

Chapter 4

The Mature Rhinoplasty Practice and Practitioner

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4 The Mature Rhinoplasty Practice and Practitioner

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Abstract

Rhinoplasty is among the most difficult and potentially rewarding procedures that cosmetic surgeons perform. This chapter describes the experiences and opinions of an elite group of rhinoplasty surgeons in regard to this operation. Through analysis of their responses to a detailed questionnaire, it reveals the challenges, rewards, and significance of the operation to them, and points the way to what the future might hold for rhinoplasty surgeons going forward.

Keywords: rhinoplasty significance, rhinoplasty complications, rhinoplasty challenges, rhinoplasty social media, rhinoplasty technology, rhinoplasty results

4.1 Introduction

You've worked hard to hone your craft and will continue to do so. You've attended meetings and studied textbooks such as the one you're reading now to increase your understanding of the background of the surgeries you perform and the patients you serve. You'll help many people and experience the satisfaction of doing so through your own effort and ingenuity. Such are the rewards of a career in surgery. Yet the day will come when it is time to retire, and on that day, you'll leave the office or clinic or hospital where you've labored for most of your adult life. As you pass through the doorway one last time and perhaps turn to take a final look back, what will be most significant to you? What part of your career will you remember most strongly?

The answer could well be rhinoplasty.

When the sun sets on your rhinoplasty practice, what will you have valued the most about it? (► Fig. 4.1)

The first edition of this book, *Rhinoplasty Cases and Techniques*, was published in 2011. A large group of internationally

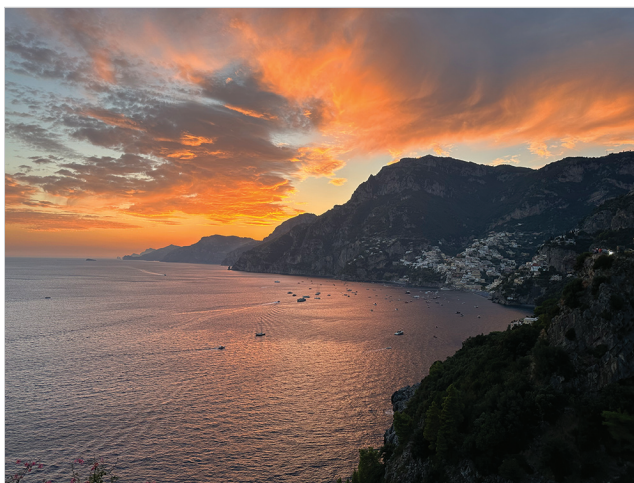


Fig. 4.1 Sunset photo by the author, Positano, Italy.

recognized experts in the field contributed cases to the text. For the current edition, a questionnaire was sent to all of the senior authors and 17 responded. The questions centered around the experience of doing rhinoplasty at a high level for a very long time—how their practices grew and evolved, how the emphasis and techniques changed over time, and how doing rhinoplasty affected them personally.

Most of this book deals appropriately with *how* rhinoplasty is performed optimally. It is the purpose of this chapter to get to the heart of *why* we work so hard at this most demanding of cosmetic procedures. The responses of these experienced surgeons illuminate the ways in which you and your rhinoplasty practice may change over time.

This chapter does not contain technical details requiring your intense concentration—far from it. It is my hope that you will sit back, perhaps in a comfortable chair with a glass of something good, and enjoy it.

4.2 Method

A detailed questionnaire was developed by the coauthors of this book and sent to all previous senior contributors to the first edition. The participants were assured that their individual responses would be kept confidential. Altogether 17 of them responded. Their answers were completely honest, sometimes surprising, and occasionally poignant. The responses were tallied and are reported here. Where there are less than 17 responses, one or more surgeons did not answer that particular question.

4.3 Respondents

The 17 senior surgeons whose responses form the basis of this chapter are:

Daniel Becker	Roxana Cobo	C. Spencer Cochran
Minas Constantinides	Edward Fariior	Andrew Frankel
Michael Godin	Jason Hamilton	Calvin Johnson Jr.
Keith LaFerrierre	Paul Nassif	Pietro Palma
Ira Papel	Stephen Park	Stephen Perkins
Thomas Romo	William Truswell	

Question 1: How many rhinoplasties have you performed in your career?

The 17 respondents have performed a total of approximately 75,125 rhinoplasties.

