

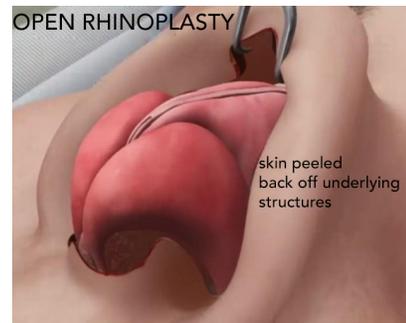
RHINOPLASTY INFO SHEET + FAQ

ARIEL N. RAD, M.D., PH.D

Board Certified Rhinoplasty and Facial Aesthetic Surgery Specialist

How is rhinoplasty done?

- There are 2 methods: **closed “scarless” rhinoplasty** and **open rhinoplasty**. Dr. Rad is highly skilled to perform both techniques, however he is a scarless rhinoplasty expert and is the only surgeon in DC offering this minimally invasive technique
- Dr. Rad’s **closed** rhinoplasty technique is **scarless** and minimally invasive because he works through completely hidden nostril incisions only. He accesses *only* the structures that require modification, nothing more because excess surgical dissection as is common in open technique is destructive and unnecessary. By keeping the skin and other normal structures intact, swelling and bruising are kept to a minimum, recovery time is 1-2 weeks, scar tissue formation and risks of complications are significantly reduced - up to 5 times less risk than in open technique.
- On the other hand **open** rhinoplasty is done by making a very visible incision across the columella (the bridge of tissue separating your nostrils) as well as internal nostril incisions. The surgeon then “peels away” the overlying skin to reveal the cartilage and bone, modifies those structures to change its shape, and then places the skin back down. This is a very aggressive and unnecessarily invasive approach because all structures are dissected regardless of whether they require shaping. By dissecting the entire skin away from the underlying cartilage and bone, swelling and bruising are significant, recovery time is months, scar formation and risks of complications are significantly increased - up to 5 times more risk than in closed technique. Swelling often lasts many months, even years with open rhinoplasty. Therefore, Dr. Rad does NOT recommend open technique due to the many downsides.



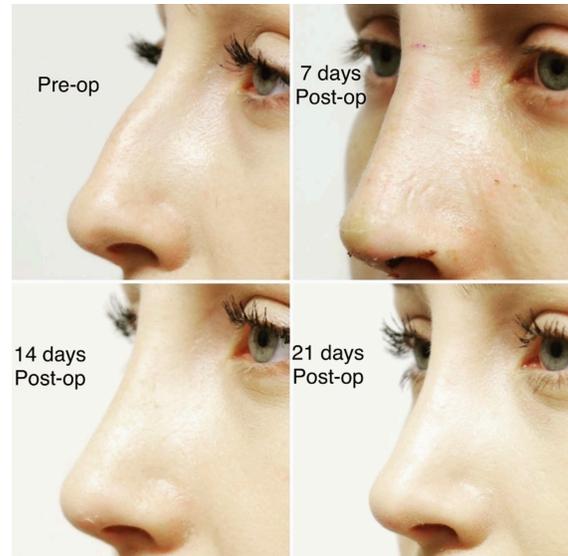
What is Dr. Rad’s experience performing rhinoplasty and facial aesthetic surgery?

- Dr. Rad is a scarless rhinoplasty specialist and he routinely performs 5-8 rhinoplasties per week, he has done over a thousand rhinoplasties and nasal operations in his career through 2020, and he has performed tens of thousands of facial aesthetic operations over his career.

Dr. Rad is considered a world expert and is endorsed by Dr. Mark Constantian, the world's premier scarless rhinoplasty specialist.

How does recovery differ between open rhinoplasty and closed “scarless” rhinoplasty?

- As you can imagine, surgery causes tissue injury, and the body heals itself by swelling and forming scar tissue. The bigger the tissue injury caused by more invasive surgery, the more healing, swelling and scar formation the body produces. Excessive scar tissue can cause problems (see below under “What are the risks?”) and so Dr. Rad’s priority is to minimize invasiveness while still achieving best results. Very few surgeons pay attention to this delicate balance, but it is so important in rhinoplasty.



- The amount of invasiveness and healing between open versus closed rhinoplasty is significant and accounts for the difference in recovery: open rhinoplasty takes months of recovery whereas closed is days to weeks. By minimizing invasiveness, there is less pain, bruising, swelling and recovery after scarless closed surgery (open rhinoplasty is much more invasive and so recovery is much longer and difficult).
- Visible swelling and bruising after scarless rhinoplasty lasts 1-2 weeks, with ongoing improvement over weeks and months. (Open rhinoplasty can cause tip swelling that lasts 1-2 years or longer).

