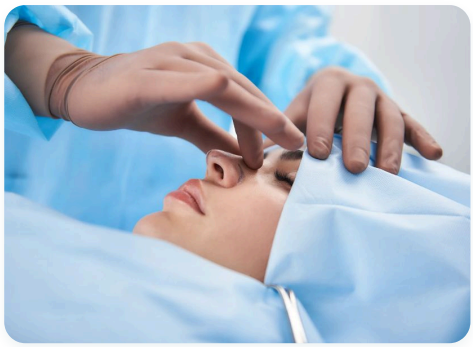
RHINOPLASTY

# Revision Rhinoplasty: When and Why

When a second operation is sensible, when it is not yet, and how it differs from the first



Revision is not a verdict on the first surgeon or on you. Noses heal unpredictably, skin settles differently from person to person, and a small asymmetry under thin skin can take a year to declare itself.

## THE REASONS PATIENTS COME BACK

### Breathing
An airway narrowed by the first operation, or never addressed.

### Asymmetry
A tip or bridge that healed off the midline.

### Over-reduction
Too much taken, leaving a scooped or pinched look.

### Under-correction
A hump or wide base that is still there.

### Irregularity
Small bumps or dips visible under thin skin.

## WHAT SETTLES, AND WHAT DOES NOT



Swelling and tip fullness resolve over a year. A structural problem – a collapsed valve, a visible bump of bone – does not.

## TWO DIFFERENT KINDS OF PROBLEM

- ✓ **Problems of healing.** Swelling that lingers, a tip that looks full, numbness. These usually resolve and are not reasons to operate.
- ✓ **Problems of structure.** A deviated septum, a weak side wall, a step in the bone. These do not improve with time and are what revision addresses.
- ✓ **The job of the first year.** To find out which kind you have.

### The twelve-month rule

Revision is not usually considered before twelve months after the first operation – and longer for thick skin. Operating on a nose that is still settling means operating on a shape that was going to change anyway.

**Not sure whether what you see is healing or structure? Send photographs and the date of your first operation.**

This guide is for informational purposes.
Treatment suitability is determined after medical evaluation.

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# Why the second operation is different

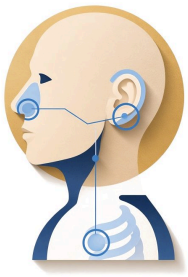
A revision is not the same operation done again. The surgeon works through scar tissue, with less cartilage than nature provided, under skin that has already been lifted once.

## FIRST OPERATION VERSUS REVISION

| | FIRST RHINOPLASTY | REVISION |
|---|---|---|
| **Tissue planes** | Clean, predictable | Scarred; harder to lift and to judge |
| **Cartilage available** | The nose's own septum, usually intact | Often already used; grafts may be needed from elsewhere |
| **Skin** | Normal thickness and elasticity | Can be thinner, or scarred and stiff |
| **Approach** | Open or closed, by plan | Usually open, for direct view of the framework |
| **Operating time** | Shorter | Longer; more reconstruction than reshaping |
| **Swelling** | Resolves over a year | Often slower, especially at the tip |

*A general comparison. The specifics depend on what was done the first time.*

## WHERE GRAFT CARTILAGE COMES FROM



Septum first if any remains; then the ear; for larger rebuilds, a small piece of rib.

## WHAT GRAFTS ARE FOR

- ✓ **Support.** Rebuilding a side wall or tip that was weakened or over-reduced.
- ✓ **Shape.** Filling a scooped bridge or smoothing an irregularity.
- ✓ **Breathing.** Opening a valve that collapses on inspiration.
- ✓ **Your own tissue.** Grafts are taken from you, so they are accepted and integrate.

**Ask whether your revision would need grafts, and from where.**

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# Realistic goals, and when not to operate

A revision can improve a nose substantially. It cannot promise perfection, and in some cases the most honest advice is that a further operation carries more risk than benefit.

## THREE SITUATIONS, THREE ANSWERS

CLEAR CASE

### Breathing worse than before

A collapsed valve or deviated septum after the first operation.

→ **Revision is usually sensible once settled**

JUDGEMENT CALL

### A small asymmetry at the tip

Visible to you, barely to others, thin skin.

→ **Discuss honestly; sometimes a minor correction, sometimes leave it**

CAUTION

### Third or fourth operation

Little cartilage left, stiff skin, each surgery harder than the last.

→ **Only with a very specific goal and a surgeon experienced in it**

## WHAT A REVISION CAN AND CANNOT DO

- ✓ **Can.** Restore breathing, straighten a deviation, rebuild support, smooth irregularities, add back what was over-reduced.
- ✓ **Cannot.** Make the skin thinner, undo scarring entirely, or guarantee a precise shape under skin that has already healed once.
- ✓ **Sometimes.** A small irregularity is better treated with a filler or left alone than with a further operation.

### A good revision surgeon will sometimes say no

If the risk of making things worse outweighs the likely gain, the right advice is to leave the nose alone. Treat that answer as expertise, not reluctance.

**Ask the medical team directly: would they operate, and what exactly would they aim to change?**

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# Preparing for a revision consultation

The more the surgeon knows about the first operation, the better the plan for the second. This is the one consultation where paperwork genuinely changes the outcome.

## BRING, OR SEND IN ADVANCE

- [ ] The operation report from the first surgery, if you can obtain it
- [ ] Photographs from before the first operation
- [ ] Photographs at three, six and twelve months after it
- [ ] A written note of what bothers you, in order of importance
- [ ] Any breathing symptoms, and which side
- [ ] Dates of any other nasal procedures or injuries

## THE REVISION JOURNEY

**STEP 1**
### Records
Report and photographs reviewed.

**STEP 2**
### Examination
Structure, skin, airway assessed.

**STEP 3**
### Plan
What will change, what will not, graft source.

**STEP 4**
### Surgery
Usually open; general anaesthesia.

**STEP 5**
### Settling
Slower than the first time; judge at 12–18 months.

## THREE QUESTIONS WORTH ASKING ANY REVISION SURGEON

### How many revisions do you perform?
Revision is a sub-specialty. The number matters more here than for a first operation.

### What exactly will you change?
A good answer is specific and short. A vague one is a reason to think again.

### What will you not be able to fix?
Every revision has limits. A surgeon who names them is one you can trust with the rest.

YOUR NEXT STEP

## Talk to us before you decide anything

**Free Consultation**
A conversation with a coordinator, with no commitment.

**Send Your Photos**
Our medical team reviews them and replies with an assessment.

**WhatsApp Us**
Questions answered in your own language, usually the same day.

✓ Free consultation · Free medical evaluation

WHATSAPP US

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WHY ESTECENTER?

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