They reported performing from 1,000 to 25,000 rhinoplasties with an average of 4419 procedures per surgeon.

Question 2: What was the breakdown of primary versus revision cases?

There were fewer primary rhinoplasties (32,788 comprising 44%) than revision rhinoplasties (42,337 comprising 56%) reported.

However, the most prolific surgeon, who reported to have done approximately 25,000 cases, stated that approximately

80% were revisions. Removing that outlier from the data pool moves the frequency in favor of primary cases. For the 16 other surgeons, 27,788 cases (55%) were primaries and 22,788 (45%) were revisions.

Question 3: Please describe the setting in which you perform rhinoplasty. Has it changed over time?

Most of the respondents perform rhinoplasty at outpatient surgery centers or at their own in-office accredited surgical suite. The answers were as follows:

• Accredited in-office surgical suite	5
• Outpatient surgery center	4
• Began at a university hospital then transitioned to an outpatient surgery center	3
• Private outpatient hospital	2
• Private hospital for the first 10 years, then accredited in-office surgical suite	1
• Began in an NHS facility and then transitioned to an outpatient surgery center	1
• Began in an accredited office surgery center then transitioned to a wholly self-owned outpatient surgery center	1

Question 4: What is your current level of enthusiasm for performing rhinoplasty? Has it increased or decreased throughout the years?

Most respondents maintain a high level of enthusiasm for rhinoplasty after doing so much of it. Four respondents find their enjoyment to increase continually. One is more enthusiastic about primary cases but enjoys revision cases less. Three are less enthusiastic. Note their reasons in the responses given below:

• Consistently high enthusiasm level	8
• Enthusiasm for rhinoplasty is continuously increasing	4
• Increased enthusiasm for primary cases and decreased for revisions	1
• High but less so recently due to patient complaints, unrealistic expectations driven by social media, and manipulative patients	1
• Still enjoy the challenge, but less enthusiastic in the past 10 years due to demanding patients and relative ease of aging face surgery	1
• Decreased in later years, partly because of physically demanding aspect with age	1

Question 5: Over the course of your career, have your rhinoplasties outpaced aging face procedures or lagged behind in terms of frequency of cases performed?

As expected in this group of experts, rhinoplasty predominated in most of their practices. Three of the surgeons perform only rhinoplasty, and for another eight, rhinoplasty outpaced aging face procedures. However, four responded that aging face had become their primary practice emphasis, and one surgeon felt the procedure types were about equal.

Question 6: Is your preferred surgical approach for rhinoplasty endonasal or open?

Out of the 17 surgeons, 16 prefer the open approach. One replied that he uses open and endonasal approaches evenly. Four of the more senior surgeons related that they began their

practices performing only endonasal rhinoplasty and switched to the open approach when it became popular in the 1980s.

Question 7: Are you more or less willing to take on difficult cases than earlier in your career?

Almost all the respondents still welcome a difficult case. Six replied that they take all types of challenges and are as eager as ever for a hard case. Four of them more aggressively pursue difficult cases now than earlier in their careers. Three surgeons take all types of cases but screen for psychiatric cases more assiduously than when they began.

Not all are as enthusiastic, however. Two surgeons responded that they are less adventurous now but still enjoy an occasional difficult case. One prefers simpler cases at this point in his career.

Question 8: How do you feel the quality of your rhinoplasty results have changed over the course of your career?

Even for experts, the self-perceived quality of results tends to improve over time. In all 14 respondents reported continued improvement of results throughout their career. One surgeon wrote that the COVID pandemic gave time to study and refine the techniques with a marked improvement in results over the past 2 years. Two authors responded that they improved through their early years and then plateaued.

Question 9: What is your revision rate for your own rhinoplasties?

The overall revision rate varied widely, ranging from 0.2 to 18%. Out of the 13 surgeons who responded 10 gave a single percentage and this ranged from 0.2 to 8%. The average revision rate for this subgroup was 4.37%. The rates most frequently given (three surgeons each) were 4 and 5%. One surgeon revises 9% of primary noses and 18% of revisions. Another revises 2.5% of primary noses and 10% of revision cases. Finally, one surgeon reported an overall revision rate of 10 to 12% which dropped to 8 to 9% for “dorsum-only” cases.

Question 10: Please describe your presence on social media (SM). What types have you employed and have they been helpful? Have you experienced any negative effects from social media?

