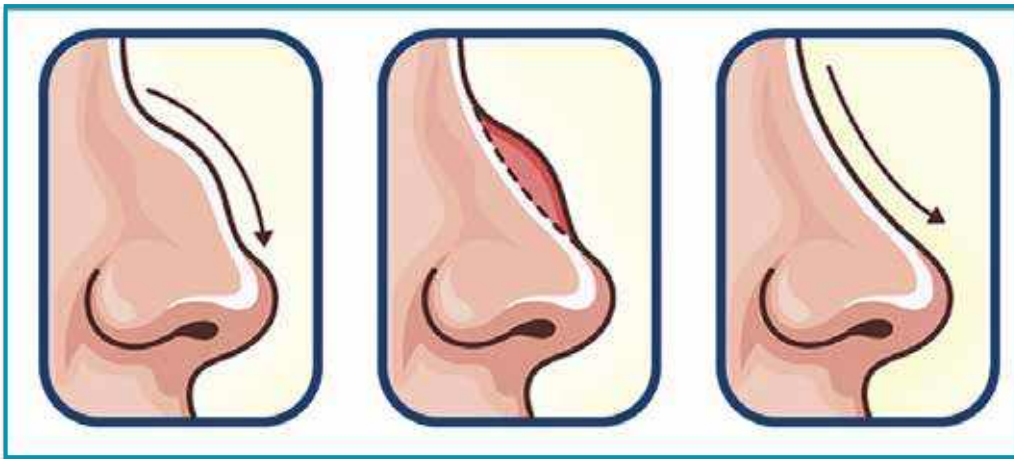




ENT CENTRAL

RHINOPLASTY



DR *Naveed* BASHEETH

EAR, NOSE, THROAT, HEAD & NECK, FACIAL PLASTIC SURGEON



www.nosejob.co.nz
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RHINOPLASTY

Popularly known as a 'nose job', this facial plastic surgery reconstructs the form or shape of the nose to improve your profile. It is widely acknowledged as one of the most complex cosmetic surgeries, particularly for nasal corrections.

AESTHETIC GOALS

- Reduce or enhance your nose
- Narrow nostril width
- Reduce 'hump' on your nose
- Repair birth deformities
- Repair damage caused by injury, autoimmune conditions, or cocaine usage
- Enhance aesthetic impression of your nose
- Adjust shape of tip or bridge
- Alter angle between nose and lip
- Straighten crooked nose



FUNCTIONAL GOALS

- Correct anomalies caused by infection, cancer, trauma or accidents
- Remove nasal obstructions or nasal valve collapse (alar collapse)

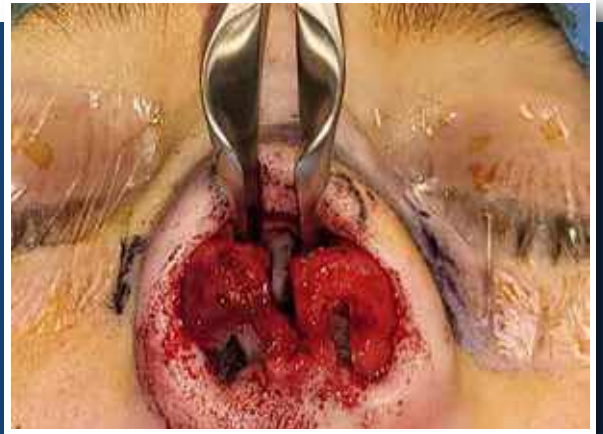
INDICATIONS

- Large/Short nose
- Wide/Low nasal bridge
- Wide nasal tip (bulbous tip)
- Overprojected/Underprojected nose
- Uneven nostrils
- Nasal functional issues
- Inverted V deformity
- Broken and bent nose
- Congenital defects
- Dorsal hump
- Boxy top
- Pinched tip
- Narrow nose
- Hanging columella
- Nasal valve collapse
- Pollybeak/Saddle nose deformity
- Rhinophyma

APPROACHES & TECHNIQUES

All indications above can be repaired or corrected using one or a combination of one or more of the following approaches and techniques:

1. **Open Rhinoplasty** has the surgeon making an incision across the columella (the strip of tissue between the nostrils), allowing them better visibility and versatility for complex cases like dorsal hump reduction, tip refinement, nasal width adjustment and septum correction.
2. **Closed (Endonasal) Approach** involves making all incisions inside the nose. It is typically suitable for patients requiring minor to moderate alterations and almost no changes to the nasal tip. It can address issues such as nasal bridge augmentation, narrowing of the nostrils, and correction of minor asymmetries.