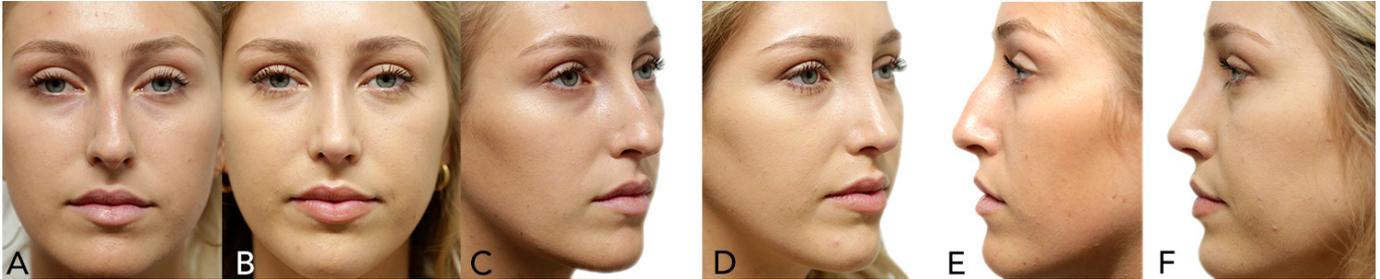
How can I know what my result will look like?

- Dr. Rad is meticulous in his approach to rhinoplasty and he always informs patients about what steps he recommends, why he recommends them, and the expectations you should have for your results. To give patients a visual image for their results Dr. Rad offers computer simulations using sophisticated computer software which helps ensure that you and Dr. Rad have a shared aesthetic vision for your results. The image to the right is a simulated result (real result is below).



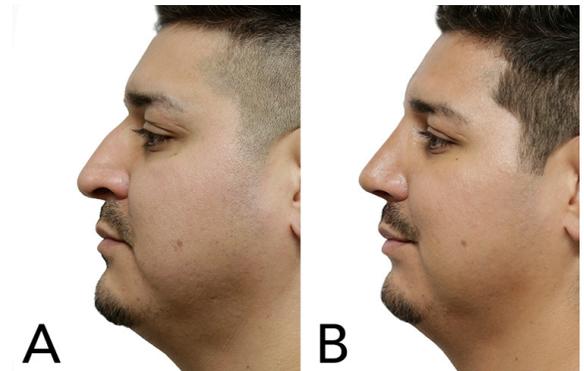
Will my real results look natural, as if I were born with my new nose?

- Dr. Rad prides himself on creating natural results in his rhinoplasty and facial aesthetic surgery work. Even though the side-by-side comparison of before/after images may show a significant transformation, if you never saw the “before” image and you weren’t told what she had done, would you really know that this person had a rhinoplasty? In Dr. Rad’s hands, likely not. In the real results shown below, A/C/E are the “before” images, and B, D, F are the real results. Her nose complements her face as if she were born with the new shape. And all scarless!



Does Dr. Rad do scarless rhinoplasty for men, as well?

- Absolutely! Dr. Rad’s focus as a rhinoplasty specialist includes men, women, even children who may be experiencing bullying. To the right is an example of one of Dr. Rad’s male patients who was thrilled with his scarless results.



How much pain will I experience?

- You should expect mild to moderate achiness throughout the nose and cheek region. On a scale of 0 to 10 (0 is no pain, 10 is terrible pain), the pain level after closed rhinoplasty is approximately a 4. This means that symptoms are usually well controlled on mild to moderate pain medicine and patients are able to taper off of prescription pain medicine (hydrocodone) to OTC medicines (Tylenol, Ibuprofen, etc.) in a matter of a few days.
- We provide a detailed plan for pain control so that you have the least discomfort possible. Our plan is based on the “Enhanced Recovery After Surgery (ERAS)” protocols established by anesthesia experts. This combines both OTC and prescription pain medicine in a way that allows our patients to taper off the stronger medicine quickly.
- While taking prescription pain medicine, the main restriction on activity is no driving because of side effects of sleepiness.

When can I return to work?

- Most patients return to active work 1 week after surgery - by then, the visible signs of surgery have mostly resolved.
- If you need to get back to work sooner, then expect to lie low for 4 days, perhaps incorporating a weekend into your recovery; after that you can likely return to computer/ phone work (keep in mind you will have a visible cast until day 7).
- You certainly may work on a computer or make phone calls any time during the first week.

- If your work is physical, such as driving a car, lifting heavy items, on your feet all day, etc., then taking 10-14 days may be best.

When can I return to exercise?

- Closed rhinoplasty is minimally invasive which means that recovery is much quicker than open technique. Return to physical activity and exercise occurs over time. The more active you are, the longer it may take for full return to exercise.
- Week 1: Walking is the best activity since this is low impact, low intensity. We have no restrictions on walking. Avoid running and other intense exercise such as weight lifting, core workouts (pilates, yoga, SolidCore, CrossFit, etc.).
- Week 2: May start light cardio exercises - the best in stationary bike so that you can get your heart rate up with minimal upper body or head movement. With cardio the bleeding risk is minimal because blood pressure goes down (unlike with weights or intense core where BP increases). Light jogging or other cardio is fine. Avoid intense exercise such as weight lifting, core workouts (pilates, SolidCore, CrossFit, etc.). Very easy flow yoga is ok.
- Week 3: Continue cardio (Peloton, moderate running) and, modified core focused exercise or weight lifting. For weight lifters, start small muscle group weights (biceps/triceps, calves, inner thighs, etc.) primarily for toning, and focus more on high rep / low weight in order to avoid straining as with heavy weights. Easy yoga flow and stretching are fine, but no inversions, intense pilates, CrossFit or SolidCore until Weeks 4 - 6.
- Week 4: Increase weights to moderate sized muscle groups, such as back, chest, core, quadriceps, etc.; more intense yoga and HIIT classes are fine to ease into.
- Week 5-8: Increase intensity in weights with compound exercises such as barbell squat, deadlifts, etc.; unrestricted class activity as you tolerate.
- Note: NO contact sports (boxing, kickboxing, sparring, etc.) or high fall risk activity (equestrian, skateboarding, etc.), are allowed until 8 weeks unless you did NOT have an osteotomy during your surgery (nasal bone fracture and shifting inwards) - note with hump reduction osteotomy most likely is done.
- After week 8, no restrictions even for the most intense sports including contact sports.

