Masada Medical Centre
Level 1, 26 Balaclava Road
East St Kilda

Mr Stephen Kleid: 9038-1630
also at East Melbourne 9038-1630

Mr Simon Braham: 9038-1311
also at Sunbury 9218-5136
Sydenham 9390-3311

Septorhinoplasty

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What is a septorhinoplasty?

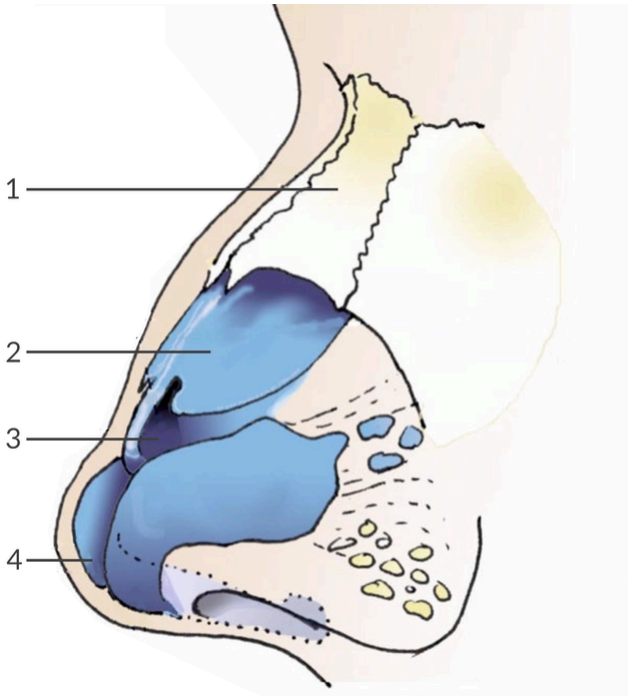
A septorhinoplasty (or 'nose job') is a procedure to improve the appearance of your nose (rhinoplasty) and improve how you breathe through your nose (septoplasty).

It involves operating on the bones and cartilage that give your nose its shape and structure and making your septum straight. The septum is the cartilage and bone inside your nose that separates your nostrils.

Your nose may have grown into a size or shape you are unhappy with, or it may have been damaged. A crooked or damaged nose can sometimes make one side feel blocked.

The septum is usually straight but it can be bent, causing symptoms of a blocked nose. Sometimes it is not possible to fix the shape of your nose without also making your septum straight.

The bones and cartilage that shape the nose



 Illustrator: Eoin O' Broin

1. Nasal bones
2. Upper cartilages
3. Septum
4. Alar cartilages

Your surgeon will carry out a detailed assessment of the inside and outside of your nose. They will take photos for your medical records and use them to agree the size and shape you want.

Your surgeon will ask you questions about your medical history. In particular they will ask you if you have nosebleeds, allergies or other nasal problems, and about any damage to your nose. They will ask what you and other people think about your nose and if this affects your self-confidence.

Shared decision making and informed consent

It is your decision to go ahead with a septorhinoplasty or not. This document will give you information about the benefits and risks to help you make an informed decision.

Shared decision making happens when you decide on your treatment together with your healthcare team. Giving your 'informed consent' means choosing to go ahead with the procedure having understood the benefits, risks, alternatives and what will happen if you decide not to have it.

If you have any questions that this document does not answer, it is important to ask your healthcare team. Once they have answered all your questions and you feel ready to go ahead with the procedure, they will ask you to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point after signing the form.

What are the benefits?

Your nose should be the size and shape you want, and you should be able to breathe through both nostrils.

Most people who have a successful septorhinoplasty are more comfortable with their appearance.

Are there any alternatives?

If you have a blocked nose caused by a bent septum, you may be able to have only a septoplasty. This procedure aims to correct it without changing the appearance of your nose.

A septorhinoplasty is the only way to permanently change the appearance of your nose. If you have a blocked nose because your nasal bones are crooked or damaged, a rhinoplasty (usually along with a septoplasty) is the only option to improve the way you breathe.

What will happen if I decide not to have the procedure?

If you are having problems breathing because of an allergy, your surgeon may be able to recommend nasal sprays that may help.

