



cocoona

CENTRE FOR AESTHETIC TRANSFORMATION

Structured analysis of nose to achieve natural result in Rhinoplasty

Dr Sanjay Parashar
Consultant Plastic Surgeon

Aim

Detail analysis of a patient for rhinoplasty

Creating a system to analyze problems

Emphasize on patient education

Creating a surgical plan

Analyzing causes of complications/ dissatisfaction and
Unnatural results

Systematic Protocol

PMH- patient medical History

Detail Information on procedure

power point slide- with limitations of surgery, unnatural results, complications

Preoperative worksheet- Identify problems whether patient wants change or not

Identify Asymmetries

Functional assessment

Preoperative Photos

Informed Consent

Postoperative protocol

Information Booklet

PATIENTS HAND BOOK

CONTENT

- Chapter 1: Introduction
- Chapter 2: Information on the procedure.
- Chapter 3: Patient Medical History: Please fill this form and return it to our office.
- Chapter 4: Booking Procedure: Explains the steps required to confirm the surgery.
- Chapter 5:
- Chapter 6: Instructions prior to surgery
- Chapter 7: Medications to avoid
- Chapter 8: Pre-operative protocol: your 2nd visit to the clinic
- Chapter 9: Preoperative reminders
- Chapter 10: Informed consent
- Chapter 11: Consent for Clinical photographs and documents
- Chapter 12: Financial agreement
- Chapter 13: Patient checklist.
- Chapter 14: Operation day Protocol
- Chapter 15: Postoperative protocol.
- Chapter 16: Follow up
- Chapter 17: Agreement of Documents
- Chapter 18: Location map

CHAPTER 3 PATIENT MEDICAL HISTORY

Patient Name: _____

Date of Birth _____ File No. _____

Your appointment for surgery will be cancelled if this form has not been completed and returned three weeks prior to date of procedure.

Aesthetic surgery has risks and complications like any other surgery. In order to minimize these, it is important to give accurate and full information about your medical history and status of health.

PAST MEDICAL HISTORY

1. Describe your past medical history? _____

2. Have you undergone any surgical procedures? Yes No

If yes, please specify and give dates: _____

3. Have you undergone any cosmetic surgical procedures? Yes No

If yes, please specify and give dates: _____

4. Have you had General Anesthesia? Yes No

5. Have you had Local Anesthesia? Yes No

6. Did you have any problems with the Anesthesia, Surgery or Recovery period?

Yes No

Adverse effect to any anesthetic or surgery (if so please specify)

| | | |
|--------------------------------|-------------------------------------|---------------------------------|
| _____ Angina | _____ Asthma | _____ Easy Bruising Tendency |
| _____ Blood Clots in Legs | _____ Frequent Pneumonia | _____ Prolonged Bleeding |
| _____ Heart Attack | _____ Diabetes | _____ Recurrent Infections |
| _____ Pacemaker (cardiac) | _____ Hepatitis | _____ Poor Wound Healing |
| _____ Pulmonary Embolism | _____ Jaundice (skins turns yellow) | _____ Keloids |
| _____ Stroke | _____ High Blood Pressure | _____ Heart Rhythm Disturbances |
| _____ Congestive Heart Failure | _____ Bronchitis | _____ Blood Disorder |
| _____ Cancer | | |

CHAPTER 15 POST SURGERY INSTRUCTIONS

- You are encouraged to ambulate or move as soon as you are able to.
- Depending upon the type of surgery and anesthesia you may stay in the hospital for a day or two.
- You are advised to take it easy for 3-4 days.
- This handbook contains an instruction list for your particular procedure that the Doctor will explain before you leave the hospital.
- During the follow up visits, which are as per the protocol list included in this hand-book. You will be explained the recovery process depending upon your healing.

INCISION AND SUTURE LINE CARE

Incisions and suture lines are a necessary part of surgery. These lines take many months to fully heal. Part of the healing process requires proper cleansing and care. In addition, there are treatments that can help resulting scars to be flatter, finer and less noticeable. There is no guarantee to what a scar will look like once it has fully healed, however the following instructions are important to good outcomes.

Do not smoke

You have been advised to quit smoking before surgery for your safety. Do not begin smoking after surgery. This can reduce the oxygen in your blood and greatly impact your ability to heal. While it is advised for your overall health that you quit smoking entirely, it is imperative that you do not smoke whatsoever until your incisions have fully healed.

Following surgery

In the days immediately following surgery you will be given instructions on showering, bathing and applying anti-biotic ointment to your incision and suture lines. Do not swim in any lake, ocean, swimming pool or other water until 5 days after your incision lines have fully sealed and any sutures are removed.

Initial healing

Once your incision lines have sealed, you may wish to apply a skin moisturizer to the suture line. This aids in softening the scar and may alleviate any itching in the surgically treated area. Choose something fragrance-free and free of glycolic, retinoid or other possibly irritating ingredients. Vitamin E oil and petroleum jelly are acceptable alternatives.

Examination

Nasofacial Analysis

Frontal- Skin type
Facial proportion
Symmetry

Bony Vault

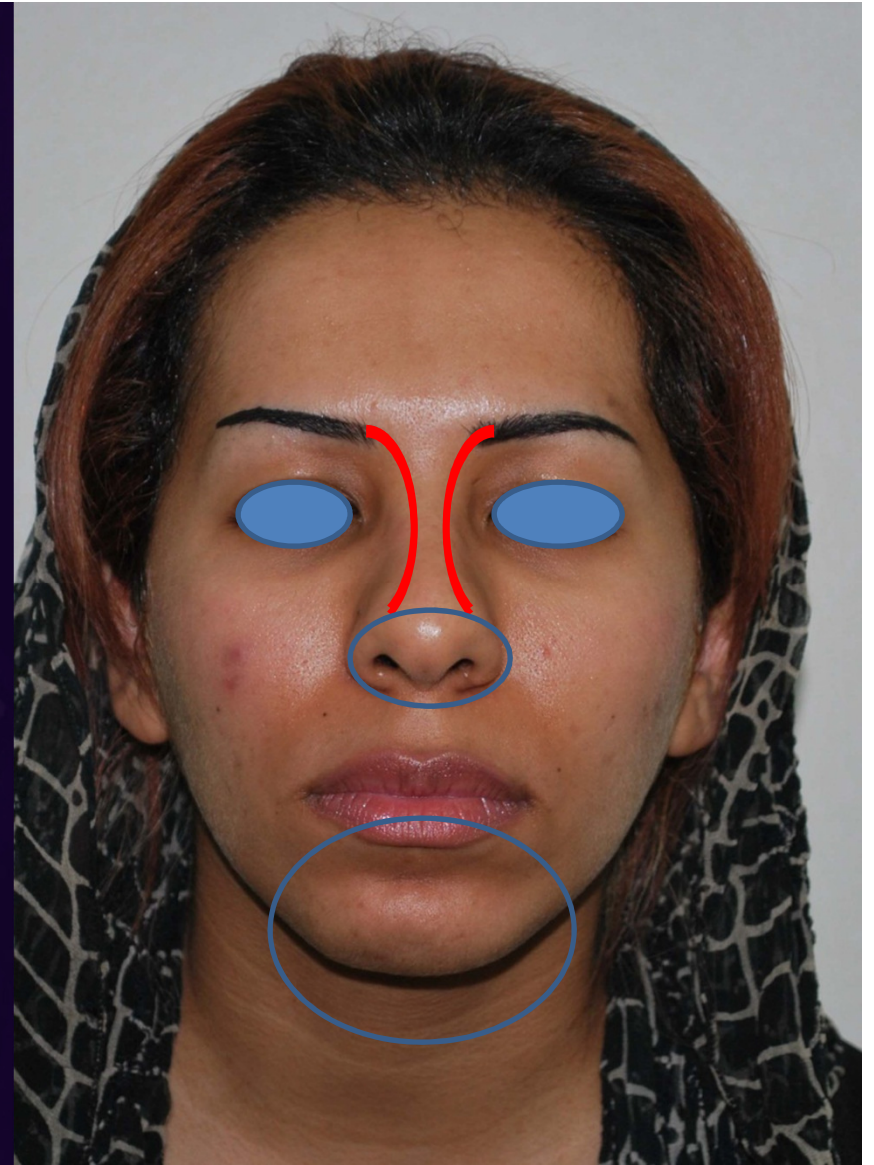
Midvault

Dorsal Aesthetic lines

Nasal Tip
Alar Rims
Alar Base

Upper Lip

Chin



Lateral view

Nasofrontal angle
Nasal Length
Dorsum
Supratip
Tip projection
Tip rotation
Alar columellar relationship-
Hanging/ Retracted
maxillary deficiency
Lip chin relationship



