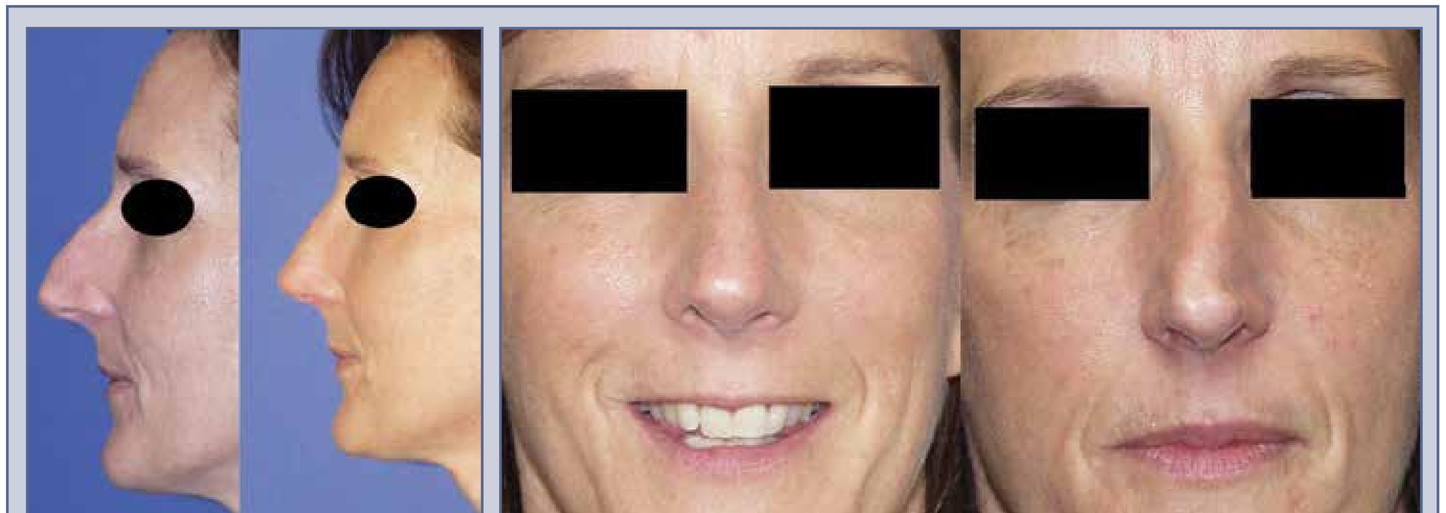
The Art and Science *of Rhinoplasty*


Rhinoplasty to straighten and reduce the size of the patient's nose.

"Nothing has a **greater impact** on how a person looks than the **size and shape of their nose**."

Blending art and science is at the heart of Dr. Cynthia Gregg's work as one of the area's most accomplished facial plastic surgeons. An admitted perfectionist, Dr. Gregg observes that rhinoplasty—surgery to reshape the nose—"is both among the most challenging and among my favorite procedures, because nothing has a greater impact on how a person looks than the size and shape of their nose." A slight alteration in this most defining facial characteristic can greatly improve a person's appearance.

Dr. Gregg calls rhinoplasties "my millimeter surgery, because simply changing the shape or moving the nose as little as one to three millimeters can produce a striking difference in appearance. When someone's nose looks as if it's the product of a surgical procedure, it's usually because it's been altered too much. That's one example of the art of facial plastic surgery. It requires a lot of technical skill, and also an artistic-aesthetic sense of proportion.

"The process that leads to a surgical event is of critical importance," she finds. "It begins with our first meeting. My goal is to learn the nature of the problem: are their functional issues, such as breathing problems? What are the aesthetic concerns? An exam and tests are important, but my most important task is to listen to and understand exactly what the patient wants to achieve. From there we can explore the best possible outcomes and determine how they can be accomplished technically."

Health&Healing: How do you determine someone is a good candidate and how best to help them achieve their goals?

DR GREGG: The first part of the assessment is understanding any functionality issues: problems breathing? Left side or right side? Allergies or a history of sinus infections? Has the nose ever been broken?