It was interesting to learn that in this group of seasoned practitioners, social media has become a powerful presence. All respondents appeared on a website, created for their own practice or for an affiliated academic institution. Instagram (IG) and Facebook (FB) were most often cited as helpful. None of the physicians mentioned Twitter in their response. In addition to positive comments, there were several negative statements regarding the influence of social media on individual practices and the specialty of facial plastic surgery as can be seen below:

• Website only	4
• Website and IG have been helpful	3
• Website, IG, and FB have been helpful	3
• Website and FB have been helpful	2

There were several interesting individual responses:

“An updated mobile-friendly website is essential. Social media is especially helpful for attracting rhinoplasty patients where posting preop and postop photos is key.”

"I use my website, Real Self, Instagram, and Tik-Tok rarely. They are necessary as in any other business."

"Instagram and YouTube posts have been very helpful."

"I have a website and Instagram, but they have not had much effect on my practice."

"Social media has created unrealistic expectations, and the lack of long-term results posted by surgeons fuels this."

"Social media has been a net negative for facial plastic surgery."

"Having my aestheticians and nurse injector post on social media independently has also been helpful."

"I didn't like the type of patients coming to me from social media and stopped using it."

Question 11: How long does your average primary and revision open and endonasal rhinoplasties take to perform?

A total of 11 surgeons did not differentiate between primary and revision procedures. For this group, open rhinoplasties last an average of about 2 hours with a range from 62 to 255 minutes.

In the group that did differentiate, primary open rhinoplasty takes an average of 164 minutes and revision open rhinoplasties average 255 minutes.

The average length of endonasal rhinoplasty was 104 minutes for all respondents with a range of 60 to 120 minutes. One outlier reported that endonasal rhinoplasties took him 180 minutes on average but that this was early in his career when he was inexperienced and did only closed noses. He now uses mainly the open approach.

Question 12: Do you use imaging and morphing software as part of your consultation process for rhinoplasty? How is it helpful?

Most of the experts surveyed find preoperative image manipulation programs helpful for planning surgery, educating patients, and understanding patient's desires for improvement.

Here are their responses:

• Yes. Helpful for educating patients and understanding their desires.	4
• Yes. Helpful for planning surgery.	3
• Yes. Helpful for planning and understanding patient's desires.	2
• Yes. Helpful for planning surgery and educating patients.	2
• Yes. Helpful for educating patients.	2
• Yes, but I am considering abandoning it due to the time required and unrealistic expectations created by it.	1
• No, because of concerns about creating unrealistic expectations.	1
• No. Don't need it.	2

Several of the experts offered additional insights:

"Patient's response to imaging is overwhelmingly positive."

"I find it useful for proposing a chin implant along with the rhinoplasty."

"Imaging is useful not only for noses but in all aspects of cosmetic surgery."

"I downplay the postoperative image during consultations and overdeliver on the result which pleases patients."

"Imaging is helpful for seeing things I might otherwise miss."

"I enjoy the challenge of getting better at simulating actual results."

"I prefer to show actual before and after photos of operated patients instead."

"A verbal explanation gives me more 'wiggle room' than using imaging software would."

"I have my own custom-designed morphing software."

Question 13: What are some of the most challenging and/or negative aspects of performing rhinoplasty?

Like all practitioners of rhinoplasty, this group of experts have sometimes found the procedures, and especially the patients who require them, to be quite challenging. Six practitioners replied that neurotic or toxic patients, especially those with undiagnosed body dysmorphic disorder, are the most difficult aspect of rhinoplasty. Five cited unrealistic patient expectations as most worrisome. Two mentioned overly perfectionistic patients who are unhappy with very good results. Two other respondents found online disparaging of them by unhappy rhinoplasty patients to be especially galling. A variety of single responses demonstrates other ways the practice of rhinoplasty can challenge the surgeon (with one unusual exception at the end):

"Rhinoplasty becomes physically more demanding as the surgeon ages."

"The young patients are usually okay but I often dislike dealing with the mother and/or grandmother."

"Revision rhinoplasty consults can be very time-consuming."

"Pricing is challenging because competitors in my area severely undercut my prices."

"I especially dislike litigious, money-seeking rhinoplasty patients."

"Poor skin quality makes rhinoplasty difficult."

"I find asymmetric noses and short noses with inadequate lining challenging."