Basal View

Nasal Projection

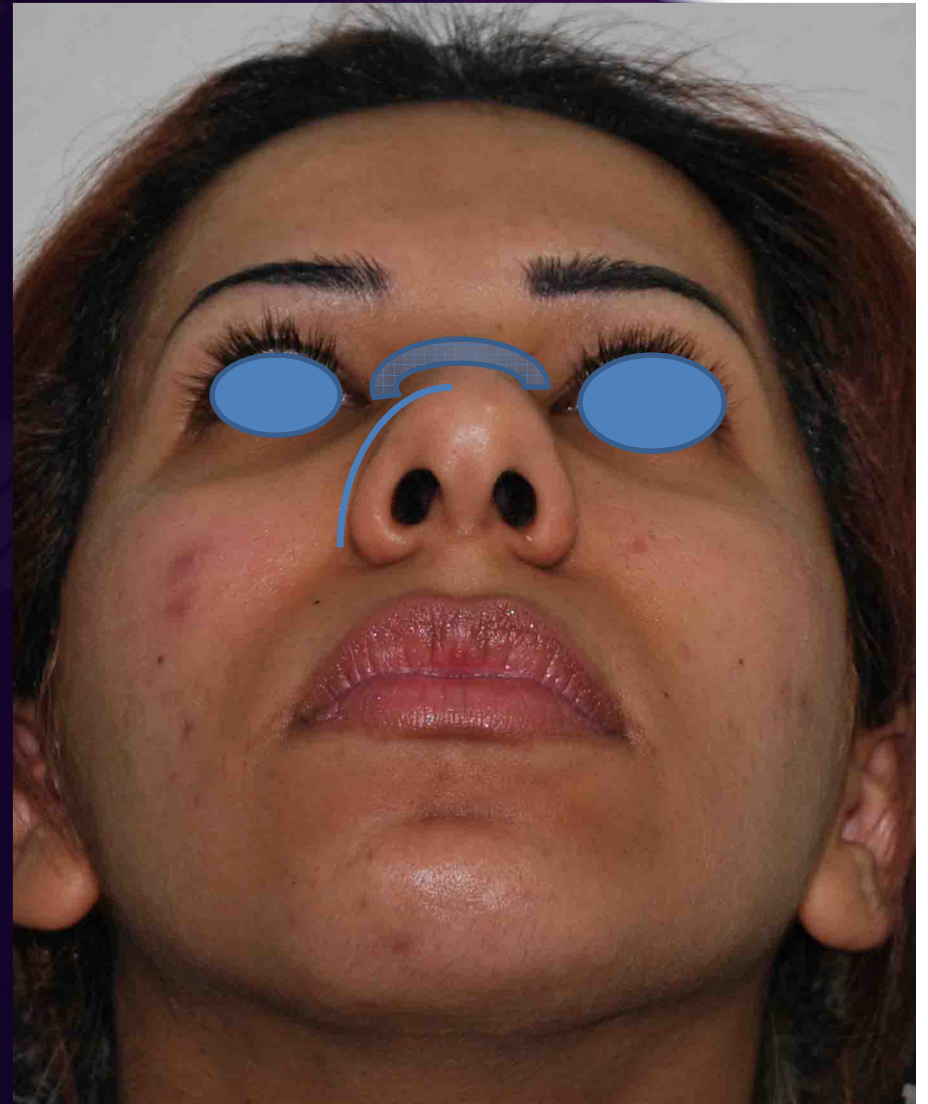
Dome

Alar shape- Convex/
Concave

Nostril

Columella

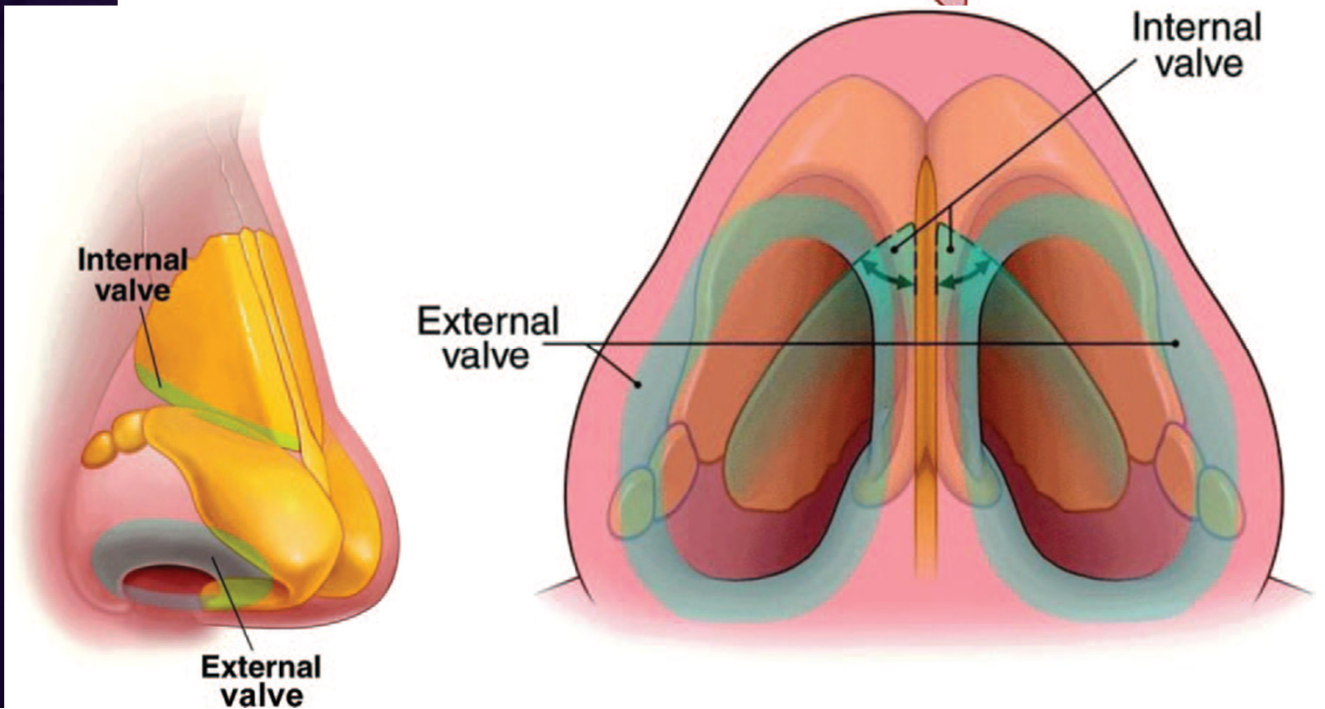
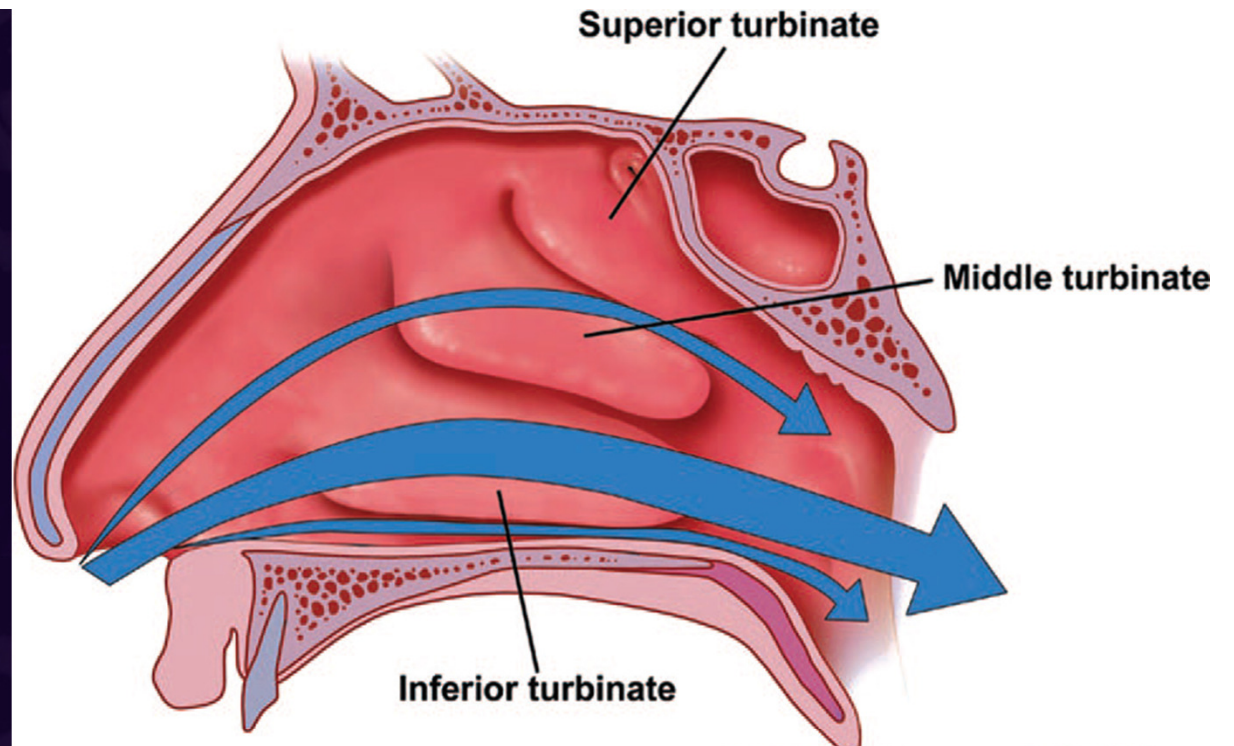
Alar Base



Nasal Airway Evaluation

Key structures

- Turbinates
- Septum
- Internal nasal Valves
- External nasal valves



Summary of problems

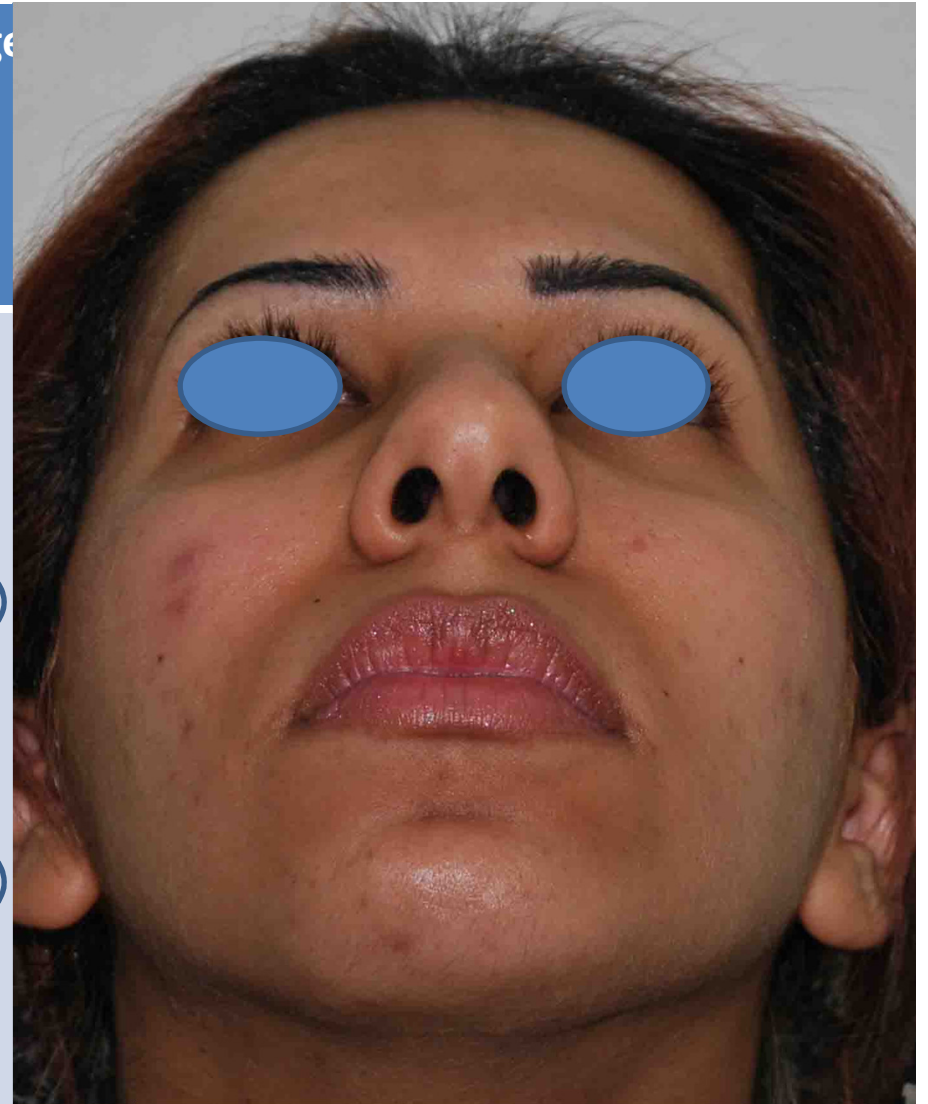
| Frontal | Anatomical problems | Patient Concern | Proposed Plan | Challenges |
|---|---------------------------------------|--------------------------------|----------------------------------|------------|
| * Skin type • Facial proportion | * V & Acne * Nose Short, long face | Yes | Acne treatment | |
| * Symmetry * Bony Vault | * Sym * Wide | broad | Osteotomy | |
| * Midvault Dorsal Aesthetic lines | * Altered | broad Big | Med Osteo | |
| * Nasal Tip * Alar Rims * Alar Base | * Bulbous * Thick * Mildly wide | Chubby Chubby ala | Tipplasty No Wedges | |
| * Upper Lip | * Long | | | |
| * Chin | * Has Chin Implant wide | Displaced inferiorly Says wide | Chin Impl | |



| Profile | Anatomical problems | Patient Concern | Proposed Plan |
|---|------------------------------------|-----------------------|-----------------------|
| *Nasofrontal angle | High | | Rasping |
| *Nasal Length | short | Large Nose | Reduction |
| *Dorsum | High | | |
| *Supratip | Full | | |
| *Tip projectn | Deficient | Tip is flat and | Tiplasty |
| *Tip rotation | No | | |
| *Alar columellar relationship- Hanging/ Retracted | Ala is flabby & Mildly overhanging | illdefined Chubby ala | No |
| *Alar Groove | absent | | Soft tissue reduction |
| *Maxillary deficiency | No | | |
| *Lip chin relationship | Normal | | |
| *Chin projection | Receded & Short | Chin projection | Implant Medpore |



| Basal | Anatomic al problems | Patie nt Conc ern | Propos ed Plan | Challenge |
|--------------------|----------------------------|-------------------------------------|--------------------------|----------------------------------|
| *Tip Projection | Adequate | Tip not sharp | | |
| *Dome | Rounded | | Tipplas ty + graft | |
| *Nostrils | Normal | Says big holes | NO | Cannot reduce |
| *Alar rim | Convex mildly | Chub by | Lat crus modif | |
| *Columella | Normal | | | |
| *Alar Base | Appears normal | Says flares on smili ng | Wedge resecti on | Minimal reduction possible |



| Intranasal | Anatomical problems | Patient Concern | Proposed Plan | Challenges |
|--|---|-----------------------------------|---------------|------------|
| <ul style="list-style-type: none"> •Turbinates •Septum •Internal nasal Valves •External nasal valves | <p>N</p> <p>Mild deviation</p> <p>N</p> <p>N</p> | <p>Septoplasty + Graft</p> | | |

