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Edward King
College of Medical Evangelists

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PLASTIC SURGERY OF THE NOSE AND FACE*

EDWARD KING, M.D.

Special knowledge and training are necessary for surgeons who plan to do plastic operations about the nose and face. A thorough knowledge of the external nose is essential. The physiology of the nose must be taken into consideration when planning operative procedures. Plastic surgeons are importuned constantly by patients to perform trivial corrections for imaginary defects. Experience is necessary to determine when a correction is indicated and how much it will accomplish. Because of the publicity which all types of surgery receive the layman is confused. Many laymen believe that skin grafting and removal of wrinkles and scars can be performed in a short session in a surgeon's office, much like a beauty treatment. The plastic surgeon must safeguard the interests of the patient and at the same time protect himself from criticism by explaining fully to each patient the nature of the operation, what it may accomplish, and the risks involved. A frank discussion with each patient is recommended, so that the patient with a slight defect may be persuaded to let well enough alone. When prospective candidates for plastic surgery are informed that the face-lifting operation is a hospital procedure of major importance, the determination fades rather promptly in most cases.

The indications for operation must be clear, and a fair chance of improvement is a prerequisite. Accurate records must be kept in order to evaluate results. We use photographs and casts previous to operation. The history is

important in all cases, especially following trauma. Operative procedures must be carried out under strict asepsis, and therefore hospitalization is required. When possible, the patient should be hospitalized even for minor corrections, because in plastic surgery failure is especially tragic.

Injuries to the nose and face are so common as a result of auto accidents that special attention should be devoted to these patients in all hospitals. Most of the principles involved in handling these injuries are well known and hardly need further emphasis. It is well, however, to keep in mind the principles that underlie the proper handling of recent injuries. Sometimes the injuries to the nose and face are of minor importance at the time of the accident because of more serious injuries elsewhere. It must not be forgotten that deformities which result from facial injuries will assume great importance to the patient once recovery is in sight. Corrections of injuries should be attempted immediately where feasible, but when the patient is seen hours or days after the injury, there is so much swelling that it is difficult to estimate the extent of the injury. It is advisable then to wait until some of the swelling has subsided before making an attempt to correct it. Ordinarily the correction can be deferred for a week or ten days. There is always a chance that the healing may be rapid and solid, and the correction may not be possible after ten days or two weeks. It is my experience, however, that some of these cases can be corrected after three or four weeks by simple elevation and pressure, as is done in

* From the Department of Otolaryngology, College of Medical Evangelists.

any acute fracture. All wounds of the face must be repaired at once, after a thorough cleansing of the tissues. Special attention should be given to road dirt which becomes embedded in the skin and produces ugly pigmentation of the injured part. Its removal is accomplished by stiff brushing or even excision. Very fine su-

should receive careful inspection inside and out, because a large hematoma of the septum may form following injury. Unless this is treated at once, infection follows, resulting in loss of septal support and a saddle deformity of nose. These deformities must be corrected by means of a cartilage implant (Figure



Figure 1.—Saddle nose, result of injury.



Repair by narrowing bridge, cartilage implant, reduction of alar cartilages, and strut in columella.

tures and needles should be employed in closing wounds of the face, and drainage must be provided when the wounds are deep.

SADDLE NOSE

Saddle nose deformity is most common following injuries to the nose. It should be pointed out that sinking in of the nasal dorsum almost invariably occurs where injuries of the nose are neglected. The injured nose

1.) Preserved cartilage has now been used successfully for a sufficient time to warrant its use in most cases.

TWISTED OR DEVIATED NOSE

As a rule this deformity is due to a dislocation of the septum. Its correction consists in a complete mobilization of the septum, with proper fixation of the mobilized septum in the midline. If the nasal bones and the nasal proc-

esses are deviated from the midline, they must be mobilized by fracturing and freeing them from their attachments and placing them in the midline. At times the septum is so badly twisted and macerated that it is advisable to remove it, straighten it, and replace it in the midline, supplementing the cartilage with a

of the nose or face, it is always best to use skin from some area above the clavicle in order that the color and texture may be maintained. Skin from the abdomen or thigh or arm is never satisfactory. For small defects the skin from behind the ear or the upper eyelid may be used as free full thickness grafts. For large losses,