What does the procedure involve?

The healthcare team will ask you to confirm your name and the procedure you are having.

The procedure is almost always performed under a general anaesthetic. Your anaesthetist will discuss this with you. You may also have injections of local anaesthetic to help with the pain after the procedure. The procedure usually takes 1 to 2 hours.

Your surgeon will make a cut on the mucosa (the skin-like lining of the inside of your nose) and lift it off the cartilage and bone. They will remove the parts of the cartilage and bone that are bent and they will put the rest back in a straight position.

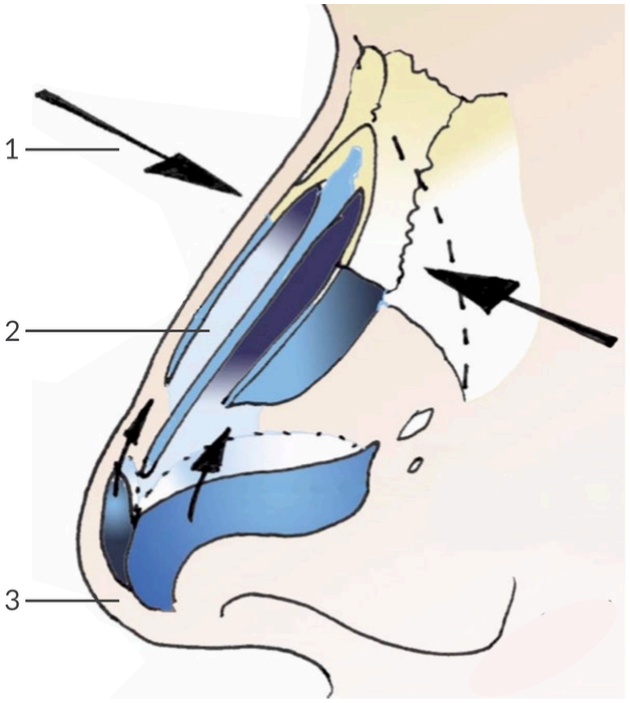
Your surgeon can refine the tip of your nose by removing some of the cartilage. If you have a hump on your nose, they will shave it down. Your surgeon can also straighten and narrow the nasal bones by breaking and then setting them (infracture).

Your surgeon may need to support or rebuild part of your nose using a cartilage graft, a bone graft or an artificial implant. Cartilage is usually taken from your septum, ear or rib.

There are two techniques for improving the shape of your nose:

- Closed septorhinoplasty – Your surgeon may recommend this technique if your nose is straight and you have a normal tip. They will need to make cuts only on the inside of your nose. You will not have any scars that can be seen. They will close the cuts with dissolvable stitches.
- Open septorhinoplasty – Your surgeon may recommend this technique if the procedure needs to be more complicated to change your nose to how you want it. Your surgeon will also need to make a small cut across the columella (the external strip of skin that runs down from the tip of your nose between your nostrils) so they can lift the skin off your whole nose. Your surgeon will be able to see the bones and cartilage, and be able to work on them in a more controlled way. They will close the cut on the columella with stitches that will need to be removed.

Procedures involved in a rhinoplasty



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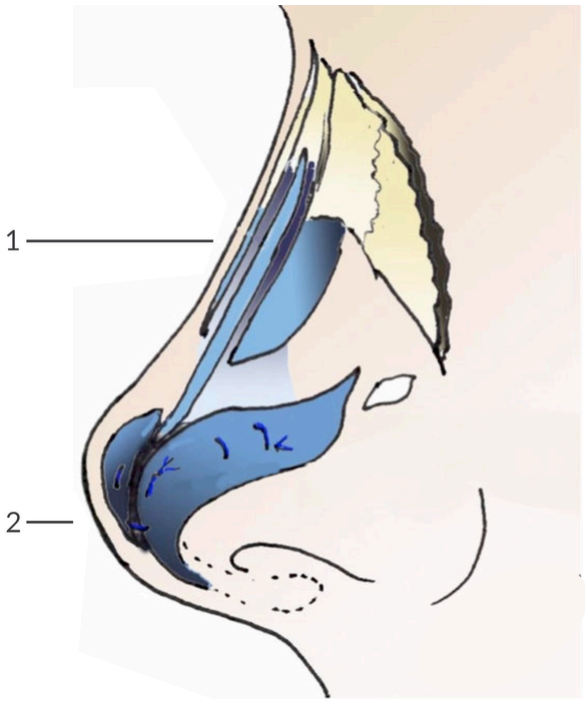
1. Nasal bones broken and moved in
2. Hump shaved down
3. Alar cartilages trimmed and lifted