What sort of self care will I need to do?

- Nasal care after rhinoplasty is quite simple - here are the most commonly asked questions about what to do and what not to do:
- You will have a small outer cast as well as internal splints (“packing”) in your nose - this acts as a “sandwich” of the structures to keep them in place.
- Gently cleanse the inside of your nostrils and apply antibiotic ointment to your inner nostrils twice daily.
- You may gently blow your nose without applying pressure. If you need to sneeze, let it out without holding it in.
- You may use OTC saline nasal sprays as needed for dryness.
- Ice packs on your cheeks for 10 minutes 3x per day can help with swelling.
- Avoid trauma to your nose. Try not to bend over, bump your nose, or roll onto your face while asleep.
- You may wear light sunglasses or reading glasses.
- Expect your nose to feel blocked during the first week after surgery; you’ll be able to breathe normally (and often better) through your nose once the splints are removed.

When will I look normal after rhinoplasty?

- Recovery after scarless rhinoplasty is about 1 week - this means having a visible cast and visible signs of surgery (bruising, swelling)
- Visible signs of surgery will resolve over about 2 weeks after surgery.
- Many patients feel comfortable with their appearance only 7 days after surgery, and light concealer can easily hide residual bruising.

What are the risks of open rhinoplasty versus closed “scarless” rhinoplasty?

- It is a published and proven fact in our scientific literature that scarless rhinoplasty has a **3-5 x lower** risk of unwanted problems that require corrective surgery (such as “open roof,” “saddle nose,” “supratip” deformities), nasal collapse and breathing obstruction as compared with open rhinoplasty. In other words, open rhinoplasty has a 3-5x greater risk of deformities requiring corrective surgery. *** Literature reference: Constantian, M.B.: “Differing Characteristics in 100 Consecutive Secondary Rhinoplasty Patients Following Closed Versus Open Surgical Approaches,” Plast. Reconstr. Surg., 109:2097, 2002.*
- Dr. Rad’s “revision rate” (needing to do another surgery) is only 3%. (The average revision rate for open rhinoplasty is 15-20%, up to 7 x higher). If revision is needed after scarless rhinoplasty, it is usually much more straight forward because of the minimal invasiveness the first time. Open rhinoplasty revisions are much more difficult because of the dense scar tissue that has formed the first time - this magnifies the swelling even further and increases risk even more.

Why is scar tissue a problem after open rhinoplasty?

- Open rhinoplasty involves “deconstruction/reconstruction” of the nose. This causes major swelling, recovery time, scar tissue and it is why surgeons often tell patients that they won’t see a “final result” until 1 year after surgery (*but who has a year to wait?!).* What’s more, over years the internal scar tissue contracts, making the nose firm and potentially deforming the shape and obstructing breathing - in fact, the risks of needing corrective surgery after open rhinoplasty is up to 5 times higher than closed technique.
- Scarless rhinoplasty has no visible scars. (Open rhinoplasty has a visible scar across the columella [bridge between nostrils]).

Why don’t all surgeons do closed rhinoplasty?

- All surgeons are taught open because it’s much easier to learn (because all the structures are dissected open and a student can see them), not because it’s better. Surgeons use the techniques they learned from their teachers, and it is then very difficult to switch to a new technique because it takes 2-3 years to become very good at it. So open rhinoplasty surgeons will often make unfounded claims such as:
 - “Your rhinoplasty can’t be done closed”
 - “Tip shaping can only be done open”
 - “Breathing improvement can only be done open”
 - “You get better results with open”
 - “Closed rhinoplasty is a ‘blind’ surgery”
- ALL of these statements are completely false and the real reason is because the surgeon was not trained in closed rhinoplasty and therefore cannot offer it to you.

What is the Bottom Line about rhinoplasty?

- Dr. Rad consults with patients who have had multiple rhinoplasties done by other surgeons and who have nasal deformities and breathing obstructions. You do not want to be in this group! Therefore, patients should make the right decision to have a closed “scarless” rhinoplasty by a skilled surgeon from the start, because it cannot simply be reversed or undone if poorly executed especially if open rhinoplasty was performed. When done skillfully and well, closed rhinoplasty is safe and effective to achieve patients’ goals with minimal risk of unwanted issues!