

Rhinoplasty

MCGRAW-HILL PLASTIC SURGERY ATLAS

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Rhinoplasty: McGraw-Hill Plastic Surgery Atlas

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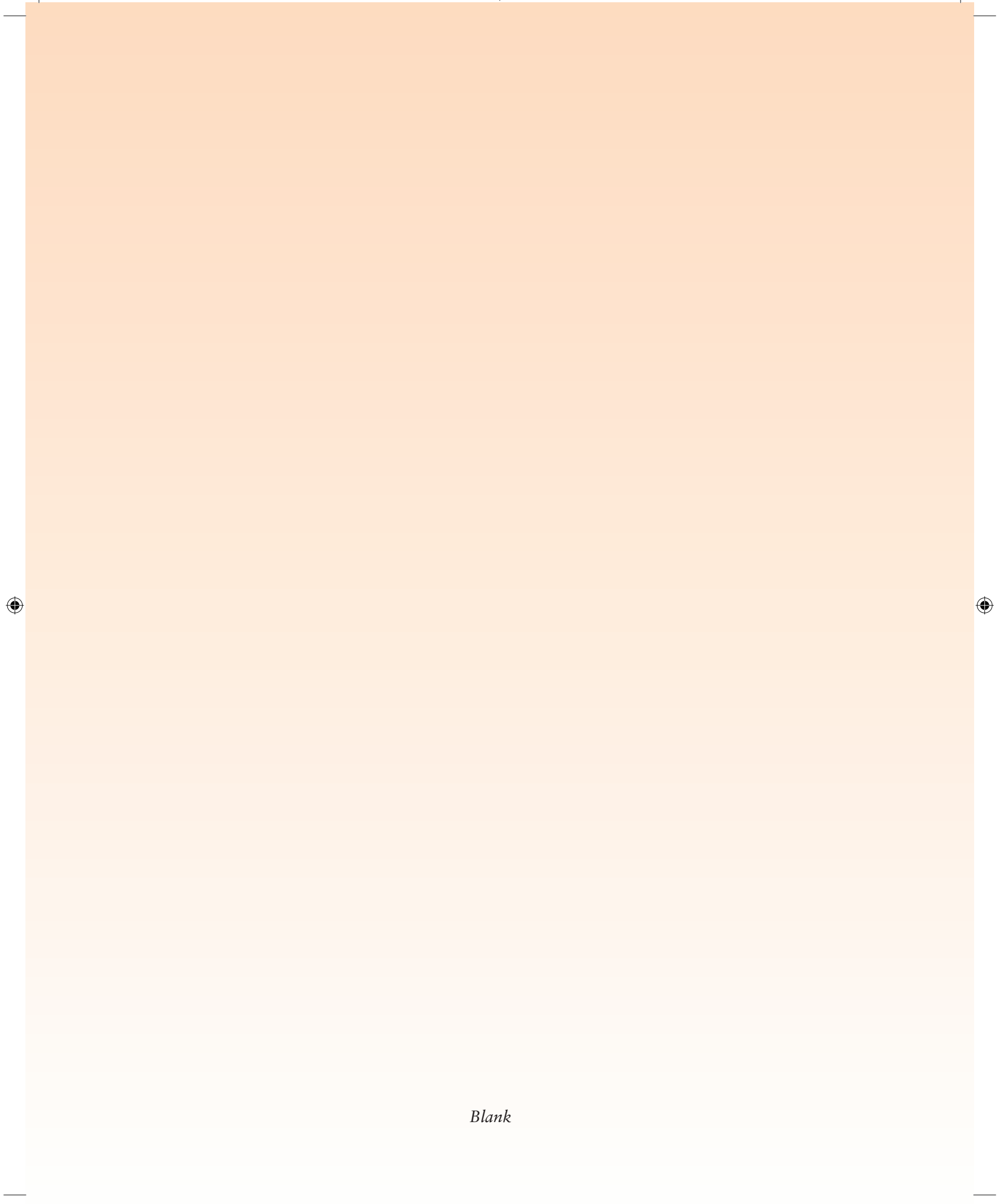
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*To my many mentors over the years, most notably
Dr. Kawamoto who taught me much of what went into this text
and gave me the inspiration to discover the rest.*

Peter J. Taub

*To my family, Margie and Stephen, for their endless love,
laughter, and support. To my patients who have entrusted
me with their care, allowing me to grow as a surgeon. To my residents
who challenge me and add mirth to the journey.*

