PROCEDURE

# Rhinoplasty

Rhinoplasty is surgery that changes the shape of the nose or improves airflow through it.

**PURPOSE**
Reshape the nose or improve airflow

**PROCEDURE TYPE**
Therapeutic; surgical reshaping of nasal bone, cartilage, and soft tissue

**WHERE IT IS DONE**
Operating theatre, usually as day surgery

**ANAESTHESIA**
General, or local with moderate sedation in selected cases

**HOW LONG IT TAKES**
About 1 to 3 hours

**PREPARATION**
Fasting; review medicines, nicotine use, and transport home

**RECOVERY**
Same day usually; no driving until your surgical team approves

**MAIN RISKS**
Bleeding, infection, breathing problems, unwanted shape changes

**RESULTS**
Early change immediate; final shape after swelling settles

## Overview

Rhinoplasty is surgery that changes the size, shape, structure, or function of your nose. It may be performed for appearance, breathing, reconstruction after injury, or a combination of these reasons.

The surgeon can reshape nasal bone and cartilage, adjust the nostrils, or change the tip or bridge. If the wall between your nostrils is crooked, rhinoplasty may be combined with septoplasty. Septoplasty straightens this wall, called the nasal septum, to improve airflow.

In a closed rhinoplasty, the surgical cuts are made inside the nostrils. In an open rhinoplasty, there is also a small cut across the strip of skin between the nostrils. The best approach is based on the changes being made and your surgeon's assessment.

Rhinoplasty is planned around your facial features and nasal structure. It cannot guarantee a

specific appearance or perfect symmetry.

## Why the procedure is performed

You may consider rhinoplasty because you want to change the appearance of your nose. This may include changing its width, straightening the bridge, reshaping the tip, adjusting the nostrils, or restoring balance after an injury.

The procedure may also be used to improve airflow when the nasal structure contributes to ongoing blockage. Examples include a bent septum, narrowing inside the nose, or weakness of the side walls of the nose.

Reconstructive rhinoplasty can restore shape and support after trauma, previous surgery, cancer treatment, or a condition present from birth. The goals may involve both appearance and breathing.

Before surgery, you and your surgeon should agree on which changes are realistic and which concerns the operation may not correct.

## Who should and should not have it

Rhinoplasty may be suitable if you have a specific concern that surgery can reasonably address, are healthy enough for an operation, and understand that the final result may not be exact or perfectly symmetrical.

For elective cosmetic surgery, surgeons usually wait until facial growth is nearly complete. Age alone does not determine readiness. Emotional maturity, personal motivation, and realistic expectations also matter.

Rhinoplasty may be avoided or delayed when:

Tell the surgeon about previous nasal surgery, injuries, breathing problems, allergies, and concerns about your appearance. This helps determine whether rhinoplasty is the right option and whether another treatment would better match your goals.

- You have an active nasal, skin, or respiratory infection
- A medical condition makes surgery or anaesthesia unsafe until controlled
- You are pregnant and the operation is not medically necessary
- Nicotine use is likely to interfere with healing
- A medicine-related bleeding risk cannot be managed safely

- Your goals cannot be achieved with the available surgical options
- You feel pressured by someone else or expect surgery to solve unrelated problems

## How to prepare

Your treating facility's own instructions take priority because fasting, medicine, and arrival requirements can differ.

You will usually have a medical assessment and a detailed examination of the inside and outside of your nose. Photographs may be taken to plan the procedure and discuss possible results. These images may also become part of your confidential medical record.

Tell the surgical team about all prescription medicines, over-the-counter products, vitamins, and supplements you use. Do not stop blood thinners or other regular medicines unless the clinician responsible for them gives you a specific plan.

You may be asked to avoid nicotine before and after surgery because it reduces blood flow and can delay healing. Follow the facility's instructions about when to stop eating and drinking.

Arrange for an adult to take you home. You may also need someone to stay with you during the first night. Prepare soft foods, extra pillows, and any recommended supplies before surgery.

## What happens during the procedure

Rhinoplasty is commonly performed under general anaesthesia, which means you are unconscious. Selected procedures may use local anaesthetic with sedation. Local anaesthetic numbs the nose, while sedation makes you relaxed and sleepy.

The surgeon makes cuts inside the nostrils, sometimes with an additional small cut between them. The skin is carefully lifted from the supporting bone and cartilage.

Depending on your treatment plan, the surgeon may remove, reposition, or add cartilage and bone. Cartilage used for support may come from your nasal septum, ear, or, less commonly, a rib. Breathing problems may be treated by straightening the septum or strengthening narrowed areas.

The skin is then placed back over the reshaped framework, and the cuts are closed. You may have an external splint, internal splints, or soft packing to support the nose during early healing.

## Recovery and what to expect afterward

Pain is usually managed with the medicines recommended by your surgical team. Pressure, tenderness, headache, and a blocked-nose feeling are common early on. Contact your team if pain is worsening rather than gradually improving.

Begin with fluids and light food if you feel nauseated after anaesthesia. You can usually return to your normal diet as tolerated unless given different instructions.