The effects of a rhinoplasty



 Illustrator: Eoin O' Broin

1. Bridge of nose remodelled
2. Tip lifted and reshaped

Your surgeon may pack the inside of your nose to prevent bleeding, and place a splint and strapping on the outside of your nose for support.

What should I do about my medication?

Make sure your healthcare team know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you buy over the counter.

How can I prepare myself for the procedure?

If you smoke, stopping now may reduce your risk of developing complications and will improve your long-term health.

Smoking stops your nose clearing mucus properly and this can increase the feeling of a blocked nose.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight. Regular exercise should help you prepare for the procedure, help you recover and improve your long-term health. The healthcare team may give you specific advice if you have certain health problems.

You can reduce your risk of infection in a surgical wound by keeping warm around the time of the procedure. Let the healthcare team know if you feel cold.

When you come into hospital, wash your hands regularly and wear a face covering if asked.

What complications can happen?

The healthcare team are trained to reduce the risk of complications.

Any risk rates given are taken from studies of people who have had this procedure. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, you are obese, you smoke or you have other health problems. Health problems include diabetes, heart disease or lung disease.

Possible complications of this procedure are shown below. Some can be serious and may even cause death.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any procedure

- Bleeding during or after the procedure. You may need to have your nose repacked with a firmer pack or have a pack in the back of your nose (risk: less than 1 in 100). If the bleeding is heavy, you may need a blood transfusion.
- Infection of the surgical wound. Let your surgeon know if your nose bleeds or if the skin over your nose becomes red, swells or is tender. An infection usually settles with antibiotics but you may need special dressings and your wound may take some time to heal. In some cases you may need another procedure. Do not take antibiotics unless you are told you need them.

- Allergic reaction to the equipment, materials or medication. The healthcare team are trained to detect and treat any reactions that may happen. Tell them if you have any known allergies or if you have reacted to any medication, tests or dressings in the past.
- Venous thromboembolism (VTE). This is a blood clot in your leg (deep-vein thrombosis, or DVT) or one that has moved to your lung (pulmonary embolus, or PE). DVT can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will encourage you to get out of bed soon after the procedure and may give you injections, medication, or special stockings to wear. Tell the healthcare team straight away if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest emergency department.
- Chest infection. Your risk is lower if you have stopped smoking and have not had a recent cough or cold.

Specific complications of this procedure

- Adhesions, where scar tissue forms deep inside your nose and can obstruct airflow.
- Bleeding caused by infection in the first 2 weeks, if the lining of your nose gets infected (risk: less than 2 in 100). You will need treatment with antibiotics and you may need another procedure.
- Scarring of your skin (risk: less than 1 in 100). The risk is higher if you get an infection. Scars from the cuts inside your nose cannot usually be seen. If the scars tighten, you may need another procedure. If you had an open rhinoplasty, the cut on the columella may, rarely, be obvious and need further treatment.
- Developing a collection of blood (haematoma) or an abscess between the layers of your septum. You may need treatment with antibiotics or another procedure to drain away blood or pus that has collected.
- Damage to nerves that supply the skin at the tip of your nose, leading to a numb patch. The risk is higher if you have an open rhinoplasty. This usually improves with time.
- Nasal obstruction, if the nasal valve area is reduced when cartilage is removed during surgery (risk: less than 1 in 100). The risk is higher if you already have a nasal problem such as a bent septum or hay fever. You may need another procedure.
- Making a hole in your septum (risk: less than 5 in 100, increasing to 10 in 100 if you smoke).
- Toxic shock syndrome, which is an infection of your bloodstream (risk: 1 in 10,000).
- Cosmetic problems (risk: 1 in 10, risk if a graft is used: 1 in 6). It is important to have realistic expectations about the size and shape of nose you can have. You and your surgeon should both be clear about what you want. The healing process is difficult to predict and it can take up to 6 months before everything settles completely. A hump can come back or nasal bones can thicken if you have overactive bone healing. Sometimes scar tissue forms under your skin and prevents your nose from shrinking to the right size. You may also get small nodules under your skin or crookedness where the bones were broken. If you have one of these cosmetic problems, you may decide to have another procedure (revision surgery).
- Problems at the donor site. If you need a cartilage graft from your ear you may develop a collection of blood (haematoma) (risk: less than 2 in 100) or unsightly scarring (risk: 1 in 100). If the cartilage is taken from one of your ribs, this may be painful at first and will leave a small scar.
- Graft rejection (risk: less than 1 in 100). This usually happens because the graft gets infected.
- Reduced sense of smell (risk: less than 1 in 100).
- Watery eye. This usually improves on its own but rarely another procedure may be needed.

