Classification of rhinoplasties performed in an otorhinolaryngology referral center in Brazil

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Received 30 June 2013; accepted 24 May 2014
Available online 23 August 2014

KEYWORDS
Plastic surgery; Esthetics; Rhinoplasty; Education

Abstract
Introduction: Facial plastic and reconstructive surgery involves the use of surgical procedures to achieve esthetic and functional improvement. It can be used for traumatic, congenital, or developmental injuries. Medicine, with an emphasis on facial plastic surgery, has made progress in several areas, including rhinoplasty, providing good long-term results and higher patient satisfaction.

Objective: To evaluate cases of rhinoplasty and its subtypes in a referral center, and to understand the relevance of teaching rhinoplasty techniques in a service of otorhinolaryngology residency.

Methods: A retrospective study that assessed 325 rhinoplasties performed by third-year medical residents under the supervision of chief residents in charge of the Service of Facial Plastic Surgery in this hospital was conducted from January of 2003 to August of 2012. The Service Protocol included the following subtypes: functional, esthetic, post-traumatic, revision, and reconstructive rhinoseptoplasty.

Results: Of the rhinoplasties performed 184 (56.21%) were functional, 59 (18.15%) were post-traumatic, 27 were (8.30%) esthetic, 15 were (4.61%) reconstructive, and 40 (12.30%) were revision procedures.


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http://dx.doi.org/10.1016/j.bjorl.2014.08.002
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Conclusion: Functional rhinoseptoplasties were the most prevalent type, which highlights the relevance of teaching surgical techniques, not only for septoplasty, but also the inclusion of rhinoplasty techniques in teaching centers.

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Introduction

Cosmetic surgeries are on the rise, and among them, rhinoplasty is one of the most commonly performed. Through the use of a good technical basis in basic rhinoseptoplasty surgery, it is possible to treat approximately 95% of primary patients seen in a private practice of aesthetic surgery, demonstrating the increasing need for inclusion of more refined techniques of rhinoplasty in routine otorhinolaryngology.1

In the late 19th century, rhinoplasty was nearly exclusively reconstructive surgery for large nasal mutilations.2 In the early 20th century, it was rapidly disseminated worldwide as an aesthetic procedure, but in the 21st century, it has become more conservative, with modeling techniques rather than cartilage resection and with a significant reduction in aggressive osteotomies.3,4

The number of rhinoplasties and their subtypes (functional, aesthetic, reconstructive, revision, and post-traumatic surgeries) has significantly increased since the mid-20th century.5,6 However, the nose represents a complex anatomical region, in which small functional alterations can cause great harm to the patient.7 Thus, the study of rhinoplasty techniques associated with those of septoplasty has gained prominence in referral otolaryngology services, which are regarded as professional generation centers, with the greatest responsibility for the training of these professionals.3,4

The present study aimed to evaluate a series of patients who underwent rhinoplasty in a referral center, focusing on the aesthetic, functional, post-traumatic, reconstructive, and revision subtypes. Reconstructive surgeries are those performed to correct defects due to loss of substance (e.g., after tumor resection); revision procedures are surgical re-interventions, either performed by the same surgeon or another one; post-traumatic surgeries are those performed due to injuries resulting from external causes; functional procedures consist of any approach aiming at respiratory function correction; and esthetic procedures are purely cosmetic surgeries.

Methods

This was a cross-sectional, historical cohort study performed through the collection of data from medical records and
Results

After applying the inclusion and exclusion criteria, a total of 325 patients were identified. Of these, 185 (56.92%) were females and 140 (43.07%) were males. The mean age was 30.9 ± 7.5 years (Table 1).

Of the 325 selected rhinoplasties, 184 (56.61%) were functional, 59 (18.15%) post-traumatic, 27 (8.30%) esthetic, 15 (4.61%) reconstructive, and 40 (12.30%) were revision surgeries (Fig. 1).

The mean number of surgeries performed per year was 32.5, with a minimum of four surgeries in 2003 and a maximum of 59 surgeries in 2006 (Fig. 2).

Discussion

The popularity of facial plastic surgeries has grown from the mid-20th century and shows a strong tendency toward higher growth, mainly influenced by the expansion of the beauty and body metamorphosis industries. Brazil is currently the second largest market in number of facial plastic surgeries, second only to the United States.

Of all the facial cosmetic procedures, face-lifts, facial liposuction, blepharoplasty, and rhinoplasty are predominant. Rhinoplasty, however, is the most frequently performed facial esthetic surgery in the United States, mainly due to its strong esthetical and functional characteristics.

Reparative rhinoplasty for the reconstruction of large nasal mutilations has become more conservative, with greater use of modeling maneuvers and with less cartilage resection and a significant reduction of the need for aggressive osteotomies. Moreover, its association with more refined techniques of septoplasty has resulted in greatly improved functional outcomes. However, even today, these procedures require extensive technical and scientific knowledge, placing great responsibility on the referral centers that have the obligation to provide the education, training, and experience in this area.

In the present study (Fig. 1), we observed a high prevalence of functional surgeries (184; 56.61%), which highlights...
the increasing need for improved rhinoseptoplasty techniques, rather than exclusively septoplasty techniques. Tanna et al.² reported medical residency as the main factor in the learning curve in this type of procedure, and cited an average of 15 surgeries/year/resident in major referral centers in the United States. This is in line with our study, which shows an average of 32.5 surgeries/year for two third-year medical residents, providing a major contribution to professional training in facial plastic surgery.

Conclusion

Rhinoplasty requires surgical skills and experience to achieve good results. The authors believe that residents should perform such surgeries, and training centers can provide a sufficient number and frequency of cases. There is a clear prevalence of respiratory symptoms in patients seeking otorhinolaryngological evaluation for this procedure. Therefore, given the high overall prevalence of functional rhinoseptoplasties, the importance of teaching rhinoplasty techniques, associated with septoplasty and other techniques aimed at improvement of nasal airflow, is noteworthy.

Conflicts of interest

The authors declare no conflicts of interest.

References