

RHINOPLASTY | NOSE

REPORTED BY JESSE J. LEAF



Pinocchio was famous for having his nose grow, but yours can grow smaller (or just more shapely) through the marvels of rhinoplasty

THE NOSE KNOWS

Q&A WITH DR. FREDERICK N. LUKASH

LI Image: Thank you for talking with *Long Island Image*. First off, will you define rhinoplasty?

Dr. Lukash: Rhinoplasty is a general term for a nose job, but in modern plastic surgery it's thought of more as a nasal/facial balance procedure. It's about what's wrong with the nose as it relates to the rest of the face, and how we can put it into balance. That could involve the nose only; it could involve the nose and the chin; it could involve the nose and chin and cheeks.

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I DON'T PACK THE NOSES ANYMORE. IT'S UNCOMFORTABLE FOR THE PATIENT, AND I HAVEN'T FOUND ANY BENEFIT

LII: Can it involve just the way a nose looks?

It could involve a whole multitude of things. There could be a functional component, in which the septum is deviated and breathing is the problem. It could be purely cosmetic, in which the septum is deviated and turning the nose off to one side. It could be that the nasal bones are too wide; it could be that the tip's too bulbous, or there's a bump on the nose, or the nose has a hook. What the surgeon needs to do is evaluate all these things to provide optimum care.

LII: So you would say the majority of your work is for cosmetic reasons?

Dr. F.N.L.: I would say that there is a greater than 90% cosmetic element to it. Even in those patients who have functional problems, there is also an aesthetic element that's being corrected. It's very rare that someone comes in with an otherwise perfect nose and says, I just can't breathe. In my office, there is usually either a purely aesthetic or a combined aesthetic and functional component.

LII: Why should a patient decide to have the work done? What should make a patient decide to come in?

Dr. F.N.L.: Their own personal unhappiness.

LII: Fair enough. So they make the decision to proceed. What's the next step?

Dr. F.N.L.: Then it's due diligence on the patient's part in finding a surgeon. First find out which surgeons do the desired procedure. Reputation is paramount. Get recommendations from either patients who've had it done, physicians, or other people in the community who have experienced the work by that doctor.

Have an initial consultation so that the patient feels comfortable with the doctor and environment that they're being put into. See if the doctor has the advantage of using computer imaging to show what can be done to make sure everyone's on the same page. Look at pictures of patients the doctor has operated on—not just a few but a *lot*—to get an idea of the aesthetic style that the doctor

has. Perhaps you may even speak with former patients to find out what the experience was like with that plastic surgeon.

LII: When a patient comes in seeking a nose job, how do you proceed?

Dr. F.N.L.: The first thing I do is ask, "What is bothering you about your nose?" And even though I'm making my own impressions before they even speak, I want to hear if what's bothering them is what is obvious to me. Then I try to warm up to them a little bit—I ask them about breathing and about allergies. Just because someone has a little deviation to their septum, it doesn't mean they have to be operated on. I have to assess the anatomical findings with the subjective findings of how they feel. Once I've done that, I photograph them and enter the images in my computer. Then, with the patient, and ideally together with a family member or other trusted



It will take some time to heal from a nose job. The swelling and bruising may last for weeks.

a little small, or the cheeks are a little flat. Then we manipulate the original to show them what could be done: I can make the

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companion, we all study the same views. The reason this is important is that when a patient looks at himself or herself in the mirror, she is seeing the opposite image. But now we're looking at the face objectively. Patients may say they don't like the thickness of their tip or point out a bump or that their bones are too wide, and on and on and on. And then I'll say what I think. I might point out other considerations—that the chin is

bump go away, I can bring the chin out, I can narrow the bones—things that I believe I can do in the operating room. Together, we finalize a plan that we are all in agreement with.

Is there a psychological element involved, and do you explore it?

Absolutely. The entire consultation is an evaluation of the physical and the emotional. It's all

about expectations and reality.

III: Where is the surgery performed?

Rhinoplasty surgery is an outpatient procedure. It can be in an ambulatory surgery center; it can be in a physician surgery center within his office setting, or it can be in a hospital outpatient pavilion. It's rare that a patient stays overnight.

III: So what can a patient expect of the surgery experience? What's the pre-op preparation like?