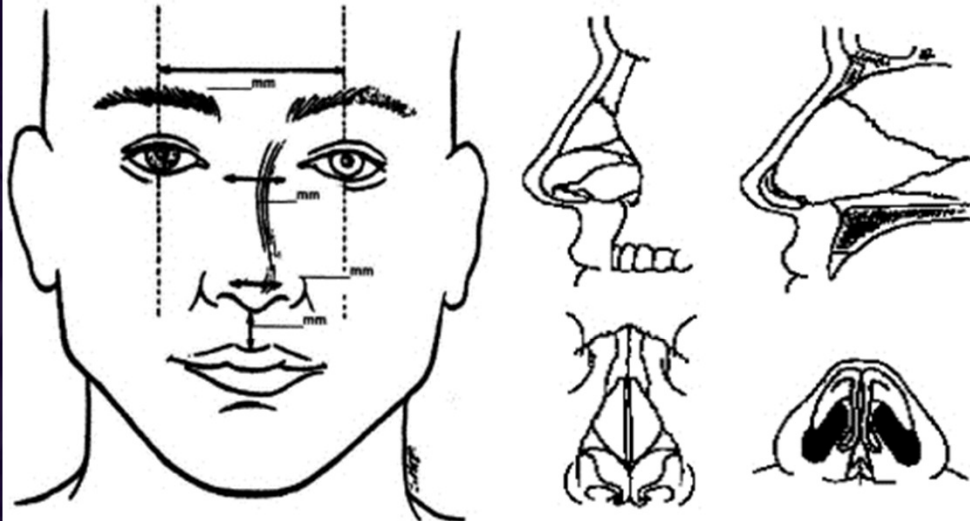
Worksheet

SURGICAL PLAN: RHINOPLASTY

Patient Name _____ DOB _____ Age _____

Physical Symptoms:

- | | |
|---|---|
| <input type="checkbox"/> nasal airway obstruction | <input type="checkbox"/> nasal congestion |
| <input type="checkbox"/> nasal drainage | <input type="checkbox"/> nasal bleeding |
| <input type="checkbox"/> nasal allergies | <input type="checkbox"/> chronic sinusitis |
| <input type="checkbox"/> headaches | <input type="checkbox"/> breathes through mouth |
| <input type="checkbox"/> snoring | <input type="checkbox"/> nasal trauma |
| <input type="checkbox"/> current medications | <input type="checkbox"/> other |



Examination:

Facial Configuration

- | | | | |
|-----------------------------------|-------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> round | <input type="checkbox"/> oval | <input type="checkbox"/> triangular | <input type="checkbox"/> rectangle |
| <input type="checkbox"/> skeletal | <input type="checkbox"/> thin | <input type="checkbox"/> norm | <input type="checkbox"/> obese |

Skin

- | | | | |
|--|--|------------------------------------|--|
| <input type="checkbox"/> thick | <input type="checkbox"/> thin | <input type="checkbox"/> atrophic | <input type="checkbox"/> wrinkled |
| <input type="checkbox"/> oily | <input type="checkbox"/> dry | <input type="checkbox"/> scarred | <input type="checkbox"/> festoons |
| <input type="checkbox"/> smooth | <input type="checkbox"/> relaxed | <input type="checkbox"/> ptotic | |
| <input type="checkbox"/> hyperpigmented | <input type="checkbox"/> hypopigmented | <input type="checkbox"/> actinic | <input type="checkbox"/> irregular vessels |
| <input type="checkbox"/> redness/rosacea | <input type="checkbox"/> papillomata | <input type="checkbox"/> keratoses | <input type="checkbox"/> malignancies |

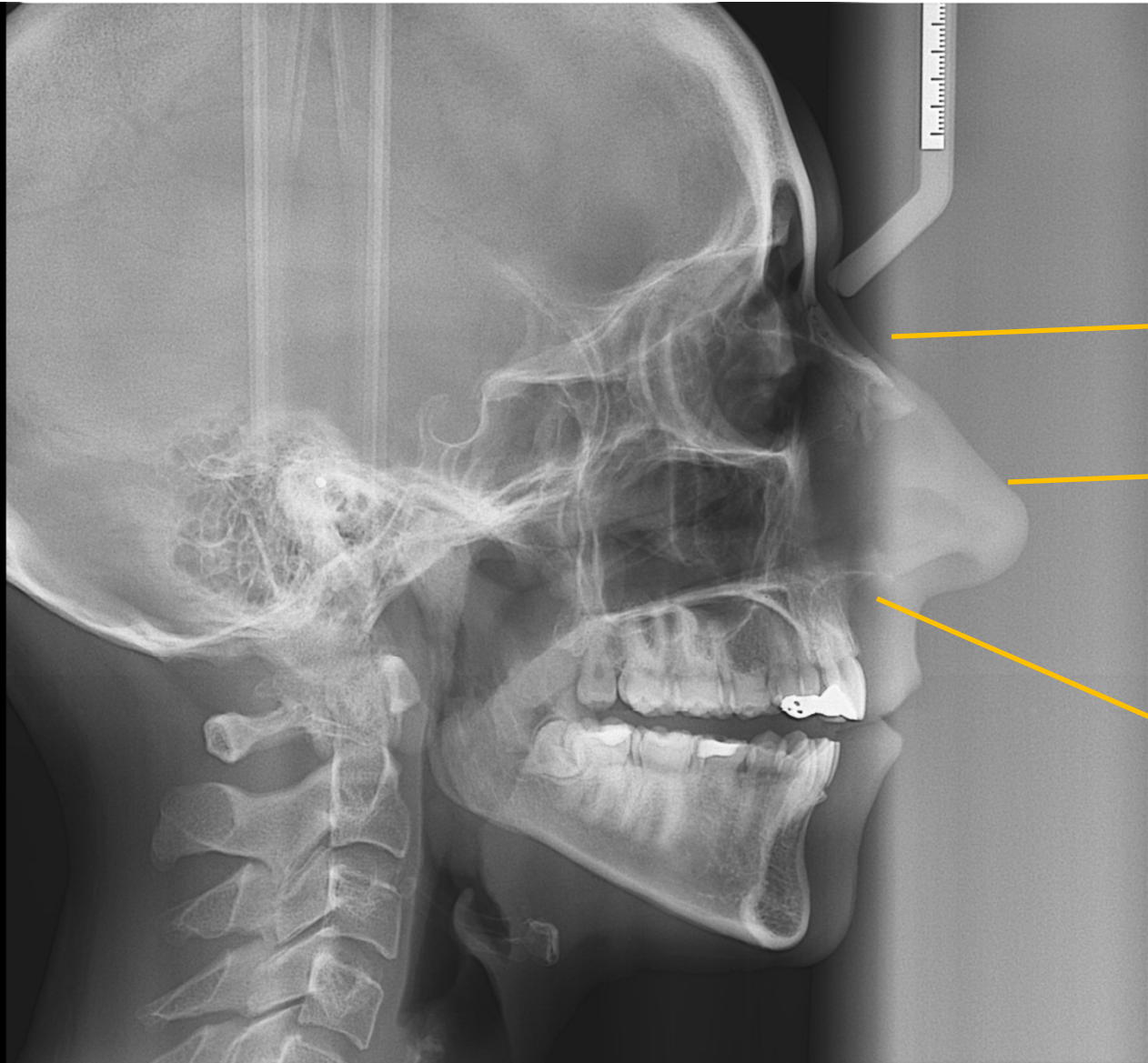
Fitzpatrick

- 1 2 3 4 5 6

| | |
|--|----------|
| _____ Pupil to pupil distance | _____ mm |
| _____ Nasal bridge width | _____ mm |
| _____ Nasal tip width | _____ mm |
| _____ Nasal base width | _____ mm |
| _____ Distance outer nostril to pupil | _____ mm |
| _____ Distance, columella to upper lip | _____ mm |