3. **Osteotomy of the Nose** specifically refers to the controlled breaking and reshaping of the nasal bones to achieve desired changes in the shape, size, or width of the nose. Dr Basheeth performs his osteotomies using **piezoelectric** osteotomes to correct or alter nasal width, straighten a crooked nose or in some cases, improve nasal breathing by creating more space within the nasal passages.
4. **Septorhinoplasty** combines septoplasty (correction of the nasal septum) with rhinoplasty to correct various nasal conditions and issues, including nasal septal deviation and nasal obstruction. It can also repair and reconstruct the nasal framework following traumatic injuries, restoring both function and appearance. Congenital anomalies such as cleft lip and palate-associated nasal deformities are also corrected. Additionally, it addresses aesthetic concerns such as nasal asymmetry, dorsal hump (bump on the bridge of the nose), bulbous tip, or overall nasal shape and size



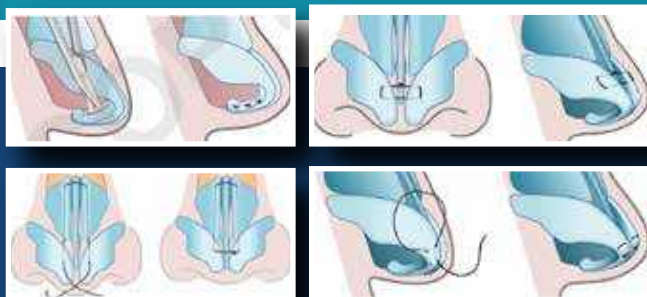
5. **Nasoseptal Reconstruction with Septoplasty** often referred to as nasoseptal reconstruction surgery or septal reconstruction, corrects and reconstructs the nasal septum which plays a crucial role in nasal structure, support, and airflow. This specialised procedure combines septoplasty with sinus surgery or turbinoplasty; surgery duration could take anywhere from 45 mins-2hrs.



6. **Grafting Techniques** involve the use of tissue grafts to support, augment, or reshape the nasal structure. These techniques are crucial for achieving stable and natural-looking results, especially in cases of complex nasal deformities, revision surgeries, or when additional support is needed. We use diced cartilage, autologous fascia like temporalis fascia, septal/ear/rib cartilage grafts, and laboratory-treated cadaveric grafts. Synthetic grafts, shield graft and nasal implants are also utilised to achieve optimum results. **Dr Basheeth is one of the very few rhinoplasty surgeons who does this in New Zealand. He also uses a modified alar batten graft which combines with lateral crural strut graft and a specialised suturing technique.**



7. **Suturing Techniques** may be used to reshape and contour the nasal cartilage and soft tissues, further refining the nasal profile and ensuring symmetrical results. Dr Basheeth employs among others, various techniques like transdomal, interdomal, tongue-in-groove, septocolumellar, alar flare and cartilage repositioning sutures.



8. **Non-European Rhinoplasty** aims to alter the shape, size, or structure of the nose in individuals of Non-European descent and takes into account the unique facial features and nasal structures found in those of Māori, Pacific Island, First Nation, Asian, Indian, Hispanic, Middle-Eastern, African and other ethnic backgrounds. Dr Basheeth works closely with his patients who often seek to maintain or enhance their ethnic identity while addressing specific concerns such as nasal bridge height, nasal tip refinement, nostril width, or overall facial balance.



9. **Nasal Implants** are used to increase the height of the nasal bridge, optionally, enhancing nasal tip projection. This is mostly sought-after by the Asian demographic due to the common lack of sufficient native cartilage support in their noses, which hinders achieving significant definition. We use silicone and Gore-tex implants for dorsal augmentation and nasal tip refinement.