Rest with your head raised. Bruising around the eyes, swelling, and a small amount of blood-stained drainage can occur. Do not blow your nose until your surgeon says it is safe. Follow instructions about sneezing, cleaning the nostrils, showering, glasses, and caring for splints.

Walking gently is encouraged, but avoid strenuous exercise, contact sports, heavy lifting, and activities that could bump your nose until cleared. Protect your nose from sun exposure as instructed.

Do not drive home. Anaesthesia, sedating pain medicine, swelling, and reduced vision from bruising may affect safe driving. Resume driving only when you are no longer taking impairing medicine, can see clearly, and your surgical team agrees.

Time away from work is often measured in days to a couple of weeks, based on swelling, bruising, your job, and the extent of surgery. Physical jobs usually require more time than desk-based work.

## Risks and possible complications

All surgery has risks. For rhinoplasty, these include:

Some swelling and asymmetry are expected during healing and do not necessarily mean there is a complication. Revision surgery, when appropriate, is generally considered only after enough healing has occurred to assess the result.

- Bleeding, infection, or a reaction to anaesthesia
- Ongoing blockage or a new change in breathing
- Unevenness or a result that differs from the planned shape
- Numbness, altered skin sensation, or changes in smell
- Visible scarring or slow wound healing
- A hole in the septum, called a septal perforation
- Skin injury or damage to supporting tissue

- A need for further treatment or revision surgery

## Results and follow up

You will see a change when the splint comes off, but this is not the final result. Early swelling can make the nose look broad, uneven, raised, or more turned up than expected.

Swelling reduces gradually. The tip often takes the longest to settle, and subtle changes may continue for a year or longer. Skin thickness, the amount of surgery, previous operations, and individual healing all influence the timeline.

Routine follow-up appointments allow the surgeon to remove splints or stitches, check healing, assess breathing, and compare progress with the treatment plan. Keep these appointments even if recovery seems straightforward.

Discuss persistent concerns at follow-up rather than judging the result during early swelling.

## Alternatives

Choosing no procedure is reasonable if the expected benefit does not outweigh the recovery, cost, or surgical risk. Your nose will not be reshaped, but you avoid an operation and its complications.

For blockage caused by allergies or inflammation, treatments such as saline rinses or prescribed nasal medicines may improve airflow. They do not straighten bone, repair weak nasal walls, or permanently reshape the nose.

Septoplasty or turbinate surgery may be an option when the main goal is better breathing. These procedures focus on structures inside the nose and offer less control over external appearance than rhinoplasty.

Injectable fillers can temporarily camouflage selected dips or irregularities. They cannot make the nose smaller, correct major structural problems, or reliably improve breathing. Fillers also carry serious blood-vessel risks and should only be given by a properly trained medical professional.

Make-up, styling, or counselling about appearance concerns avoids procedural risk but does not physically change nasal structure.

## When to call your healthcare team

For routine advice, contact your surgical team if you have increasing pain, worsening redness, unpleasant-smelling drainage, persistent fever, a splint that shifts, or breathing that is not improving as expected.

Seek urgent medical care for heavy bleeding that does not stop with the instructions you were given, rapidly increasing swelling, severe or sudden pain, or skin that becomes pale, dark, blistered, or unusually cold.

Call emergency services for severe difficulty breathing, chest pain, fainting, confusion, or signs of a serious allergic reaction such as swelling of the tongue or throat.

## Common questions

Will I be asleep?

Most rhinoplasty operations use general anaesthesia, so you are unconscious. Some limited procedures use local anaesthetic with moderate sedation. Your anaesthesia plan should be explained before surgery.

Can I drive home?

No. Arrange for another adult to take you home. Do not resume driving until the effects of anaesthesia and sedating medicines have passed, your vision is clear, and your surgical team says it is safe.

How painful is rhinoplasty?

You may have soreness, pressure, headache, and nasal blockage. Pain can usually be managed with the plan provided by your team. Worsening or severe pain needs medical advice.

When will I know what my nose looks like?

You will see an early change after the splint is removed. Swelling can hide the final shape for months, and subtle settling may continue for a year or longer.

Will I be able to breathe through my nose afterward?

Your nose may feel blocked at first because of swelling, splints, or packing. Breathing should improve as these are removed and swelling falls. Report persistent or worsening blockage.

Will the result last?

Structural changes are intended to be long-lasting. Ageing, injury, tissue changes, and later surgery can still affect the nose over time.

## Sources

- American Academy of Otolaryngology-Head and Neck Surgery Foundation. Clinical Practice Guideline: Improving Nasal Form and Function after Rhinoplasty . Otolaryngology-Head and Neck Surgery . 2017;156(2 Suppl):S1-S30.
- American Society of Plastic Surgeons. Rhinoplasty procedure, risks, preparation, and recovery .
- Mayo Clinic. Rhinoplasty: Overview, risks, preparation, and results .
- NHS. Nose reshaping: Choosing surgery, recovery, and possible complications .
- Australian Society of Plastic Surgeons. Rhinoplasty patient information .