CEPH-LATERAL

Dental Clinic



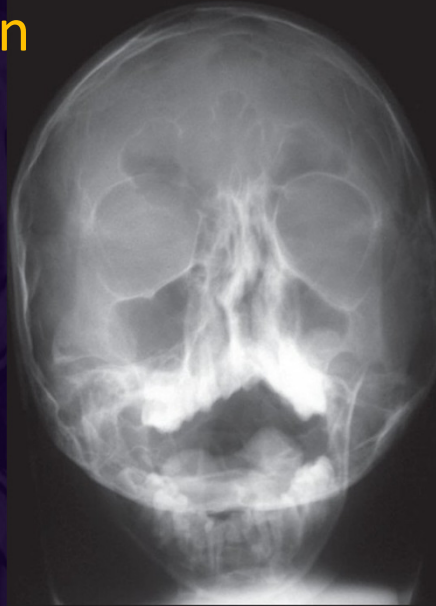
Mild Bony Hump

Large cartilagenous Hump

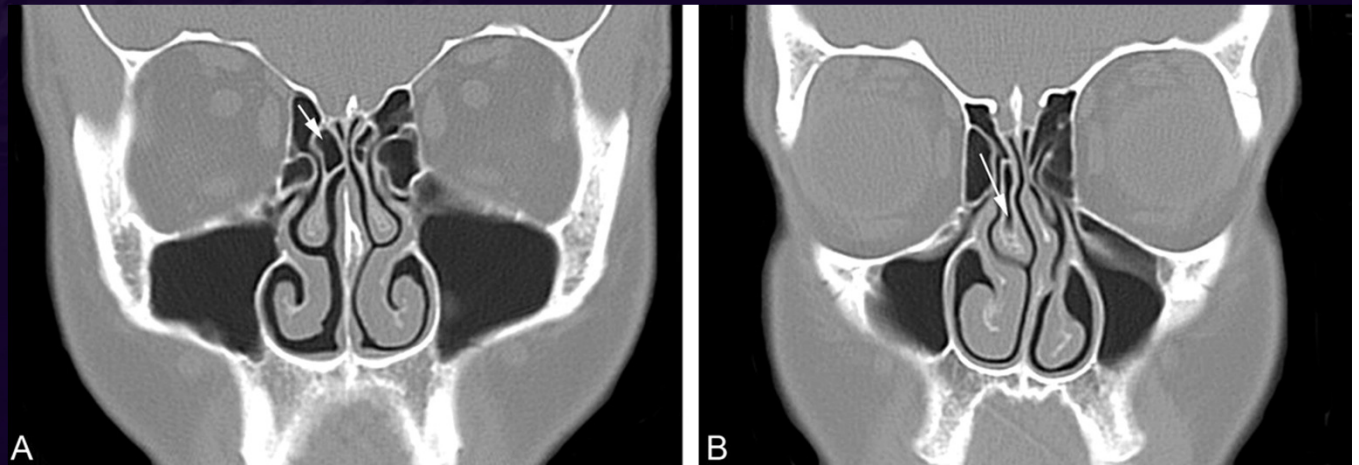
Anterior Nasal Spine

Lateral Cephalometry

Documentation

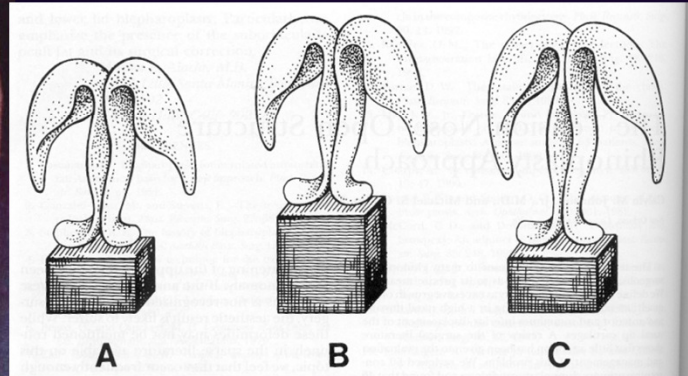
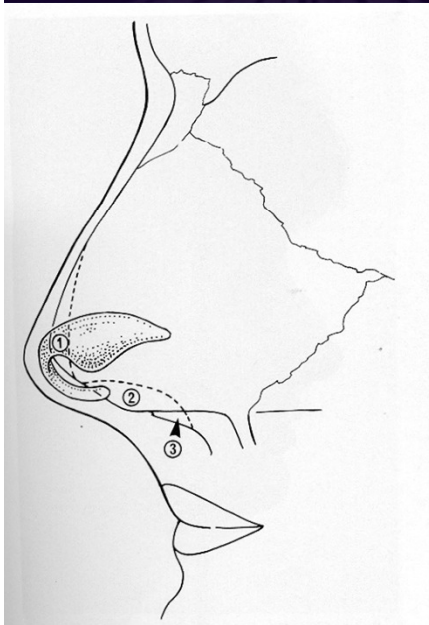
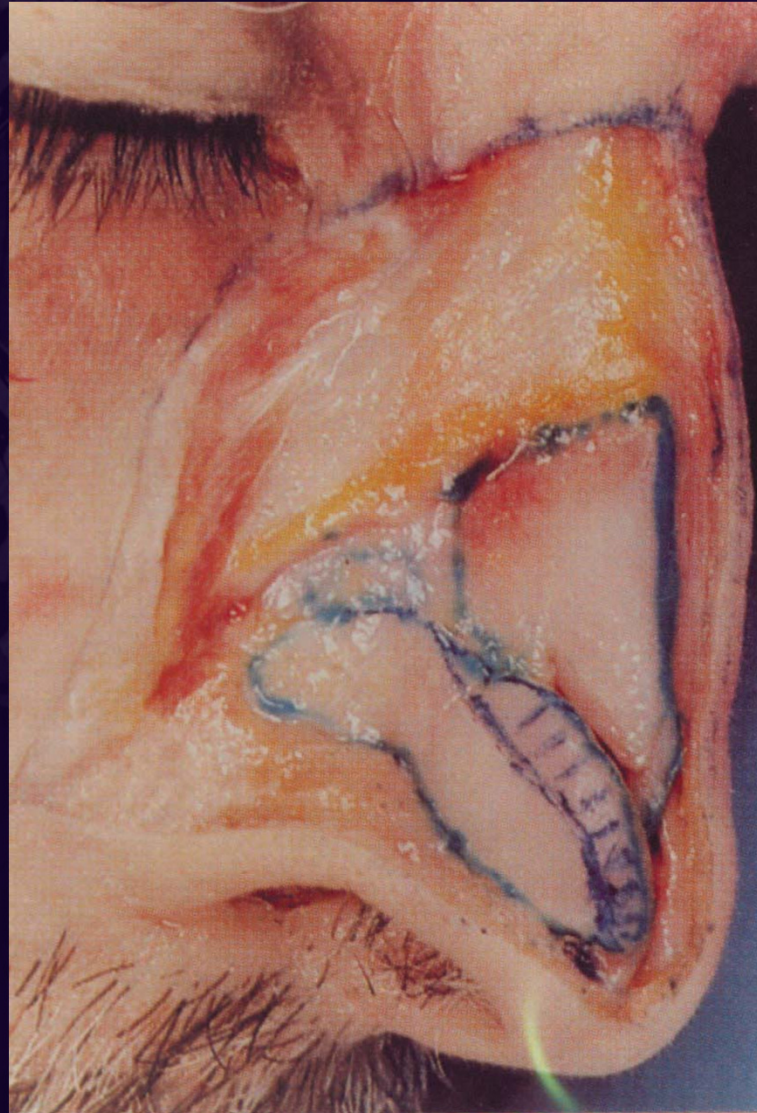


Xray- Bony Vault and Septal deformity



CT scan- functional problems
past Injuries
past Surgeries

Explaining the details



Computer Morphing tools

Preferably No

Only for straight forward problems such as
nasal Hump,
Dome,
Alar base
Tip adjustment

Other options-

Show them Before and after to get an idea of
what they like or don't like

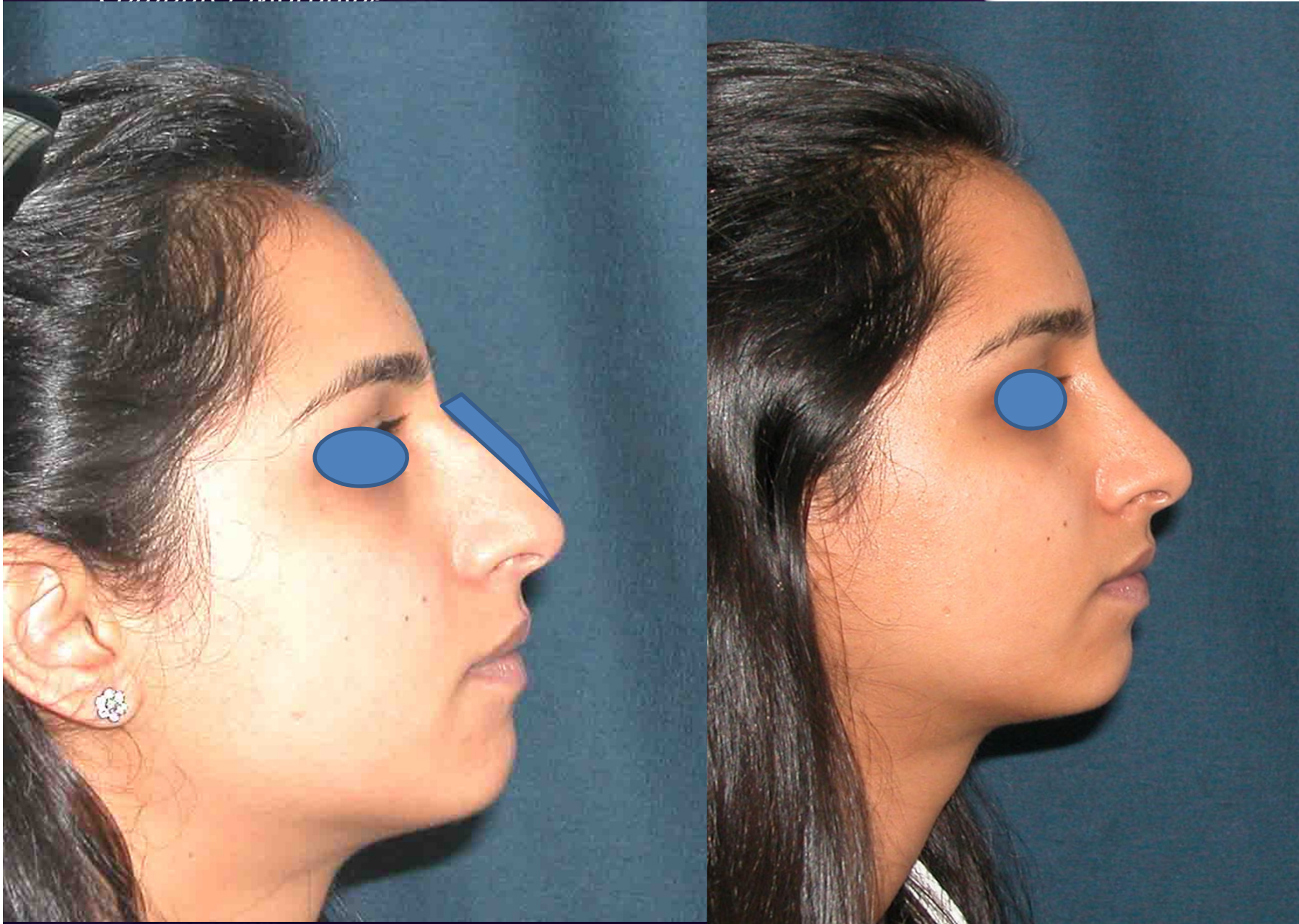
Portrait photo & Sketches

Computer Morphing



Lower Lateral cartilage- Convex and broad

Computer Morphing



Principles

Adequate Infiltration

Adequate exposure

Preservation and restoration of normal anatomy

Incremental/ Precise correction of the deformities

Specific attention to nasal airway

Recognizing the dynamic interplay of the structures
that are altered

APPROACH

- Open
- Closed

INCISIONS

- Infra
- Transcol
- Inter
- Intra
- Transfixion
- Complete
- Extended
- Partial

PRIMARY TIP

- Lateral Crus Cephalad Resection _____ mm x _____ mm, leave Caudal _____ mm
- Complete strip
- Interrupted strip
- Other: _____

PRIMARY DORSUM

Cartilaginous

- Reduce _____ mm
- Dorsal Septum
- Upper Laterals
- Augment _____ mm Source: _____
- Resect/Replace _____ mm: _____ mm
- Other: _____

Bony

- Reduce _____ mm at keystone
- Augment _____ mm Source: _____
- Lateral protrusion reduction
- Left
- Right
- Other: _____

SEPTUM

- Approach** Dorsal Transfixion Killian L R
Flap Elev. Rt Complete Incomplete
Flap Elev. Lt Incomplete Complete
SMR Central Shelves L R Floor Cephalad

Leave ____ mm dorsal, ____ mm caudal struts

- Septoplasty** Dorsal strut Caudal strut
 Resected segment Floor
 Central Other: _____