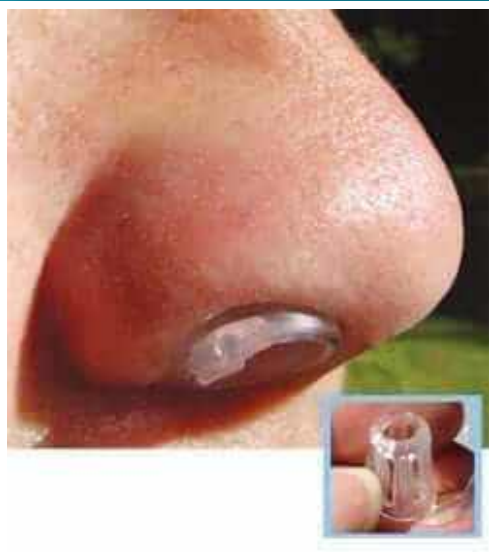
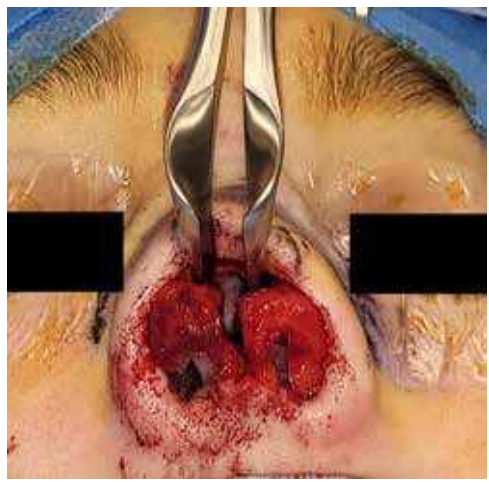
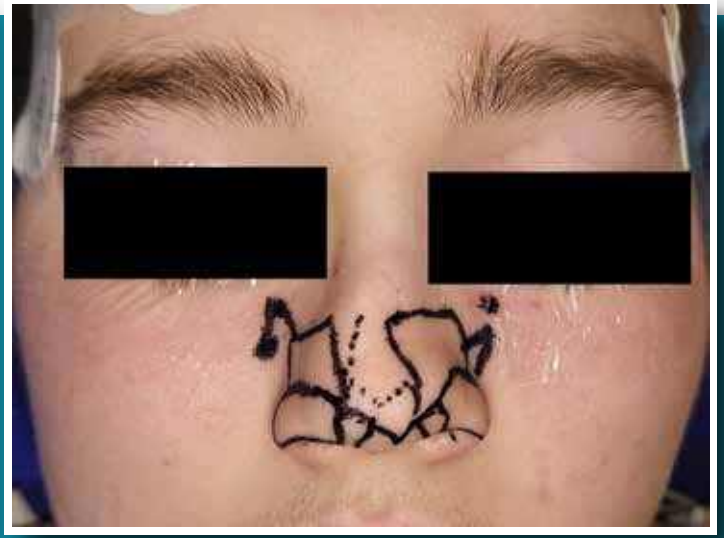
10. **Preservation Rhinoplasty** emphasises on maintaining and preserving the natural structures of the nose as much as possible during surgery. As opposed to traditional rhinoplasty, this surgery employs special preservation and advanced suturing techniques that often involve reshaping or repositioning the existing cartilage, instead of removing nasal cartilage leading to minimal bone removal. An example would be the **Dorsal Preservation Technique** which focuses on modifying and reshaping the nasal dorsum (the bridge of the nose) while minimising tissue removal



11. **Revision Rhinoplasty** corrects and improves the outcome of a previous nose job that did not achieve the desired results or resulted in complications. It is typically more complex than primary rhinoplasty due to alterations in nasal anatomy, scar tissue formation, and changes in nasal structure caused by the initial surgery. The goals of revision rhinoplasty often include improving nasal function, addressing aesthetic concerns, and restoring nasal symmetry.

12. **Liquid Rhinoplasty** also known as non-surgical rhinoplasty or injection rhinoplasty, is a cosmetic procedure that involves using injectable fillers to reshape and contour the nose without surgery. It is quite popular among the Asian population in which being born without a prominent nose bridge is very common. People from this part of the world seek rhinoplasty to make the nose longer, narrow the nasal tip, raise the nose bridge or sharpen the nasal tip.

13. **Augmentation Rhinoplasty/Septorhinoplasty** aims at enhancing the size, shape, or projection of the nose. Augmentation rhinoplasty is designed to increase the size or projection of the nasal bridge, tip, or other areas of the nose to achieve a more balanced and aesthetically pleasing facial profile, e.g. augmenting the nasal dorsum or bridge using cartilage or synthetic implants to build up the nasal profile. Augmentation septorhinoplasty combines functional correction of a deviated nasal septum (septoplasty) with aesthetic enhancement of the nasal shape through augmentation techniques.



14. Nasal Cones, also known as nasal dilators or nasal strips, are devices designed to help improve airflow through the nasal passages. They are typically used by people who suffer from nasal congestion, snoring, or mild sleep apnea. They can be bought off the shelf at ENT Central.

15. Surgical Breathe Right Strips typically refer to internal nasal dilators or stents used during or after nasal surgery to improve nasal airflow and maintain nasal patency. They are small, flexible devices placed inside the nasal passages to support the nasal airway and improve breathing.

