

Research Assessment #7

Date: November 13, 2020

Subject: Rhinoplasty: Incisions, Approaches, and Analysis

MLA citation(s):

Gillman, Grant S. "Rhinoplasty: Incisions, Approaches, and Analysis." *Head and Neck Surgery – Otolaryngology*, 5th ed., Philadelphia, Lippincott Williams and Wilkins, 2013, pp. 2941–2951.

Assessment:

For this research assessment, I utilized an article given to me by Dr. Cain from a textbook that discusses the many components that are part of the rhinoplasty surgical procedure. In reading this article, I hoped to further understand the specific aspects of both preoperative and surgical analysis that are required in order to perform a successful rhinoplasty.

One key aspect of this article that significantly aided my understanding of facial analysis was the terminology that is included when describing the nose. The article mentioned the trichion, glabella, nasion, and tip as some of the key aspects of the nose that need to be known by the facial plastic surgeon and carefully analyzed (Gillman 2941). Furthermore, the article also discussed more about the three angles that are commonly applied to facial analysis which include the nasofrontal angle, the nasofacial angle, and the nasolabial angle (Gillman 2942). I had already familiarized myself with these angles in the past but the visuals included in this article gave me great insight into how these angles look on a real person. What intrigues me most about this sect of facial analysis is how varying it can be on different individuals and how the ideal angle is different depending on the shape and structure of the nose. For example, men have smaller nasolabial angles due to the fact that they ideally want to have less tip rotation while

females maintain a larger nasolabial angle with more tip rotation (Gilman 2943). The article also consistently mentioned having a physician who is knowledgeable about these numerical values and will accurately provide the adequate size pertaining to the specific patient. As a result, I deduced that having experience in effective preoperative assessment is significant in attaining a positive result for the patient and ensuring that the patient achieves their ideal nose shape.

From this article, I also learned about two different types of approaches: external and endonasal. The article discussed how an external approach involved incisions that allowed for better exposure and a heightened ability to modify nose cartilage when needed (Gilman 2946). Through learning about the external incisions, I learned that these incisions create a better aid for the surgeon in terms of enhanced visualization that can be beneficial when there is heavy asymmetry within the patient. I also deduced that having better visuals allows for more accurate decisions that would benefit the patient in the long run. However, what surprised me was the information in the article that said how optimal visualization may not always be the best approach. The author of the article countered the benefits of the external approach by saying how exposure in unnecessary cases could lead to certain trauma and longer, more strenuous postoperative care (Gilman 2946). As a result, it seems to be that more serious cases require a more external surgical approach where specific components of the nose on the interior need to be analyzed. On the other hand, cases in which ensuring symmetry is less important and minimally extensive procedures are more common are better suited for the endonasal approach.

As a whole, understanding the more common nasal terminology and learning about the significant importance of preoperative analysis was a huge help in my knowledge in regards to the rhinoplasty procedure. Through learning these terms, techniques, and most common approaches, I'll be able to not only create a detailed original work, but I'll be able to better

comprehend the surgical operations that my mentor performs while also having the ability to ask detailed questions as well.