- Ethmoid** Resect central Other: _____

- Vomer** Resect projecting shelf Left Right

- Caudal Septum** Reposition caudal strut

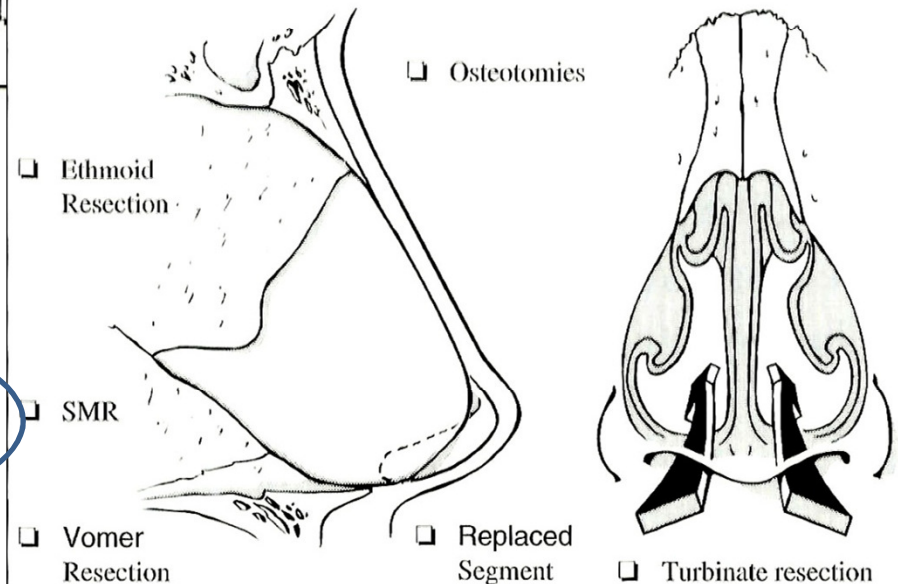
- Other** _____

TURBINATES

- Partial resect. Left Right
 Submucous Resect/Cauterize
 Cauterize Injection

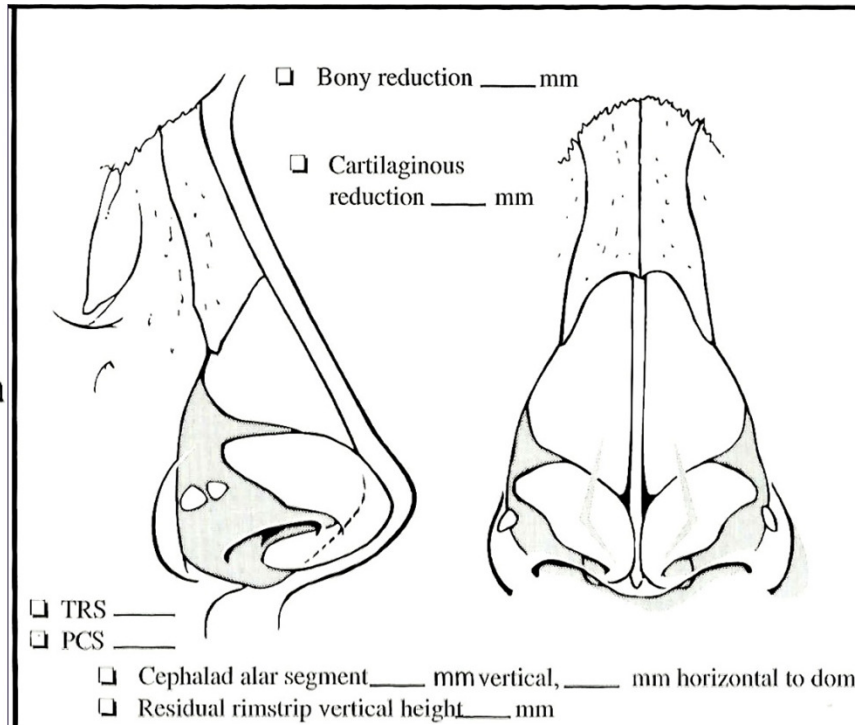
OSTEOTOMIES

- Extranasal Intranasal
 Low to high Low to low
 Medial Mid Level
 Greenstick Complete
 Medial movement Left ____ Right ____

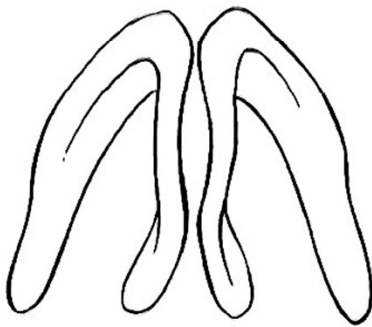


SECONDARY TIP

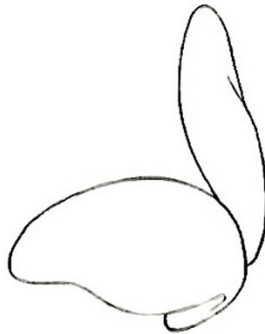
- MCFS**- Medial Crural Fixation Suture
- CCS**- Control Columellar Strut ____ mm x ____ mm
- Incorporate ____ ° columella-lobule angle
- LCSS**- Lateral Crural Spanning Suture Incorporate dorsal septum
- LCSG**- Lateral Crural Spanning Graft ____ mm x ____ mm
- DSS**- Dome Spanning Suture(s) Left ____ Right ____
- PCS**- Projection Control Suture Advance tip ____ mm Recess tip ____ mm
- TRS**- Tip Rotation Suture
- RCG**-Rotation control graft ____ mm x ____ mm
- FCS**-Flare Control Suture(s) _____
- Medial crus caudal trim
- Transect rimstrip ____ mm lat. to domes Overlap, suture
- Resect rim segment ____ mm; ____ mm lat. to dome; ____ config.
- Morselization ____ mm; ____ lat. to dome
- Domes: Score Morselize Resect Location:
- Tip Augmentation Tip Onlay Columellar: tip Size: ____ x ____ mm
- Medial crus: Morselize Transect Resect Loc:



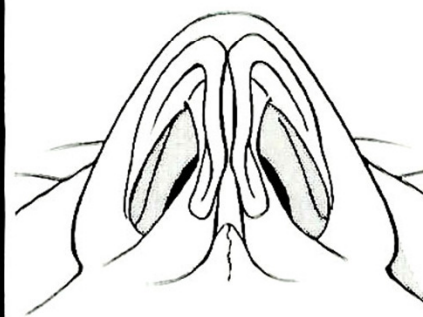
MCFS FCS ____



LCSS ____



DSS ____



SECONDARY DORSUM

- Tailor bony dorsum Check protruding cartilage at keystone
 Adjust dorsal upper laterals Restore dorsal mucosa and upper laterals
 Reconstruct anatomic dorsum
 Spreader graft(s) Horizontal Vertical
 Dorsal graft(s) Size: _____ x _____ x _____ mm
 Source: _____ Suture fixation
 Other: _____

TIP-LIP COMPLEX

- Resect protruding caudal septum
 Augment Caudal Septum Size: _____ x _____ mm Source: _____
 Resect Nasal Spine
 Other: _____

VESTIBULAR LINING

- Trim redundant mucosa/ scroll at internal valve
 Trim dorsal septal angle mucosa
 Trim membranous septum
 Other: _____

ALAR BASE

- Alar base resection Cutaneous _____ mm; Vestibular _____ mm
 Alar base cinch
 Alar base augmentation _____ mm; Source: _____
 Other: _____