"I can think of no especially challenging or negative aspects of rhinoplasty."

Question 14: How old are you now?

At the time of the survey respondents ranged from 48 to 78 years of age with an average age of 64 years.

Question 15: At what age would you like to retire, or at what age did you retire?

Out of the 17 respondents 3 had retired, 2 at the age of 75 years and 1 at the age of 70 years. For reference, the average age of retirement for physicians is approximately 65 years according to a 2016 report by the American Academy of Family Physicians.¹

For the surgeons still in practice who gave a number, the desired age of retirement averaged 69.8 years with a range of 60 to 75 years. Two simply replied that they will work as long as possible, one has no idea, and one declares he will never retire!

Question 16: Will you or did you perform rhinoplasty until you retire?

All 17 rhinoplasty experts responded "yes."

Question 17: How have your rhinoplasty cases compared to other types of cases in your facial plastics practice in terms of personal significance to you?

A total of 13 respondents answered that rhinoplasties were their most personally significant cases. Two stated that rhinoplasties are equally significant compared with other types of facial plastics cases. One wrote that extensive trauma

or cancer reconstructions were the most significant cases. Several made insightful remarks about what rhinoplasty has meant to them personally:

“Hard noses involving major revisions are especially satisfying to me.”

“Rhinoplasties are more dramatic and impactful for the patient than other cosmetic surgeries.”

“Rhinoplasty is especially significant because every case is different, unlike aging face procedures.”

“I find rhinoplasty especially gratifying since I am often making a difference in a young person’s life.”

“Rhinoplasty is more fun and satisfying than other cases due to the effort required.”

Question 18: How do rhinoplasty patients differ from other facial plastic surgery patients?

Six authors replied that rhinoplasty patients are more perfectionistic than their other facial plastics patients, tending to focus on tiny details. Four mentioned that the patients tend to be younger and desire surgery earlier in life. Two surgeons mentioned that the patients are not seeking a younger appearance but wish to optimize an objectionable feature. Two mentioned that rhinoplasty patients tend to be more neurotic and that they feel the incidence of body dysmorphic disorder is higher in this group. One replied that since he does only rhinoplasty, he can’t answer the question. One pointed out that the desired outcome often involves functional improvement as well as an aesthetic change.

There were several other interesting individual comments:

“Rhinoplasty patients tend to do more research about the procedure prior to their consultation.”

“Rhinoplasty patients are more technological savvy than my other patients.”

“There is a broader range of expectations among rhinoplasty patients.”

“There is more emotional volatility with rhinoplasty.”

“Rhinoplasty patients are more focused on surgeon choice. They have more of a tendency to shop for their surgeon.”

And finally, one surgeon finds his rhinoplasty patients easier to please than other facial plastics patients. In this respect he is definitely the outlier!

Question 19: Do you perform filler injections in the nose? Under what circumstances? What are your thoughts about “liquid rhinoplasty”?

Seven respondents do not use filler injections in the nose. Five of them never have, and two used liquid silicon early in their careers but stopped long ago.

Four surgeons use filler for small nasal contour irregularities only. The remaining six are less conservative and employ filler not only for contour defects, but also to effect changes in nasal shape.

Individual comments were as follows:

“I don’t use fillers, but my partners do.”

“I stopped using nasal fillers completely due to the risks.”

“I use fillers for the dorsum only, never in the base or tip.”

“I use Restylane® only, always in small amounts and with very light pressure.”

“I rarely use nasal fillers and never in operated patients.”

Question 20: What is the impact of new technologies on rhinoplasty now and what advances do you see becoming important in the future?

Four respondents replied that new technologies will always pale in importance compared to the surgeon’s experience and artistic skill. Four wrote that preservation rhinoplasty is a significant advance while two pointed out that it is an old technique being reintroduced as new. Four authors are impressed with the utility of powered instrumentation, especially the piezoelectric drill for cutting and shaping nasal bones.

Several looked to the future with optimism for improvement through technology. Two authors mentioned 3D printing and cartilage cultivation techniques coming together to provide custom grafts for rhinoplasty. Another two felt that improved modeling of nasal shape and airflow will yield improved results.

Individual responses were as follows:

“Analysis of long-term results is far more important than any technology.”

“Stem cell technology will assist in healing.”

“Less invasive techniques will be developed as with all fields of surgery. Endonasal rhinoplasty will gain in popularity and new technologies will be a part of that.”

