

A DISCUSSION OF THE TWISTED OR CROOKED NOSE

Background

Many patients who have previously sustained nasal fractures and have previously undergone close reduction of nasal fracture will require definitive treatment of their persistently twisted nose. Furthermore, many patients who have undergone full rhinoplasty procedures for a twisted nose may continue to have some evidence of crooked nose and as a result will seek further secondary or tertiary rhinoplasty procedure to address their persistently twisted and crooked nose deformity. Dr. Toby Pincock at Norwest ENT is a fellowship trained Facial Plastic Surgeon who is uniquely qualified in primary and revision rhinoplasty. At the time of the consultation he will evaluate the patient's nose both for its aesthetics and function as many patients will have nasal airway obstruction and breathing difficulties because of a fractured septum and internal nasal valve collapse. Most patients who present for revision rhinoplasty for a persistently crooked nose do not have problems with their nasal bones per se, but rather have persistent problems with their nasal cartilages in the middle portion of the nose, also called the middle nasal vault.

The Consultation

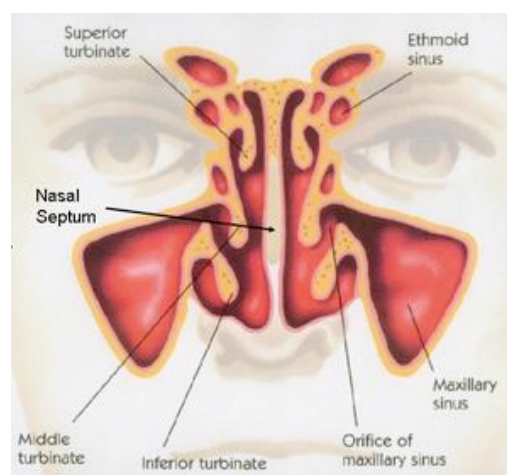
As always, thorough examination and visual inspection is an essential component of diagnosis and treatment planning. With the twisted nose, assessment of the external appearance of the nose is obviously of primary importance. Dr. Pincock at Norwest ENT will note and point out all external deviations and deformities; he will then thoroughly evaluate the separate parts of the external nose including the nasal bones, the middle vault and finally the nasal tip. As well as the external nose, a complete endoscopic examination of your internal nose may be required which will allow Dr. Pincock to make a complete assessment of the septum, the inferior turbinates, and the internal nasal valve. Finally, before completing the preoperative consultation, Dr. Pincock will have a candid discussion with you regarding the difficulty in obtaining a perfectly straight nose. You should be made aware that the primary goal of surgery is functional restoration of the nasal airway but that all attempts will be made toward correction of the external deformities. The possibility of future changes that might necessitate minor revisions must also be understood and accepted. All of your concerns will be addressed during your visit, and Dr. Pincock will give you ample time to answer your questions to your satisfaction.

The Procedure

Most crooked nose deformities involve poor aesthetics in the transition between the nasal bone, which makes up the upper portion of the nose, and the nasal cartilages in the middle nasal vault. The middle nasal vault is very sensitive to damage in trauma as the cartilages in that area can easily be pulled apart and separated from the nasal bone. Hence, the aesthetics of the nose appears to be crooked as the nasal bone is still maintained in the middle portion whereas the nasal cartilages are

separated. During the time of the revision rhinoplasty, Dr. Pincock will reconstitute the middle nasal vaults utilizing spreader grafts and suture grafts to better symmetrize the middle nasal vaults to the nasal tip as well as the nasal bones. If the nasal tip is also in a crooked position, the septum and the cartilages of the nasal tip will be reconstructed to bring the entire nose into alignment with each nasal subunit. Occasionally if the nasal bone is still persistently crooked, deviated and asymmetric, then the nasal bones need to be re-fractured (osteotomy).

Your rhinoplasty can be performed as day surgery or may be 1 night in hospital depending on patient preference and the type of rhinoplasty operation for your twisted nose.



Post Operative Care:

We suggest that patients take a week off from work. Typically, there is little pain and little nausea. A little bleeding is common, and your nose will be stuffy. Dr. Pincock will ask you not to blow your nose for about 1 week. Your main job after surgery is just to rest. You will notice some swelling and bruising around your eyes that typically begins to disappear within a few days, rest and cold compresses can reduce most of this swelling. Resting with your head elevated helps speed this process. By the time your nasal bandage is removed in 6 days, much of the bruising has resolved, and it should completely disappear by 2 weeks.

Dr. Pincock will typically remove your nasal bandage in 7-10 days. There are no stitches to remove, because Dr. Pincock uses dissolvable stitches. After removal of the small nasal bandage (or "splint"), most patients are presentable in public. Most of Dr. Pincock's patients are able to return to work the next day after nasal splint removal.

While the major changes after you surgery will be apparent immediately, the more subtle changes do take time to become apparent. This is the case because healing is a relatively slow, gradual process. We typically advise patients that it takes one year for 80% of the healing to take place.