Stephen B. Baker



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Jay Meisner, MD, FACS

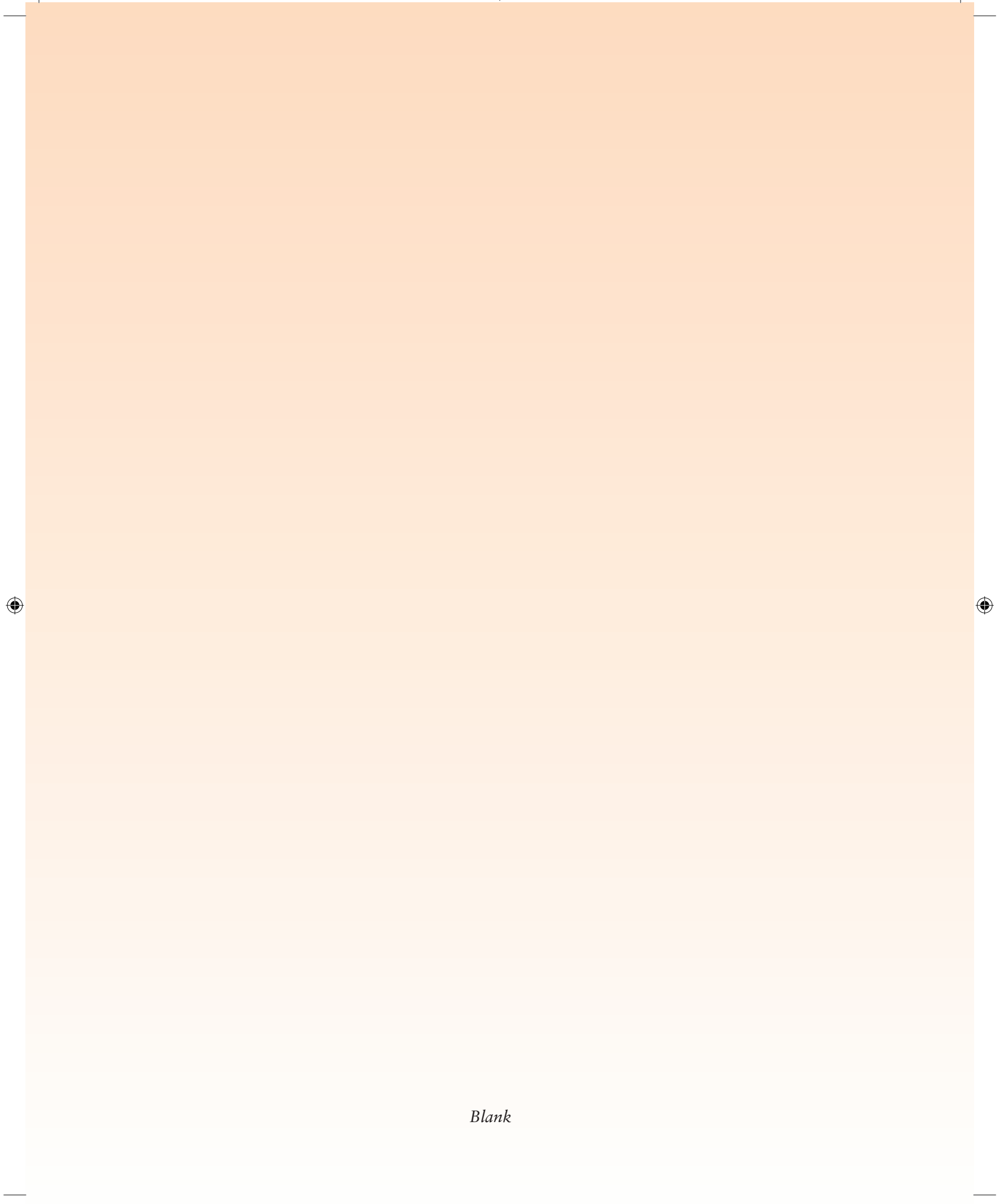
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Preface

Rhinoplasty is one of the most challenging endeavors a surgeon can undertake. It is one of a handful of procedures that requires an abundance of experience to learn and a career to master. The various anatomical components are interrelated and manipulation of one area has predictable effects on one or more other components. The various surgical techniques can alter not only form but also function. A superb aesthetic result means little if there is compromise of normal nasal function. Even a brief exposure to rhinoplasty will highlight the patients' high expectations. As such, the surgeon's expectations should be even higher. Within the field of rhinoplasty surgery, there are a limitless number of possible maneuvers and interventions, which is only mastered by a thorough understanding of anatomy and pathology in addition to a well-thought-out treatment plan.

The following text and illustrations are a cumulative effort of surgeons and artists designed to provide the most relevant information in the clearest format. It is not designed to encompass all there is to know about rhinoplasty, but rather to form the stepping-off point from which students, residents, and surgeons should begin their understanding of the procedure. It is organized into sections that address the relevant anatomy, operative setup, surgical steps, and important practical information related to patient care and reimbursement.