Consequences of this procedure

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told to reduce discomfort and prevent headaches.

- Redness caused by tiny burst blood vessels near the surface of your skin. This usually settles but can be permanent.
- Bruising and swelling of your nose and under your eyes. This usually settles within 2 to 3 weeks. Sometimes the swelling can make it difficult for you to breathe through your nose.

What happens after the procedure?

In hospital

After the procedure you will be taken to the recovery area and then to the ward. You should be able to go home the same day.

If you had some packing in your nose, it will usually be removed the next morning. You will feel a 'dragging' sensation as this is removed and you may get a nosebleed for up to 15 minutes. Once this has settled you should be able to go home. However, your doctor may recommend that you stay a little longer.

If you had a graft, you may be given antibiotics to reduce the risk of infection. Your surgeon will discuss this with you.

If you are worried about anything in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

If you had a sedative or a general anaesthetic:

- a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours
- you should be near a telephone in case of an emergency
- you must not drive, operate machinery or do any potentially dangerous activities (including cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination, and
- you must not sign legal documents or drink alcohol for at least 24 hours.

Follow any instructions the healthcare team give you to reduce the risk of a blood clot, such as taking medication or wearing special stockings.

You may need to use a nasal cleansing kit (nasal douche) to keep your nose clean. You may be given a course of antibiotics to reduce the risk of infection.

You will need to stay off work and away from groups of people for 2 weeks. This is to avoid catching a cold, which could lead to an infection.

Your nose will feel blocked for up to 2 weeks and may release some bloodstained fluid. Do not blow your nose or sneeze for a few days. To avoid sneezing, place your tongue in the roof of your mouth and suck hard. Gently wipe or dab any discharge with tissues.

Your surgeon will remove the splint and strapping after a week. Most swelling and bruising will usually have settled after the third week.

Do not exercise, have a hot bath or bend down for 2 weeks. Sleep with extra pillows to keep your airways clear and reduce any swelling.

Regular exercise should help you to return to normal activities as soon as possible. The healthcare team may give you specific advice if you have certain health problems.

Do not drive a car or ride a bike until you can control your vehicle, including in an emergency. Ask the healthcare team about this and always check your insurance policy.

You may need to wait a while before you can fly. Please check the website of your national aviation authority for information about flying after surgery or speak to your airline or a member of the healthcare team.

The future

It can take many months for your nose to settle and for the final appearance to develop. If you feel you need revision surgery, wait at least 6 months while the structure of your nose stabilises before deciding to go ahead.

Most people make a good recovery and are satisfied with the new size and shape of their nose.

Summary

A septorhinoplasty is a procedure to improve the appearance of your nose and how you breathe. You should have realistic expectations about the results.

Surgery is usually safe and effective but complications can happen. Being aware of them will help you make an informed decision about surgery. This will also help you and the healthcare team to notice and treat any problems after your procedure as quickly as possible.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatment options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Reviewers

Matthew Campbell (MBBS, FRACS)

Walter Flapper (BHB, MBChB, FRACS, MASurg)

Illustrator

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