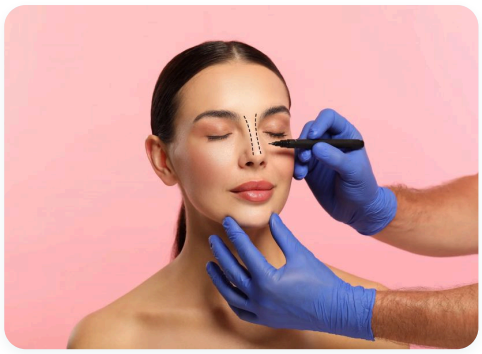
RHINOPLASTY

Rhinoplasty: What to Know Before You Decide

What the operation can address, how it is planned, and what a realistic result looks like



Rhinoplasty reshapes the nose, its internal structures, or both. For most patients the brief is not a different nose but a less noticeable one: a profile that no longer draws the eye, and breathing that works.

WHAT IS BEING WORKED ON



Bony dorsum, cartilage framework and tip support – three structures with different rules.

THE TWO HALVES OF THE OPERATION

- ✓ **Aesthetic.** The profile, the width, the tip and how all three sit against the rest of the face.
- ✓ **Functional.** The septum, the turbinates and the internal valve – in short, whether air moves properly.
- ✓ **Assessed together.** Changing the shape changes the airway, so they are planned as one operation, not two.

WHY PATIENTS ASK FOR RHINOPLASTY

A dorsal hump
The most common reason given.

A drooping tip
Particularly visible when smiling.

A wide nose
Width across the bridge or the base.

Deviation
A nose that sits off the midline.

Breathing
Obstruction on one or both sides.

What the goal should be

- ✓ Proportion with the rest of the face, rather than a shape copied from someone else
- ✓ A natural result that does not announce that an operation has happened
- ✓ Function preserved or improved – never traded away for appearance

Ask for a free preliminary assessment of your own case.

How the operation is planned

Two noses that look alike in a photograph can need entirely different operations. What an examination finds – not what a photograph shows – is what separates them.

FIVE THINGS AN EXAMINATION ASSESSES

What the plan is built on

1. **Facial proportions** — The nose is judged against the face, not alone.
2. **Skin thickness** — Thin skin shows detail; thick skin hides it.
3. **Cartilage** — Strength determines how much support is needed.
4. **Internal structure** — Septum, turbinates, valve.
5. **Your expectation** — What you actually want changed.

OPEN AND CLOSED APPROACHES

Open

A small incision across the columella gives direct view of the framework.

- ✓ Full access to tip structures
- ✓ Preferred for complex or revision work
- ✓ A fine scar that fades

Closed

All incisions are inside the nostrils.

- ✓ No external incision
- ✓ Suited to more limited changes
- ✓ Less early swelling in some cases

THE FUNCTIONAL CHECKS

- ✓ **Septum.** A deviated septum is a common cause of one-sided obstruction.
- ✓ **Turbinates.** Enlarged turbinates narrow the airway and can be reduced.
- ✓ **Valve.** The narrowest part of the airway; it can collapse during inspiration.
- ✓ **Breathing test.** Assessed before any change to the external shape is agreed.

Why open versus closed is not something you choose from a menu

The approach follows the plan. Rebuilding a tip or revising earlier surgery usually calls for the open approach; a limited change to the bridge may not. The surgeon decides it after the examination, and will explain why.

Send photographs and ask what would and would not be achievable.

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Shapes, skin and the decisions behind the plan

The same three shapes come through the door most often, and the same factor – skin thickness – quietly decides how far each of them can be taken.

THE THREE SHAPES MOST OFTEN BROUGHT IN



A hump, a drooping tip and a wide bridge. Each is corrected differently, and often together.

WHY SKIN THICKNESS KEEPS COMING UP

The factor patients hear least about and surgeons weigh most.

- ✓ **Thin skin.** Shows every detail beneath, small irregularities included.
- ✓ **Thick skin.** Softens definition and holds tip swelling far longer.
- ✓ **Neither is better.** They lead to different plans and different timescales.

DECISIONS MADE AT THE PLANNING STAGE, NOT IN THEATRE

Open or closed

Driven by how much of the framework has to be rebuilt.

Support

Whether cartilage grafts are needed to hold the new shape.

Airway work

Septum and turbinates, if the examination finds a problem.

Timing

Nothing is scheduled until the plan is settled.

THREE THINGS WORTH KNOWING BEFORE THE FIRST CONSULTATION

Is it one operation or two?

One. Shape and airway are corrected in the same session when both need attention.

Will it be obvious?

A well-planned nose reads as yours. Noses that announce surgery are usually over-reduced ones.

What decides suitability?

An examination, your general health, and whether what you want is achievable on your face.

Why realistic expectation matters here more than elsewhere

The same operation produces different results on different faces. Skin thickness in particular sets a limit on how much definition is achievable – and no technique overrides it.

Not sure which of the three shapes is yours? Send a profile photograph.

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Recovery and the result

The nose you see at one week is not the nose you keep. Swelling resolves in stages, and the final shape takes most of a year to appear.

THE RHINOPLASTY JOURNEY

STEP 1
Consultation
Examination, photographs and plan.

STEP 2
Surgery
Usually under general anaesthesia.

STEP 3
Week 1
Splint, swelling and bruising.

STEP 4
Month 1
Back to daily life; swelling continues.

STEP 5
Month 6
Shape looks natural to others.

STEP 6
Month 12
Close to the final result.

WHAT SETTLING LOOKS LIKE

- ✓ **First days.** A splint, swelling and bruising around the eyes.
- ✓ **First weeks.** The splint comes off; most people return to work.
- ✓ **Thin skin.** Definition appears sooner and more sharply.
- ✓ **Thick skin.** Swelling lingers at the tip and takes longer to resolve.

WHO MAY BE A SUITABLE CANDIDATE

- ✓ **An aesthetic concern.** Something specific about the shape that bothers you consistently.
- ✓ **A functional problem.** Obstruction, a deviated septum, or chronic difficulty breathing.
- ✓ **Realistic expectation.** An understanding that the goal is proportion, not perfection.
- ✓ **Good general health.** Confirmed by the pre-operative tests before any date is fixed.

WHAT PEOPLE ASK AT WEEK THREE

The tip still feels hard.
Firmness at the tip is normal for months and softens gradually.

It still looks swollen.
It is. Most swelling goes in weeks; the last of it takes much longer.

Is this the final shape?
No. Judge the result at twelve months, not at three weeks.

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