CLOSURE

- Sequence: Transfixion Transcol Infra Inter
 Other: _____

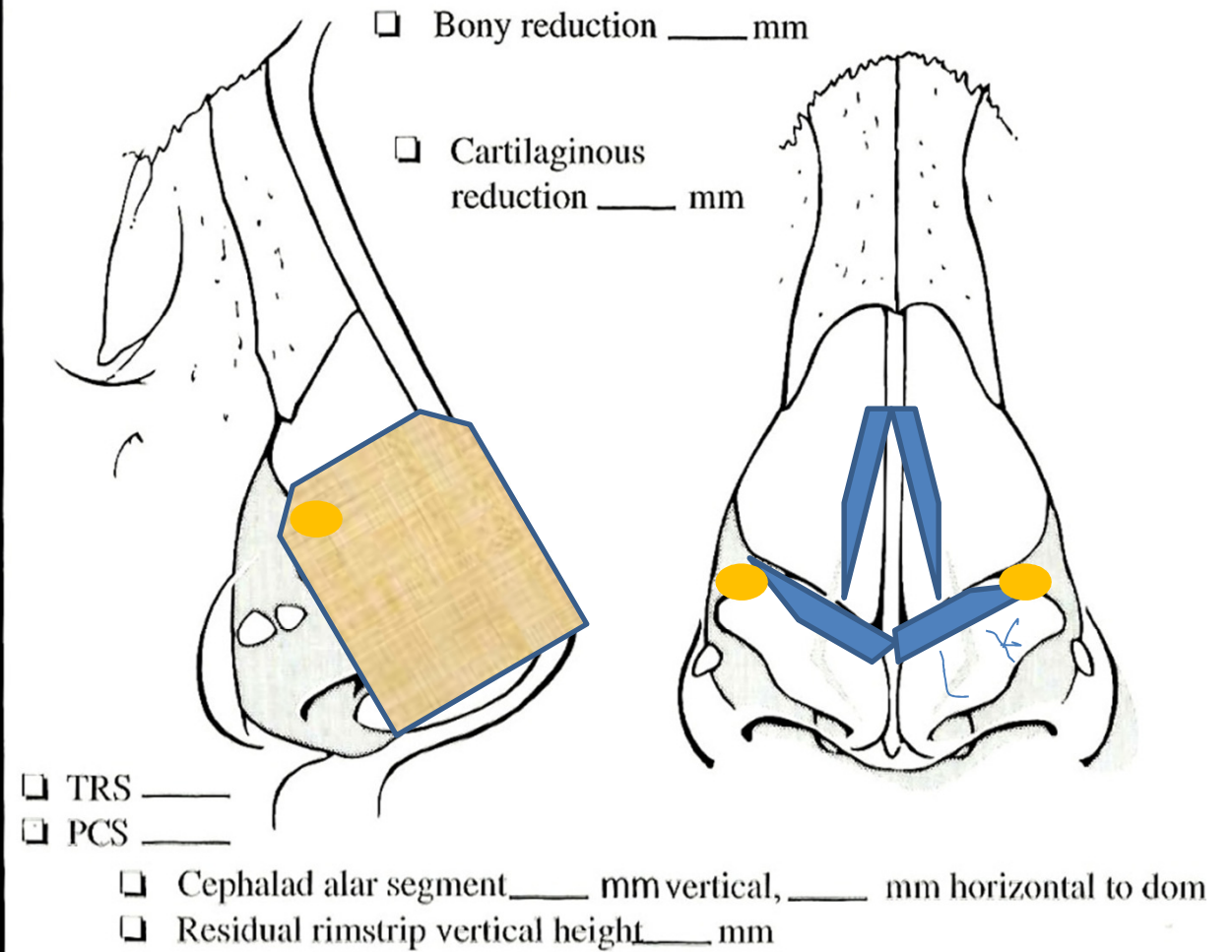
SPLINTING

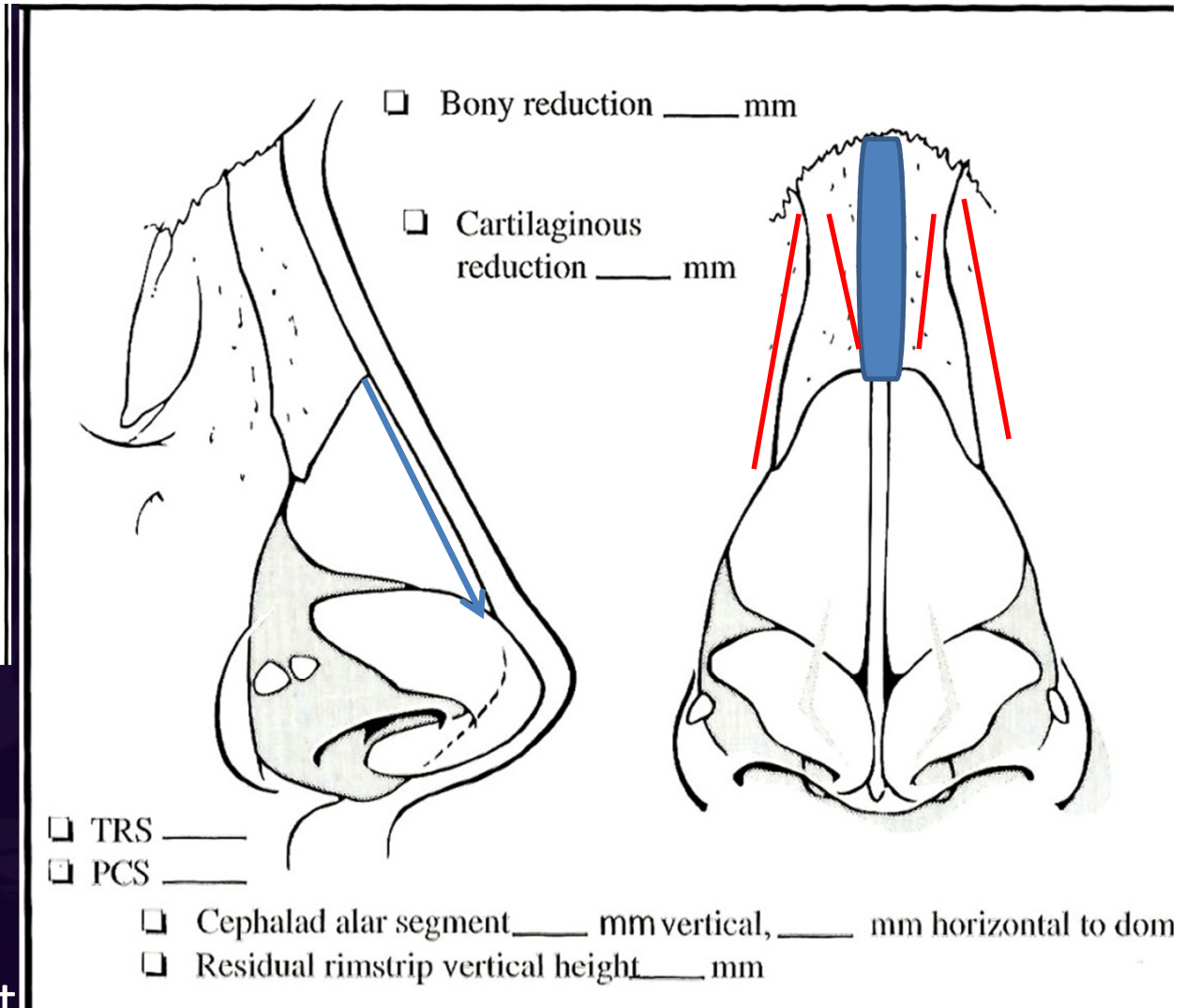
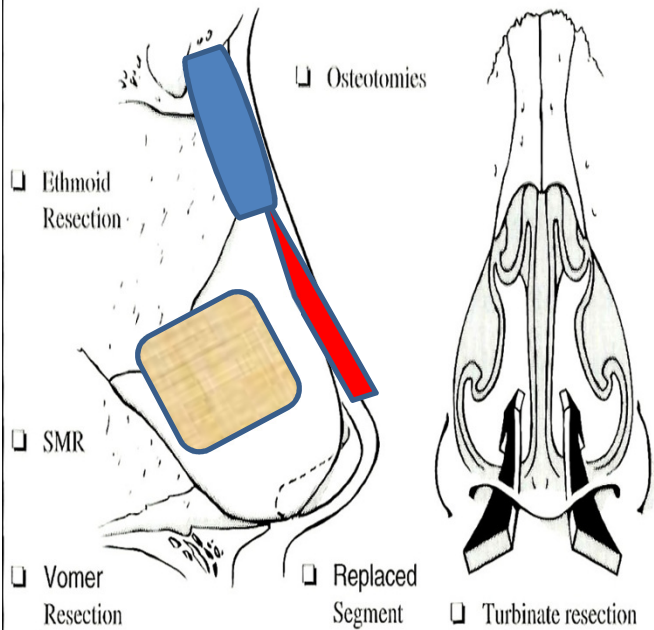
- Intranasal Splinting Septal Mattresses Doyle splints
 External Splinting Thin aluminum None



Primary Tip modification-

- SMAS trimming
- LLC trimming
- ULC trimming
- Fat globules





Primary Dorsum

Open the roof

Septum- Resection

Septoplasty/ Graft

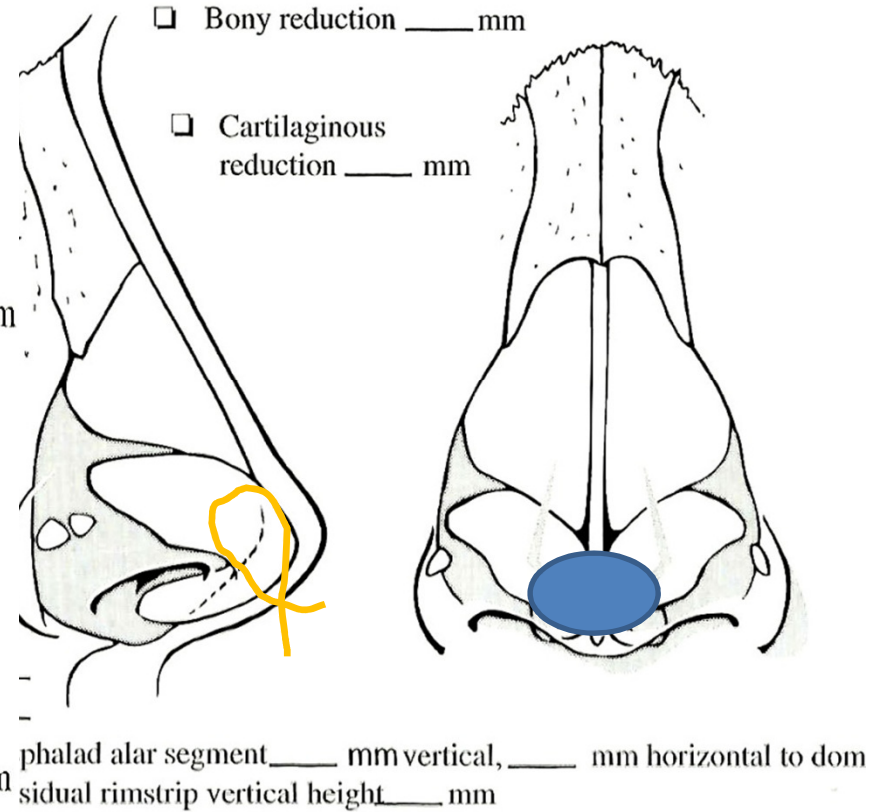
Bony Rasping

Lateral osteotomy - low to High

Medial osteotomy

SECONDARY TIP

- MCFS- Medial Crural Fixation Suture
- CCS- Control Columellar Strut ____ mm x ____ mm
- Incorporate ____ ° columella-lobule angle
- LCSS- Lateral Crural Spanning Suture Incorporate dorsal septum
- LCSG- Lateral Crural Spanning Graft ____ mm x ____ mm
- DSS- Dome Spanning Suture(s) Left ____ Right ____
- PCS- Projection Control Suture Advance tip ____ mm Recess tip ____ mm
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- RCG- Rotation control graft ____ mm x ____ mm
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- Resect rim segment ____ mm; ____ mm lat. to dome; ____ config.
- Morselization ____ mm; ____ lat. to dome
- Domes: Score Morselize Resect Location:
- Tip Augmentation Tip Onlay Columellar: tip Size: ____ x ____ mm
- Medial crus: Morselize Transect Resect Loc:



Secondary Tip

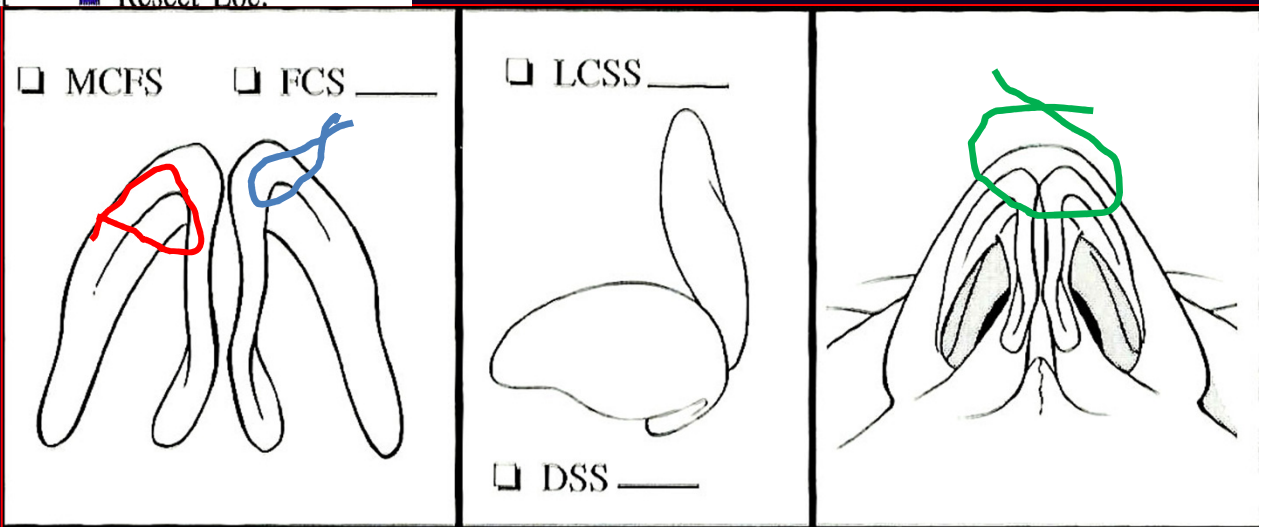
LCSS- reducing convexity

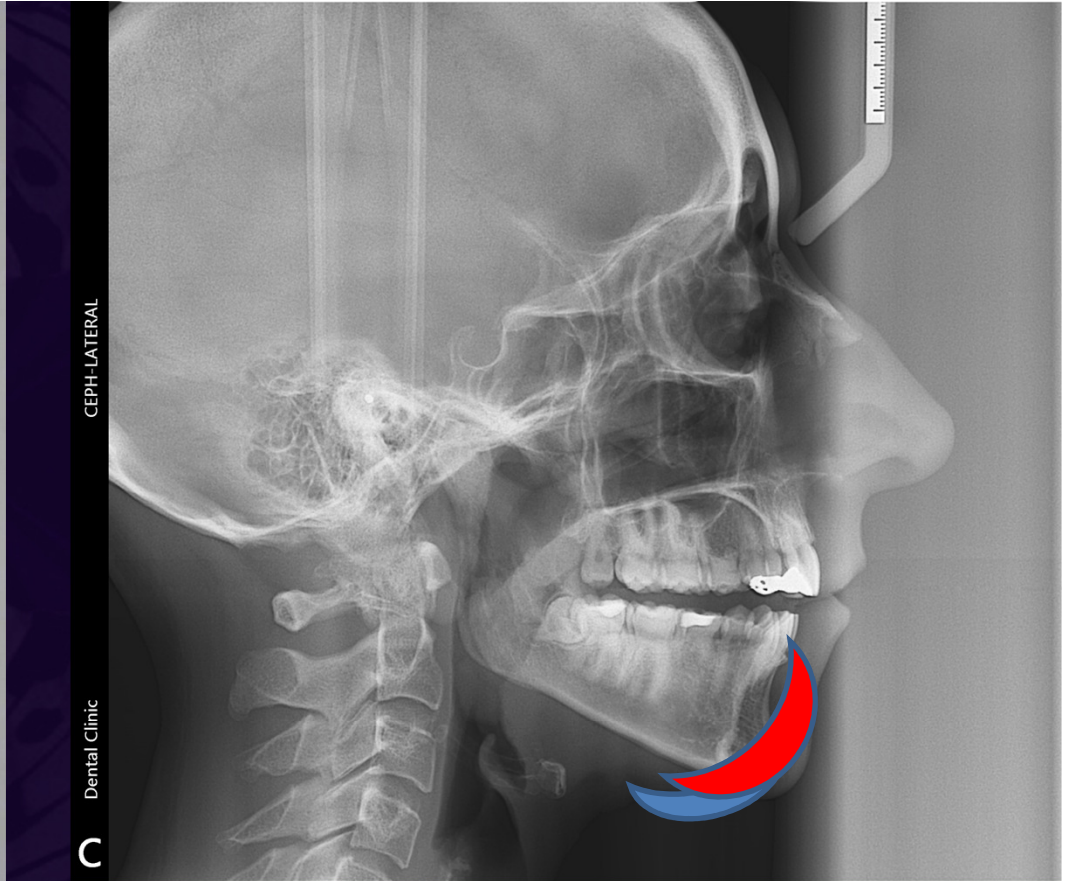
PCS- Domal suture

DSS- Interdomal suture

RCS- Dome to Septum

Tip graft





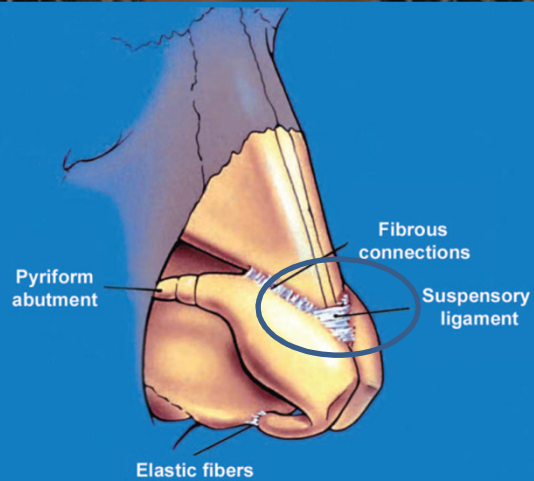
Intraoral Approach— Removed Silicone Implant
Inserted Two Piece Medpore Implant