We go through the medical part and then get to a critically important question: *"In an ideal world, how would your nose be different? What would it look like?"* And that conversation leads to taking pictures and doing 3D imaging, kind of like a Photoshop for patients. It's a great educational tool because it allows them to see, *"Oh, I thought I wanted that, but I don't like it."* Or *"I want to take the bridge down more."* Then it's my job to show them what's realistic and what's not realistic.

A 19-year-old, before and after Rhinoplasty

An example might be somebody who comes in with very weak cartilages and very thin skin—genetically—and who wants a really tiny nose, super narrowed. But they would lose their ability to breathe as they got older, because they've already got weak cartilages to start with. In such a case, I've need to say, "No, I'm not going to do what you're asking because it's not going to hold up well."

The consultation for a rhinoplasty is key, because they've got to be able to verbalize well what they want, and then I need to be able to try to help them understand what it might look like. It's not like I can go in and just shave off a piece of wood—it's a dynamic process, with moving parts to it. We have to go in and do the best thing. But there's a lot of psychology that goes along with the rhinoplasty.

H&H: There's a tendency to regard rhinoplasty as reducing the size of a big nose, when else might it be indicated?

DR GREGG: Rhinoplasty is about more than simply changing appearance. Some people come in with the main complaint of not breathing well through the nose, while other people will come in saying, "I don't like the appearance of my nose, but I breathe pretty well."

There's a cosmetic part, which is what everybody sees, but there's also a functional part that we need to respect and maintain. We need to make sure that the things we do in a rhinoplasty are going to maintain themselves so the patient's breathing will not be compromised as they get older—10, 20, or 30 years down the road. And the goal is to make the nose look natural, not operated on, while still preserve the breathing. Those are the goals for everybody.

A lot of people will come in because they don't like the bump on their nose, and that can be from a trauma. Or it's crooked, with what's called a C shaped or S shaped deformity. The septum can tend to be really crooked from trauma, so a septoplasty is an integral part of a rhinoplasty to me. I do them both at the same time.

Some people come in with a bulbous or very wide tip that just doesn't match the rest of the face. It could be that the top part of their nose is fine, and the bottom part of the tip is just too large. I can go in sometimes and trim, as well as uses sutures and grafts, to make the tip match the rest of their face.

ACHIEVING BALANCE

H&H: How do you arrive at the best approach for an individual patient?

DR GREGG: That, of course, goes back to our initial consultations. I don't tell patients what their nose should look like; my job is to tell them what their options are for achieving their goals. And it can be more complex than simply reshaping the nose.

For example, I look at each patient in terms of achieving balance in their face. Some people think their nose is over-projected and come in wanting it reduced considerably. But studies have shown that up to 30 percent of people who thought their nose was too large actually had a recessed chin. That's a question of balance.

What I say in those cases is, "look, I can only bring your nose back this far safely, but we can bring your chin out a little bit." So, we do the nose and the chin. It's about splitting the difference, and giving them a balanced face.

H&H: How does age affect your considerations?

DR GREGG: Age is such an important factor, and doing a rhinoplasty on someone who's 28 is completely different than on someone who's 58. Simply put: our noses age as we get older. The skin thins; the cartilages thin and have more laxity. As they get floppier, that can make your breathing harder.

My goal, always, is to achieve a natural look in any facial alterations. So, anticipating the changes that come with age, I might be a little softer with some of the edges when reshaping the nose. I want to be careful it doesn't show through the thinner skin. Of course, some people are born with thinner skin than others— so there's also a genetic component, but we all still age similarly.

Timing for a rhinoplasty is important in another way. We don't do a rhinoplasty or a septoplasty until a person is mature physically, because we don't want to disturb any growth plates that haven't finished growing. When the surgery is done before 16-18 for girls, and maybe 17-20 for boys, patients might come back in their forties with real breathing problems.

I think the technology and the techniques that we use now are better than they were even 10, 15 years ago, because we have more understanding of the long-term effects of our surgery h&h

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