Dr. F.N.L.: First you make your work plan, then you make your plan work. The patient requires

are many techniques in nasal surgery. Which one is chosen depends upon the problem, but basically you're trying the balance the nose with the face.

III: What's the range of time for an operation—realizing that there are all different kinds of cases?

Dr. F.N.L.: Well, in the simplest, it can be an hour, and in the most complex, maybe three hours.

III: General or local anesthetic?

Dr. F.N.L.: I always do general—I call it airway protection anesthesia. Because we're working on the nose, blood can drip back

A PRIMER ON "NOSE JOBS," FOR THOSE WHO MAY BE CONSIDERING THE POSSIBILITY THAT RHINOPLASTY COULD BE A BIG IMPROVEMENT TO THEIR APPEARANCE

medical clearance so I know they're healthy. I would make sure that they're not taking any aspirin, aspirin-containing, or blood-thinning products. And then we decide upon the venue. In many patients, particularly for a purely cosmetic procedure, I will perform the surgery in my office, which is a fully accredited operating facility. And that means it meets the same standards as a hospital. If there is a functional component, where there may be some insurance reimbursement, I perform the procedure in an outpatient setting at the hospital.

III: I know every case is different, but generally speaking, what happens during surgery?

Dr. F.N.L.: Although every case is different, the plan that was decided on by the patient and the physician is carried out. There

to the back of the throat. I like to know that their airway is protected.

III: Now, surgery's done and the patient is awake. What can they expect after the surgery?

Dr. F.N.L.: They'll have a little triangular splint on their nose—like you see on people with broken noses. And that's basically it. I don't pack the noses anymore. It's uncomfortable for the patient, and I haven't found any benefit.

III: How long is post-op?

Dr. F.N.L.: They stay in the recovery area until all the criteria for recovery are met: they're awake, they're comfortable, they've gotten to go to the bathroom, they're not bleeding, they've had some sips of fluids, and they feel like they're ready to leave. They rest at home for a week;

Who NOSE?

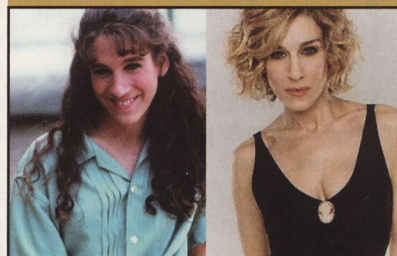
Famous noses that have morphed, or have they?



Ashley Tisdale



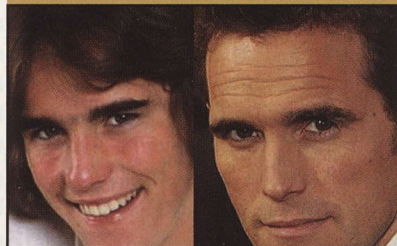
Jennifer Aniston



Sara Jessica Parker



Ashlee Simpson



Matt Dillon



then the splint is removed. They may resume all normal activities and work, but no sports for three weeks.

LII: What are the risks involved?

Dr. F.N.L.: Well, we tell all patients there's always an anesthetic risk, no matter what the surgery is. There's a risk for bleeding; there's a risk for infection—those are all very low and very treatable.

LII: "Risk" may be too strong a word. What can they expect?

Dr. F.N.L.: They may have some bruising, and they may have some swelling, but by and large, it all resolves itself.

LII: I know everybody's differ-

ent, but can you give me sort of a time range for healing?

Dr. F.N.L.: The cast stays for about a week, and at that point the patient is basically healed. They'll have some residual swelling and maybe a little bruising, but over the ensuing weeks this will diminish. So usually, by about a month, the nasal profile is well established, although there may still be some residual swelling in the nasal tip. By three months this is 90% gone. Over the course of the next year, everything settles into what they're going to have for the rest of their life.

LII: How often do they see you after the operation?

Dr. F.N.L.: I see my patients a lot. After the first week, we take the

cast off. At a month, we check how that first stage of swelling has gone, and after three months we check on the second stage of swelling. Then we can wait a year. Usually at the one-year mark, what you see is what you have.

LII: After the surgery, are there any special precautions patients should take?

Dr. F.N.L.: For the first week, we have them sleep on a few pillows at night to help reduce swelling. Patients should refrain from exertional activity. That can lead to bleeding. Once the week is up, I let them resume normal activities. I don't let them participate in non-contact sports for three weeks, and anything that in-

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Nose

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volves contact or risk of contact for six weeks.