DR NAVEED BASHEETH FOR FACIAL PLASTICS

Dr Naveed Basheeth, a multifaceted otolaryngologist with a dual qualification and fellowship training of the highest standards in both Functional & Aesthetic Advanced Facial Plastic Surgery, Cosmetic Surgery and Head and Neck Cancer Surgery with Microsurgery. Dr Basheeth, with his aesthetic and wide technical skillset will address your specific aesthetic or functional concerns and provide state of the art solutions that is latest in facial plastics, yet in your preferred and affordable way.

There are only ten IFFPSS, Board-certified (IBCFPRS) Facial Plastic Surgeons in the whole of Australasia with seven of them in Australia. Dr Basheeth is one among the three in New Zealand. and the only surgeon in the North Island to perform advanced facial plastic surgical procedures.

His treatments are conveniently patient-specific, which implies all procedures can be tailor-made to your expectations based on physiological factors. However, there are a few treatment plans that may be done in stages, following your consultation. Selecting an ENT specialist with facial plastic subspeciality training provides you numerous benefits owing to their specialised training, expertise, and thorough grasp of the anatomy and functions of the head and neck.

**DR NAVEED BASHEETH IS AFFILIATED TO THE IFFPSS, AAFPS (Aus),
NZCSM (NZ), FRCSI (India) AND MATA (UK)**

THE PROCESS

Dr Basheeth will perform a detailed evaluation of your facial and nasal features, including any existing scars and symmetry (and asymmetry) of nasal subunits. A nasal structure analysis covers exact measurements of your nose in terms of width, length, projection and angles. A thorough assessment of facial and neck features would be performed and concerns addressed through solutions including in-office procedures or surgical facial plastic procedures.

A thorough physical examination of nasal functions like breathing and deviation of the septum among others will further determine your suitability for surgery. You should have completed growth (16 for girls and 17 for boys) and should be in good health overall.

While you are informed about the duration and extent of the surgery, you may also talk about your concerns, goals and expectations from the procedure. A number of other issues like your age and ethnicity may factor in when it comes to a nose job. Final outcome and healing time would depend on your nasal skin quality which is assessed for elasticity, thickness and sebaceous characteristics.

A customised treatment plan will then be provided, with the optimal technique(s), that suits and works best for you. This plan intends to safeguard your new nose from any functional concerns that may arise post-surgery. For the same, preventive measures are executed especially when the procedure is for cosmetic reasons.

Finally, your surgeon will engage you in a discussion with photos - along with markings- and computer-generated imaging to mimic probable results for the respective patient.

INFORMATION FOR PATIENTS

- Recovery from anaesthesia is 24/48 hours while recovery from rhinoplasty surgery usually takes between 1 – 2 weeks. We recommend patients to wait for at least 6 weeks before appreciating initial results.
- Complete visibility of final results for each of the procedures will vary. It might take over several months for the swelling to gradually subside after which the final results may take up to a further few more months to show up completely.
- Absorbable nasal packing, placed to support the septum and control bleeding, should dissolve in a week's time, with the use of nasal saline drops. A week later, nasal saline douching is recommended for a period of 7 weeks. Rarely, nasal splints are placed and if they are utilised, they will be removed in a week's time during a follow up visit to the clinic.
- Nasal decongestants, nasal steroid sprays, antibiotics, pain medications and antihistamines will be prescribed based on the patient's profile. In an open approach, Steri-strips, internal nasal cast and Micropore tape would be placed. This is generally removed in 10 – 14 days.
- Any discomfort felt by the patient can be managed with medications and cold compresses.
- Rigorous exercises and strenuous activities should be resumed only after the total healing period.
- Clinical photographs will be obtained postoperatively, in the subsequent visits.



DR *Naveed* BASHEETH

Consultant Otolaryngologist, Head & Neck, Thyroid & Parathyroid, Sialendoscopist, Advanced Facial Plastics, Microvascular & Robotic Surgeon
MBBS, MRCSI, MMedSc, DO-HNS, FEOBORL-HNS, FRCS (ORL-HNS), FGOLF (IFHNOS-MSKCC), CCT (UK&Ireland), IBCFPRS

Fellowships:

Advanced Head and Neck Surgery (Tata Memorial, Mumbai, India and Cambridge University-Addenbrookes-UK)

Advanced Head and Neck Microvascular Reconstruction, Robotic Surgery and Advanced Facial Plastic Surgery (Dalhousie University, Halifax, NS, Canada).

ENT Central, Crest Hospital, Central Healthcare,
Palmerston North, New Zealand

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