“I expect there will be expanded use of fibrin glue and other fixatives in rhinoplasty.”

“Safer anesthesia techniques and better intraoperative monitoring will improve outcomes.”

“Better objective airway assessment will advance the field of rhinoplasty.”

Question 21: Without mentioning specific names, please share the details of an especially memorable rhinoplasty case that you performed.

The responding surgeons demonstrated surprising writing skills. Many of the submissions to this question were both eloquent and moving. One spoke of the satisfaction he derived from helping a young patient many years after performing rhinoplasty on the parent before her wedding. The theme of assisting a teenager with poor self-esteem who was being bullied at school due to an unfortunate nasal shape played out in several of the responses. ▶ Fig. 4.2 shows before and after views of one of my own patients who I helped at the age of 14 (2 years earlier than my preferred minimum age for girls) because of the intense suffering her nasal shape was causing her at school. Even though I asked, she could not stop smiling in the postoperative view:

One surgeon described an early and accidental preservation rhinoplasty. He had taken off “way too much hump” with an osteotome and feared a poor result. He carved the excised skeletal portion and carefully inserted it back into the nose “hoping that it would live.” The autograft survived and the patient was delighted with the results.

One final response was especially moving. It is difficult to imagine that a firm neck or enhanced brow position could elicit this type of emotional response:

“A young woman with severe craniofacial anomalies came to see me for rhinoplasty. She had already had several facial surgeries. I was impressed by her positive attitude. She seemed brave to me. The surgery went well, and her nose substantially improved.”

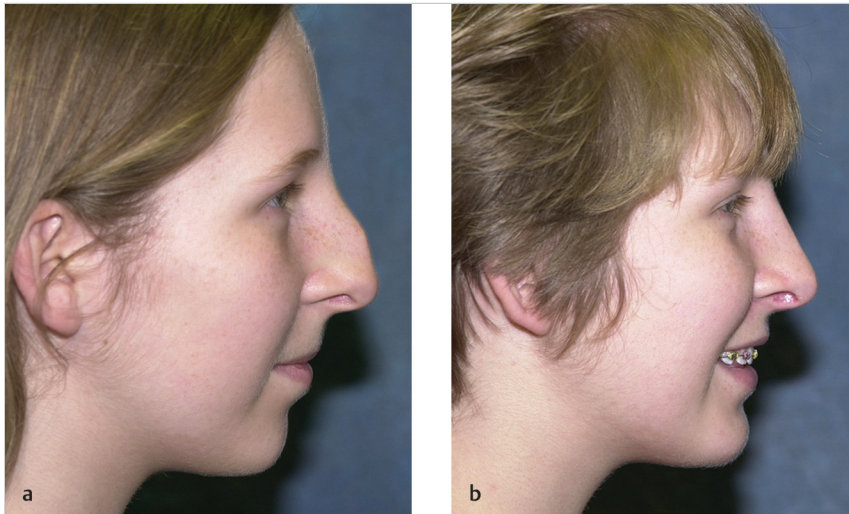


Fig. 4.2 (a,b) Before and after photos of a rhinoplasty patient.



Fig. 4.3 Sunset photo by the author, The Tidal Pools, La Jolla, California.

When I removed the cast and handed her a mirror, she looked at her image for several seconds. Then she burst into tears and could barely say the words, 'It's beautiful.' In that moment I saw all the pain and angst looking so different had caused her through the years. Her mother was crying. And I noticed I was crying too."

4.4 Conclusion

The responses of seasoned surgeons provide a window into the joys and challenges of performing this most difficult of cosmetic surgeries.

Hall of fame golfer Arnold Palmer, writing about the game he loved, called it "endlessly complicated," and "at the same time

rewarding and maddening," and wrote that he believed it to be "the greatest game mankind has ever invented."

I submit to you, my dear colleague, that rhinoplasty is the golf of facial plastic surgery. Enjoy the time you give to it and try your best to keep your ball in the fairway.

Someday the sun will set on your rhinoplasty practice. Enjoy the ride (► Fig. 4.3).

Reference

- [1] Anthony Ellis. Are Physicians Who Retire Early Abusing the System That Made Them Rich?. Web site. <https://www.whitecoatinvestor.com/physicians-retire-early-abusing-the-system>. Published October 4, 2022.