LII: Is there a degree of unpredictability in rhinoplasty surgery?

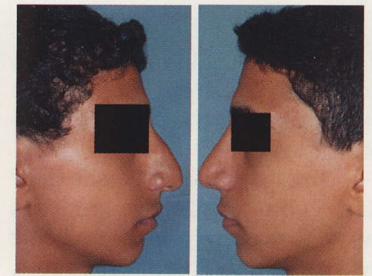
Dr. F.N.L.: A very low degree of unpredictability. This is a highly predictable operation. What's unpredictable is will they bruise,



will they swell, and how will they react to their new nose.

LII: Are there any kinds of patients or conditions that are contra-indicated, where you say, "Well, we shouldn't do this kind of surgery"?

Dr. F.N.L.: Patients must have the physical and emotional maturity to accept what might occur. Once again, it comes down to expectations and reality. If someone comes in with a whole portfolio of *People* magazine photos and tells me, "I want this nose or that



nose, or make me look like that person," a red flag goes up. Usually patients above the age of 16 are physically developed and have the emotional wherewithal for surgery.

LII: I guess if they're on certain kinds of medications...?

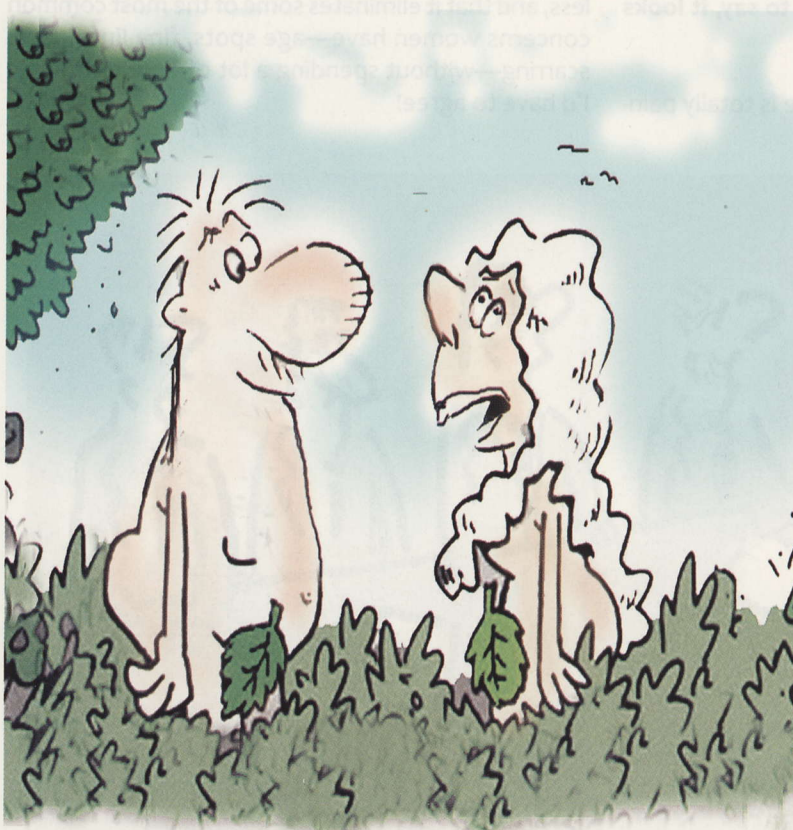
Dr. F.N.L.: We always check that out.

LII: What are the costs involved, and does insurance cover them?

Dr. F.N.L.: If the surgery is purely cosmetic, there is no insurance reimbursement. But if there is a functional component—the septum and the turbinates—whatever the limits of their policies are, there will be some allowance. We determine what the cosmetic component will be and come up with the surgical fee. If there's a functional component, and the surgery is performed in a hospital, then the fee for the anesthesia and facilities is usually covered, at least for the functional part, but there may be a cosmetic surcharge. If it's purely a cosmetic case, some hospitals have a cosmetic surgery package, which includes the facility and anesthesia charges, and then there's the surgeon's fee. The patient will have to contact their insurance company to determine the possibilities of reimbursement.

LII: Very informative. Thank you, Dr. Lukash.

Dr. F.N.L.: My pleasure. **IMAGE**



I heard you remove ribs, can you do a nose job too?