal bone, septal cartilages and its overlying skin for implantation.

- Advantage: This approach is less complicated with shortened duration and with no visible scar in appearance.
- Disadvantage: Complexity is increased if the domes and alars are involved in the reconstruction.

##### Opened Rhinoplasty

The operation can be performed under local or general anaesthesia. An external incision across the base of the columella is made to expose the domes, alars and the internal structures. This approach allows a better accuracy of the implant placement with well anchorage. At the same time, it can be done simultaneously with the reconstruction of domes, alars, nasal septum and nasal cartilages. This approach is recommended for clients who require reconstruction involved more than one feature.

- Advantage: Opened rhinoplasty can take place simultaneously with the reconstruction of other nose features.
- Disadvantage: The small scar may be visible below the nasal septum.

## **Possible Risks & Complications**

1. Pain and swelling at the surgical site
2. Wound infection
3. Redness over surgical site or growing of scarring tissues
4. Potential scarring
5. Pigmentation over the nose
6. The dome may possibly be concave shaped
7. Contracture due to dislocation of silicone implant

\*\* The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

## **Pre-operative Preparations**

1. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of operation.
2. The procedure and possible complications will be explained by the surgeon and a consent form must be signed prior to the operation.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform doctor if you are taking medications that affect blood coagulation, such as Aspirin, Warfarin, Xarelto or Pradaxa, nonsteroidal anti-inflammatory drug (NSAID) such as Ibuprofen, Naproxen, dietary supplement and Chinese medication.
4. Photo shooting may be arranged for documentation. Consensus will be achieved between you and doctors over the implant measurement.
5. Make-up should be removed on the operation date.
6. No food or drink six hours before operation. (for general anaesthesia only)
7. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
8. Please empty your bladder before the operation.

## **Post-operative Instructions**

### **General**

1. After general anaesthesia, you may:
  - experience discomfort in the throat after tracheal intubation.
  - experience side effects of anaesthesia including feel tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.

### **Wound Care**

1. Apply surgical wound care as instructed by medical team.
2. Avoid pressure and direct contact to the surgical wound.
3. Showering is allowed as long as the surgical wound is protected with water-proof dressing materials. The wound must be kept clean and dry afterwards.
4. Prescribed pain medication may be taken as needed.
5. Arrange appointment for wound dressing and removal of stitch if indicated.

### **Diet**

A normal diet may be resumed as instructed after recovery from anaesthesia.

Activities

Avoid activities such as swimming before the surgical wound is healed properly.

**Advice on Discharge**

1. Blowing the nose should be avoided.
2. Keeping the mouth open when sneezing.
3. Immediately consult your doctor or return to hospital for professional attention in the event of severe wound pain associated with redness and swelling, tenderness, secretion of pus, blood seepage, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms etc.
4. Any follow-up consultation should be attended as schedule.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details  
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification