

When the Family Nose Doesn't Fit

Rhinoplasty—commonly referred to as a “nose job”—ranks as one of the most frequently requested and most challenging cosmetic surgeries, notes Dr. Cynthia Gregg, one of the area’s pre-eminent facial plastic surgeons. “I think rhinoplasty surgery is probably one of the hardest things that we do,” she says, “because the goal is to have the nose look like the nose you were born with”—even when it’s not.

Balancing aesthetic, functional, and technical concerns can deliver a new nose that fits the face, but it also must fit patient expectations. “People are really afraid of that ‘operated on’ look,” says Dr. Gregg, “which can sometimes result from multiple surgeries to correct previous work. An improved nose should blend well and look natural, while not compromising breathing. That’s essential—functionality is just as important as appearance.”

Rhinoplasty surgery is a classic example of the blending of art and science in medicine. Dr. Gregg and her team use a combination of cutting-edge tools and the latest proven techniques to deliver consistently excellent results. “Having a rhinoplasty today is much more natural and long-lasting than the ones we did even 10 or 15 years ago, and we continue to learn,” she says.

DESIGNING A NEW NOSE

While a frequently performed surgery, Dr. Gregg emphasizes that rhinoplasty is never ‘uniform’ or ‘routine.’ “Every nose and face is different,” she says. “And the problems that need to be addressed vary tremendously. My job is to find the unique approach to addressing that one patient’s needs and expectations. And that is what makes this surgery so challenging—and also so rewarding.”

And the surgical techniques have changed. Where rhinoplasty used to focus on making everything smaller, Dr. Gregg now uses an augmentation style. “I can still make a large nose smaller, but I’m going to do so and not compromise its functionality,” she says. “I’m going to make sure the inherent ability to breathe and age well is there. I want them to have a nose when they’re 25 that’s also going to look as good—and as natural—when they’re 35, 45, and 55.”

Certain technical advances have made the experience and recovery from rhinoplasty more tolerable, notes Dr. Gregg. “For example, local anesthetics and other medications reduce bruising—so there are fewer post-surgery ‘raccoon eyes.’ And I don’t pack the nose after surgery, which makes recovery easier for the patient.”



19-year-old patient, before and after rhinoplasty

PREPARATION SETS THE STAGE

Beyond the technical, there are many physical considerations. Dr. Gregg reviews X-rays to assess whether younger candidates are ready, since she can’t operate until a candidate’s facial bone structure has finished growing. Older patients face different challenges. She notes, for example, that “people will tell me that as they have aged, their nose has gotten bigger! Actually, it doesn’t get bigger; it changes. With age, the skin thins and the nasal cartilage can start to droop, making the nose look different.”

Aesthetic considerations include both the symmetry of the whole and its underlying components. A lot of thought goes into how to make the nose look natural amid the inherent asymmetry of the face. “We all have the same parts—bone, cartilage, skin—but there are different shapes and sizes and different skin thicknesses,” Dr. Gregg explains, and genetic characteristics can shape both those parts and the outcome. “People who have very thick skin tend to have very weak cartilage, for example, while thin skin tends to show more structural imperfections. The limiting factor for most results of rhinoplasty is the overlying skin.”

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THE IMPORTANCE OF SHARED EXPECTATIONS

Dr. Gregg also considers the emotional aspects of changing genetic traits. “If it’s a family nose,” she says, “I’ll ask my patients how they and their family members feel about changing it? And that’s an important question. The father’s nose might not be objectionable to him—he might be proud of it. But it might not look as good on his teenage daughter, and her wish to change it may be a difficult decision.

“Dealing with such issues—and especially dealing with a patient’s expectations—is perhaps the most important part of the process,” notes Dr.

Gregg. “It is so important that we develop a shared vision of what a new nose will look like for each individual patient. And that is where computer imaging is an invaluable tool. In this way, patients can see what their changed nose will look like—on their own faces. And we can decide how choices are made to ensure not only the desired aesthetic result but optimal functionality as well.”

It is her earlier training in head and neck surgery that helps Dr. Gregg to balance all the aesthetic considerations without sacrificing functionality. “Sometimes I have to tell people, ‘No, you can’t get your nose as small as you want,’” she says, “for two reasons: one, I’m not going to compromise your breathing and two, your skin is a limiting factor.”

SAME PHILOSOPHY, DIFFERENT SURGERY

These same considerations come into play on the body surgery side of the practice. Dr. Gregg’s associate, Dr. Cindy Wu, frequently works with women who want to change another inherited physiology, such as breast size or shape. She, too, uses computer imagery to come to a clear, shared vision of the final outcome. “The new pre-operative 3-D simulations are amazing,” she says.

“I can photograph a patient and simulate what she will look like with different size implants.”

Dr. Wu devotes the same careful attention to balancing different and important factors. “There’s age: has a candidate stopped growing, if they’re younger? If older, are they stable in size and in sufficiently good health for anesthesia and surgery?” Answers to these and other related questions help Dr. Wu choose among the range of surgical and non-surgical options to achieve a desired result.

Refinements in fat grafting techniques and implant technology, for example, yield more natural results. With fat grafting, Dr. Wu uses the patient’s own fat—taken from an area like the abdomen and purified—to augment the breasts. “That’s becoming more popular because people like the idea of using their own tissue,” says Dr. Wu. “While it offers subtler volume increases than implants, it also reduces the risk of infection and allows for progressive adjustment of results.”

Whether it’s a face or body procedure, both Dr. Gregg and Dr. Wu share the same deep commitment to fulfilling the individual needs of their patients. “That is always our goal,” says Dr. Gregg. “The result of any surgery should be a look that is natural—for that particular patient.”

And she knows the new nose blends well when a rhinoplasty patient comes back, pleased, saying: “Dr. Gregg, no one’s noticed my nose—but they tell me my eyes are beautiful!” Improving what nature provided brings joy not just to the patient, but to her surgeon, as well. **h&h**

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