

POSSIBLE COMPLICATIONS OF RHINOPLASTY

BLEEDING – Bleeding, that requires treatment after surgery, occurs about 1%. It usually occurs in the first 24 hours following surgery. You can expect minor oozing for a day or two following surgery.

INFECTION – This is very uncommon occurring 1% or less. You are given an antibiotic intravenously at the time of surgery.

ASYMMETRY OR IRREGULARITY – Asymmetries or irregularities can occur in 2% or more of patients. Generally these can be managed without surgery. However, if they persist, minor surgical revision may be necessary.

SCARRING – Undesirable scarring occurs in 1% or less of patients undergoing open Rhinoplasty. Light dermabrasion may be indicated in those patients. Most patients do not mind the small scar that eventually becomes almost invisible.

SEPTAL PERFORATION – This is when a “hole” or communication develops in the wall that divides your nose into right and left sides. Usually when they occur they heal to a pinpoint size. For larger ones other treatment options exist if it is problematic.

NASAL OBSTRUCTION – Usually improvement of breathing is a goal of the Septo- Rhinoplasty. However, cosmetically improving the nose could potentially alter nasal breathing, but this is a rare occurrence. If this occurs, revision surgery may be needed.

LIMITED RESULTS –The quality of tissues and the healing response are variables that cannot be controlled.

NEED FOR REVISION SURGERY – Studies show revision surgery for Rhinoplasty range from 5% to 15%. For me revision surgery occurs about 1%. I strive to produce the desired result discussed in the consultation. If the result achieved does not meet our expectations, revision surgery may be desired. Fees will be charged based on the extent of the revision procedure to be performed.