

Closed Rhinoplasty

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Potential Advantages

- Decreased need for surgical dissection
- Decreased potential for nasal tip support reduction
- Reduced postoperative edema
- Corresponding decrease in the potential for overall scarring or iatrogenic insult to the nose
- Ability to make exacting changes in situ
- Via tactile palpation, a more immediate and predictable ability to feel changes made to the nose
- Ability to make targeted improvements without taking the nose apart
- Shorter operative times
- Theoretical reduction in morbidity, especially in older patients
- Elimination of any risk (however minimal) for developing a visible external columellar scar
- Quicker return to a normal appearance

Limitations

- Visualisation of tip, so while it is possible to do extensive tip work with delivery approach, it would be more easily dealt with via open approach

Incisions

- Intercartilaginous incisions between the upper and lower lateral cartilages
- Transcartilaginous (cartilage-splitting) incisions through the lower lateral cartilages
- Infracartilaginous incisions following the caudal border of the lower lateral cartilages
- Marginal incisions along the alar rim
- combinations of the above

Intranasal Incisions

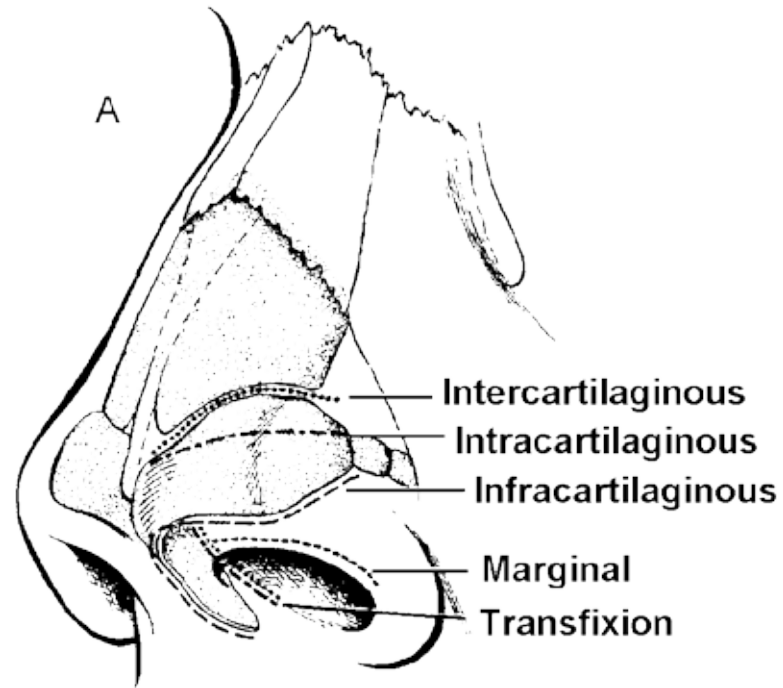
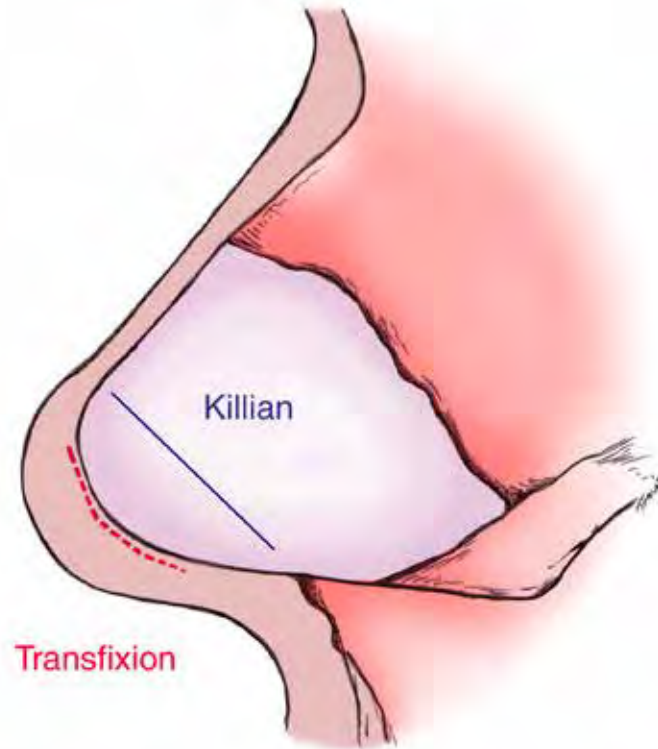


Fig 9. Intranasal incisions in rhinoplasty. (Reprinted with permission from Dingman RO, Natvig P. The infracartilaginous incision for rhinoplasty. *Plast Reconstr Surg* 69:134, 1982.)

Marginal and intercartilaginous incision



Septal Incisions



Approaches

- Nondelivery approach
 - Cartilage splitting - Transcartilaginous incision
 - Retrograde or cartilage inversion method - Intercartilaginous incision
- Delivery approach
 - Bipedicled chondrocutaneous flap (ie, dome delivery method) - Combination of alar marginal and intercartilaginous incisions
 - Lateral crus delivery - Alar marginal incisions

Case 1



Case 2



Case 3