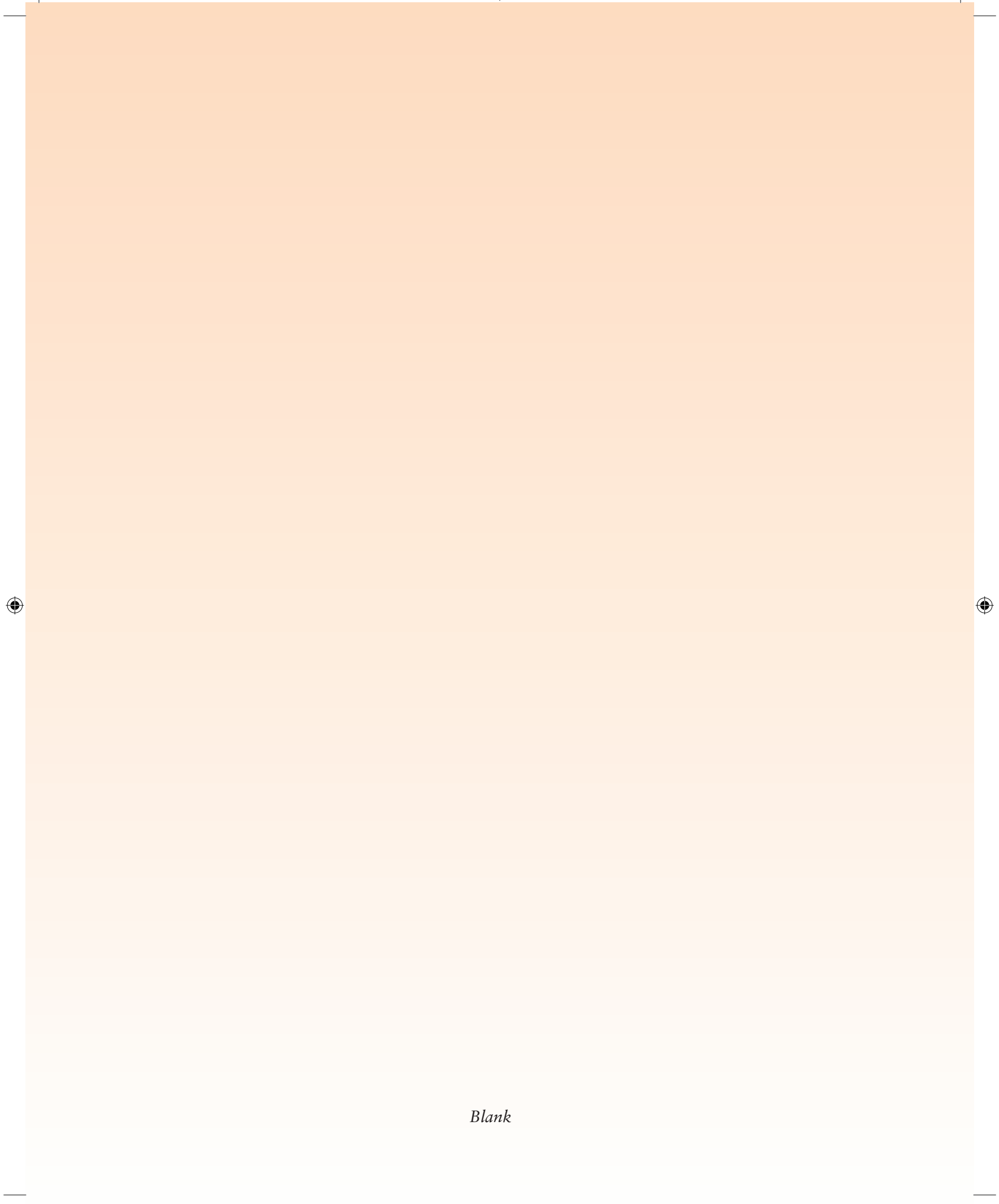
During the interview process, the surgeon should develop a complete understanding of the patient's concerns, decide if these are real or imagined, devise a well-thought-out treatment plan, and be confident that he or she can carry out the plan. The present text serves as a well-illustrated guide to the common concerns with which most patients present. It is organized by anatomic location and covers in detail the numerous maneuvers that are frequently used to shape the various parts of the nose. As techniques continue to evolve, the newer methods should be incorporated continuously with the well-established ones described herein.

It should follow that the need for revision following primary rhinoplasty is to be expected on occasion. All surgeons have complications. The nationally reported rate of revision following primary rhinoplasty ranges from 8% to 15%.^{1,2} Logically, the incidence will be higher earlier in one's career but should diminish with time, experience, and most of all critical review of one's results. Experienced surgeons who perform revision surgery often achieve a high level of satisfaction among their patients. Still, complications can occur despite technically well-performed surgery. The surgeon who undertakes either his or her own or another's revision should specifically understand the primary surgical alterations and have a plan of how to achieve definite improvement.

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