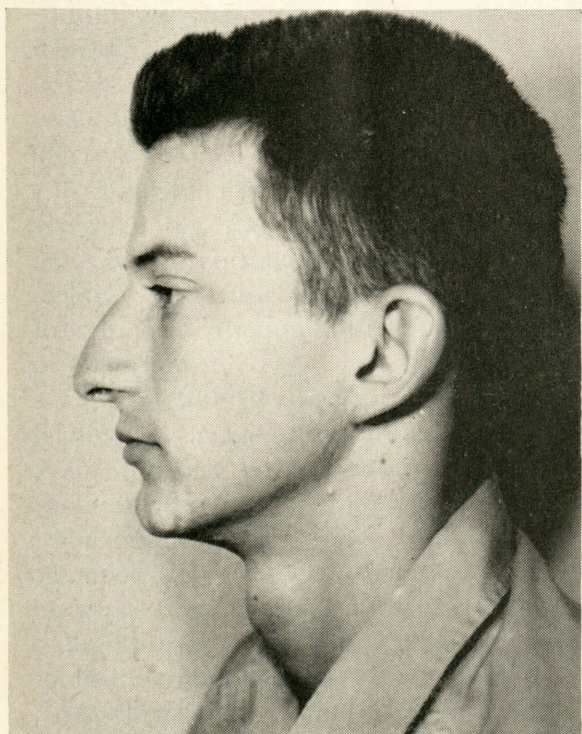
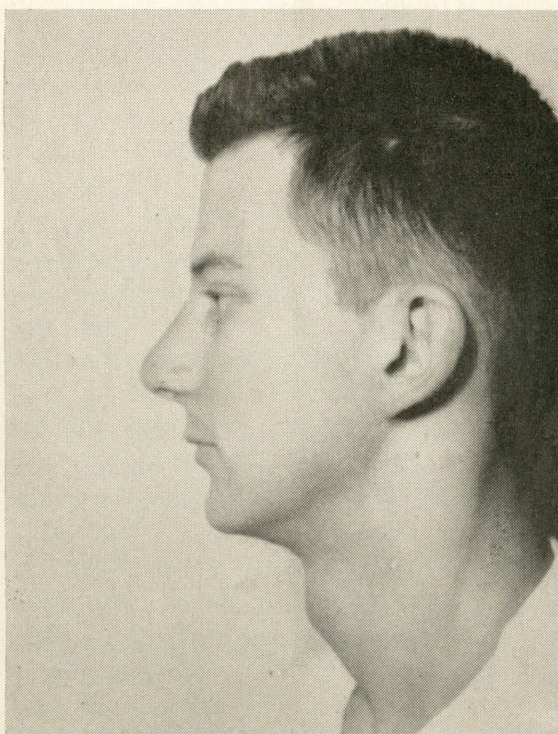


Figure 2.—Hump nose with large tip.



After removing hump and reducing tip.

plate of preserved cartilage and a strut in the columella for tip support. As a rule, dislocation of the septal cartilage occurs in childhood, and the injury is overlooked, resulting in a deformity which is not noticeable until puberty. It should be emphasized that injuries to the nose in childhood should be inspected carefully for dislocation of the septum.

LOSS OF SKIN

Where skin is lost, either on the nose or where it must be supplied, as in large defects

especially in women, the skin from the forehead may be employed as a flap.

CONGENITAL DEFORMITY

Congenital deformities make up a large portion of the cases that come to the attention of the plastic surgeon. Hump nose and other deformities must be corrected when they are conspicuous and a source of anguish to the patient.

As a rule the removal of a hump necessitates narrowing of the bridge and reduction of

the tip in order to make the nose conform to the face (Figure 2).

Removal of scars and wrinkles must be approached with care in order that the final result may be an improvement. Congenital deformities of the ears should be repaired before school age if it is possible for this to be done.

CONCLUSIONS

A thorough knowledge of anatomy and physiology of the nose is a requirement of the surgeon who plans to do rhinoplasty. In planning for an operation, the surgeon must keep in mind the end results expected by the patient. If the indications for the operation are well established, the results will be better.