3 months Postop



Supratip Fullness

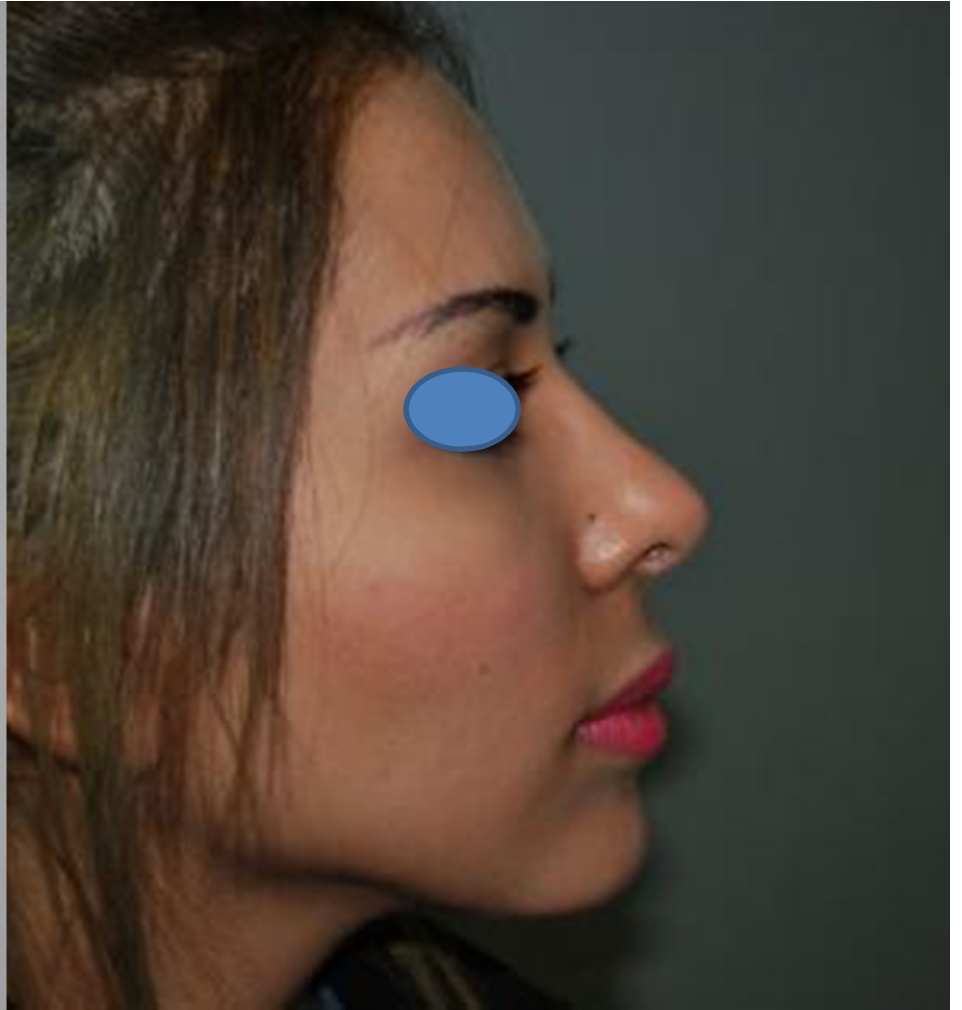


Triamcinolone 10 mg – 3 sessions over 5 months



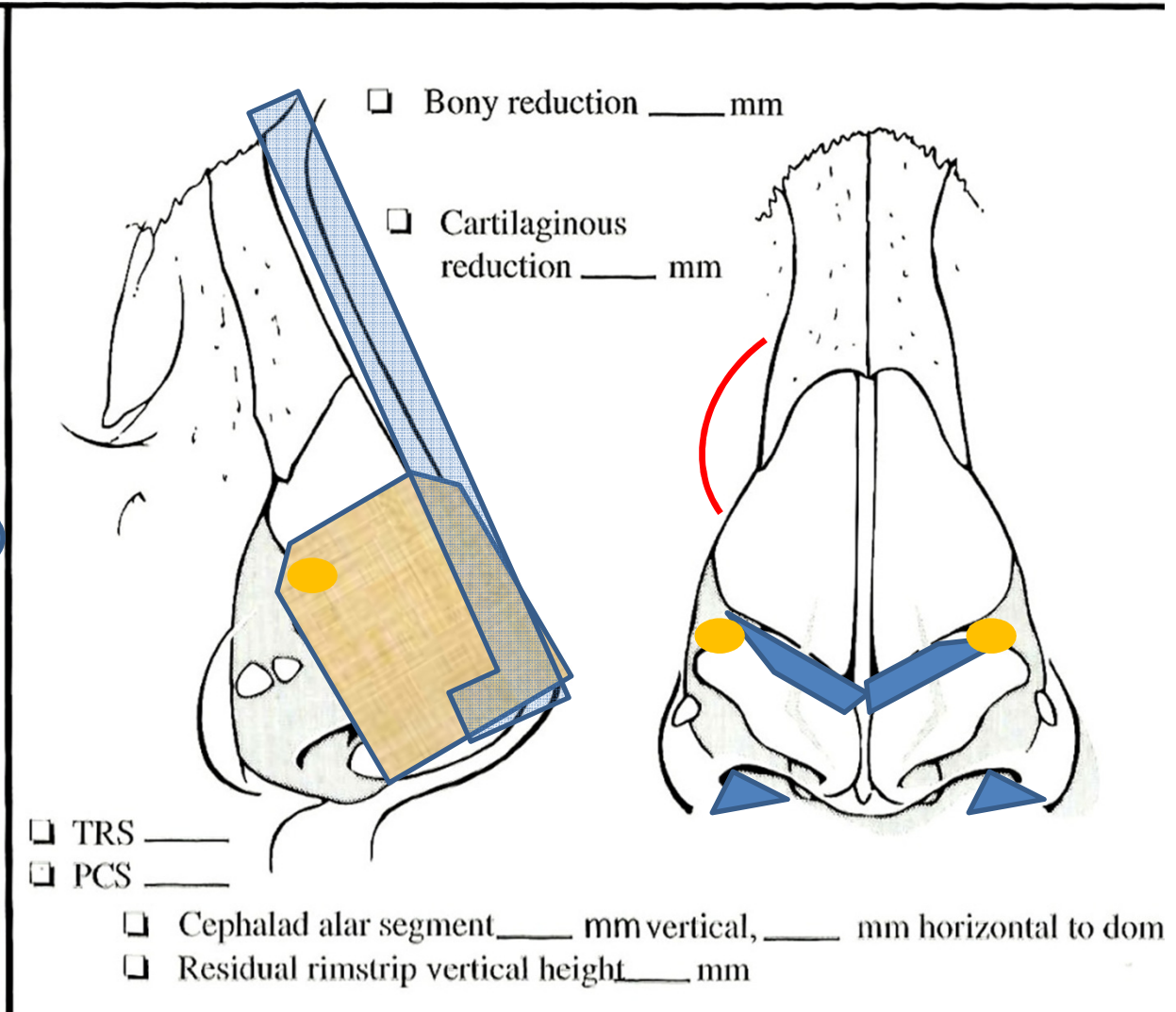
3 months Postop

2 years



Two years

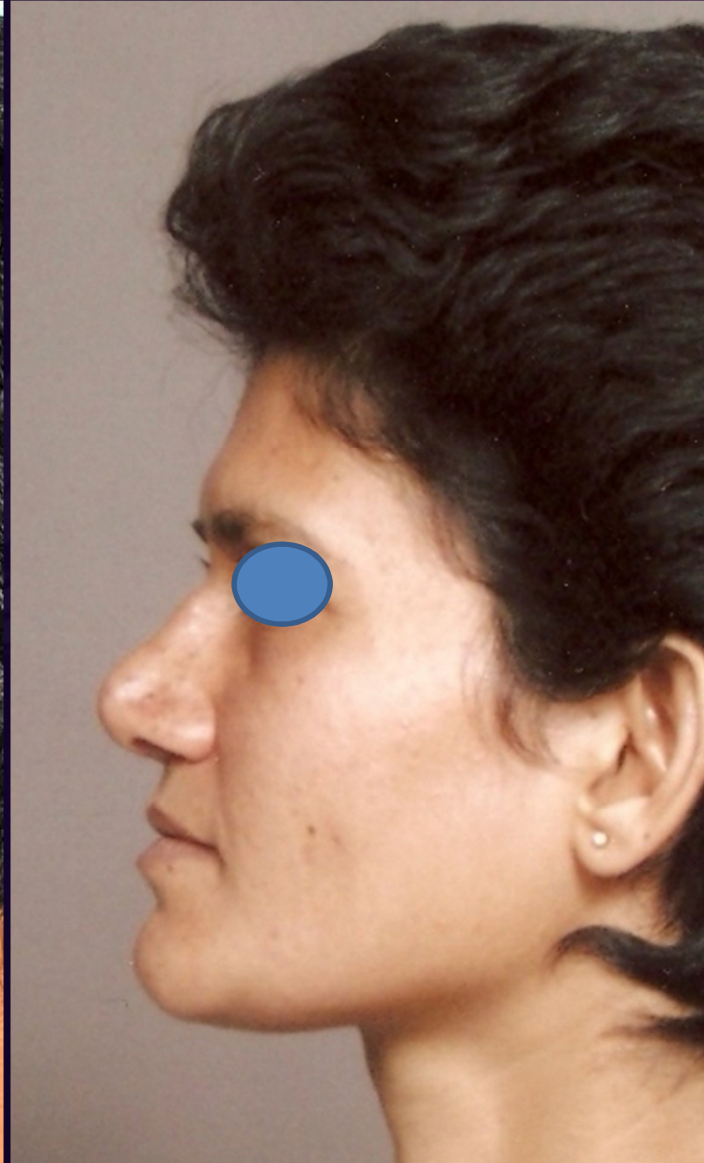
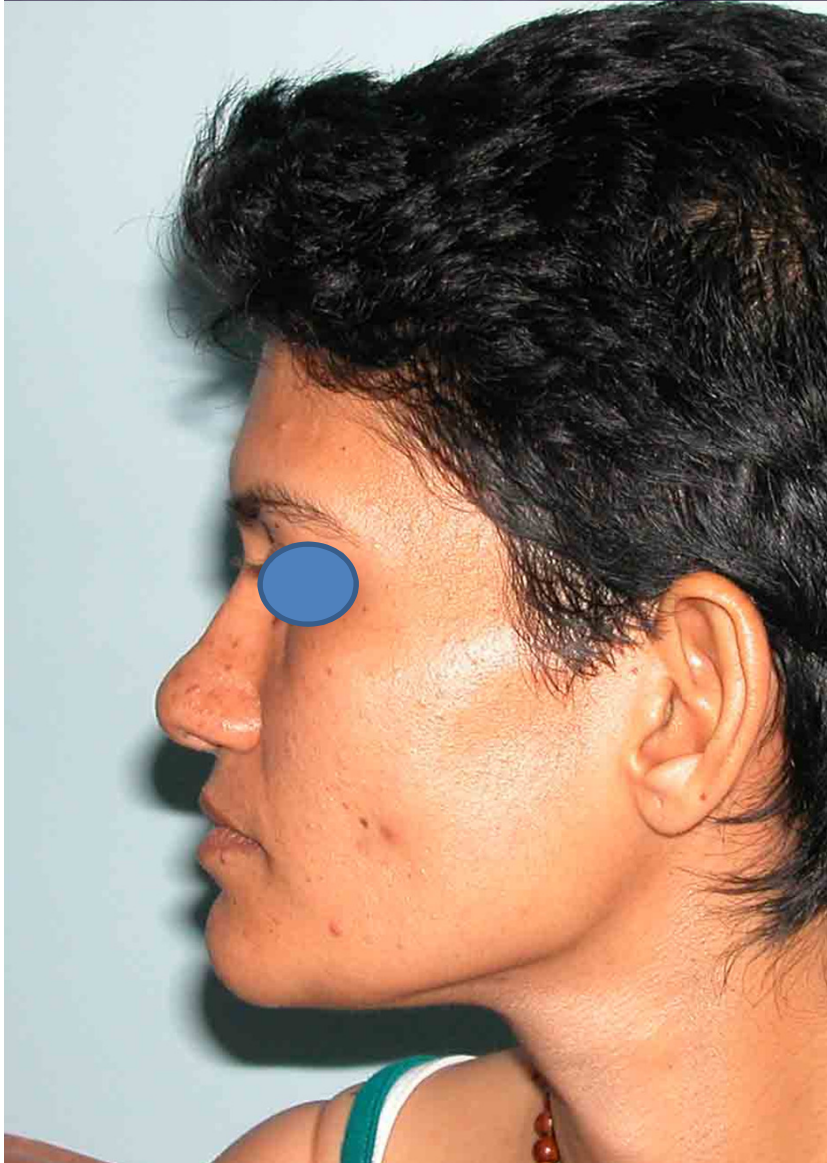




Bulbous tip
 Wide flaring ala
 Ill defined Lobule

Open Tip
 Tip reduction / SMAS exc
 Lateral osteotomy- Low to Low
 L Shaped Silicone Implant
 Alar Wedge resection







Problem Broad base

Thick ULC area

Bulbous tip with lack of definition

Absent alar Groove

Overhanging Ala

Procedure

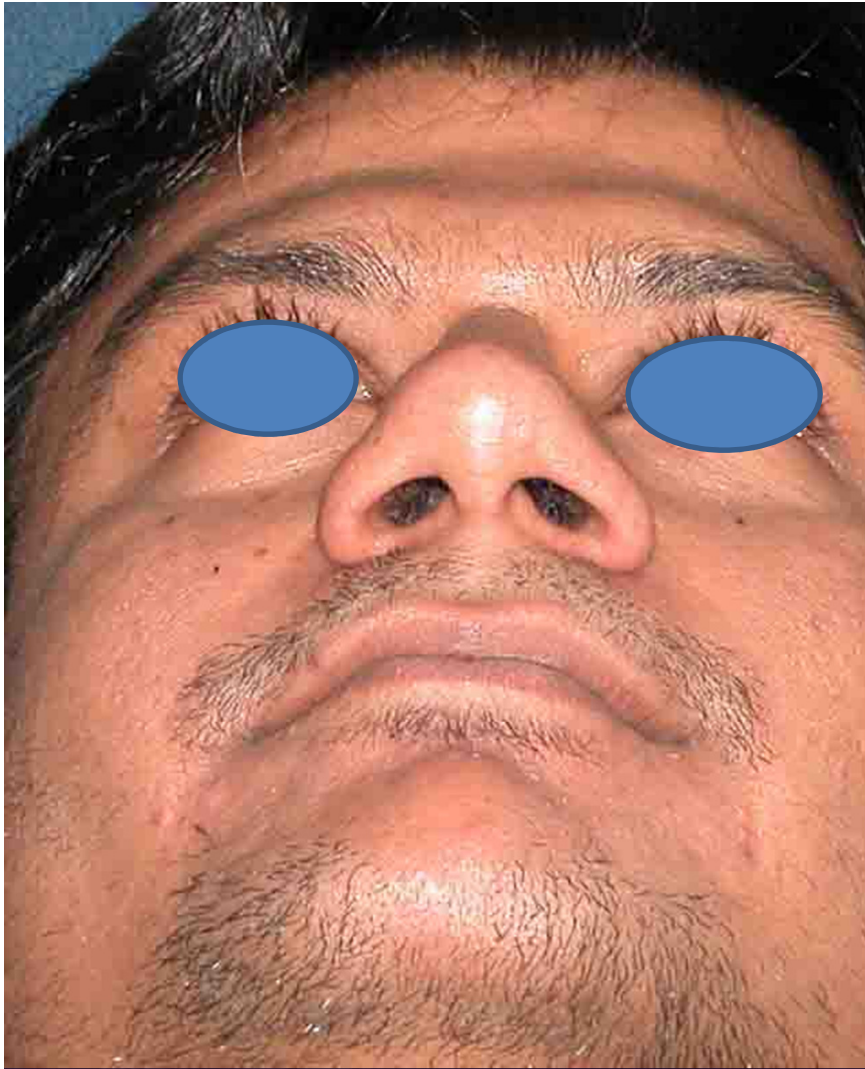
Open tip

Medial and lateral osteotomy

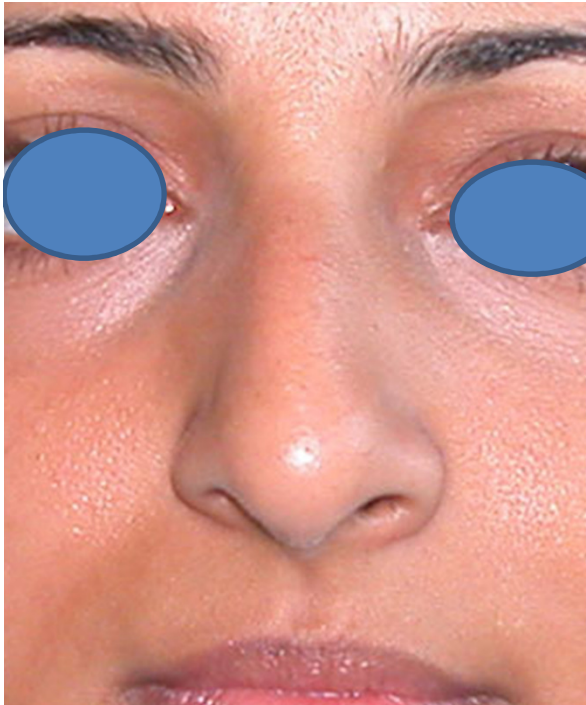
3 point sutures

Smas removal over the distal part of Nose

Rotation of LLC & fixation with ULC



Transcolumellar scar
Alar wedge resection scar



Deviated Nose

Nasal Hump

Prominent ANS

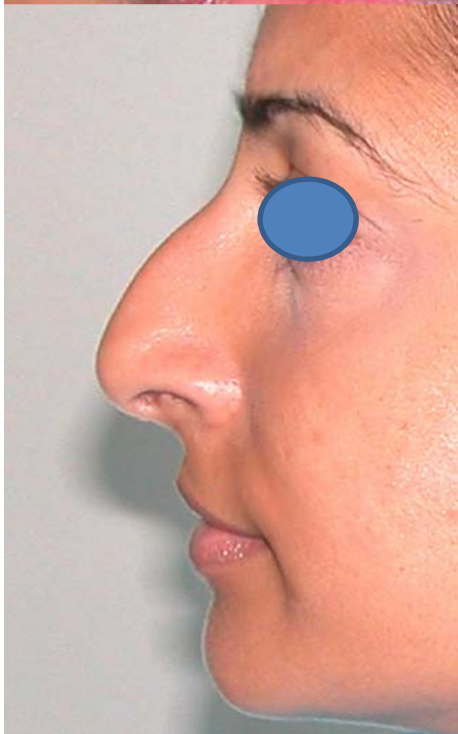
Question is How much change she is expecting?

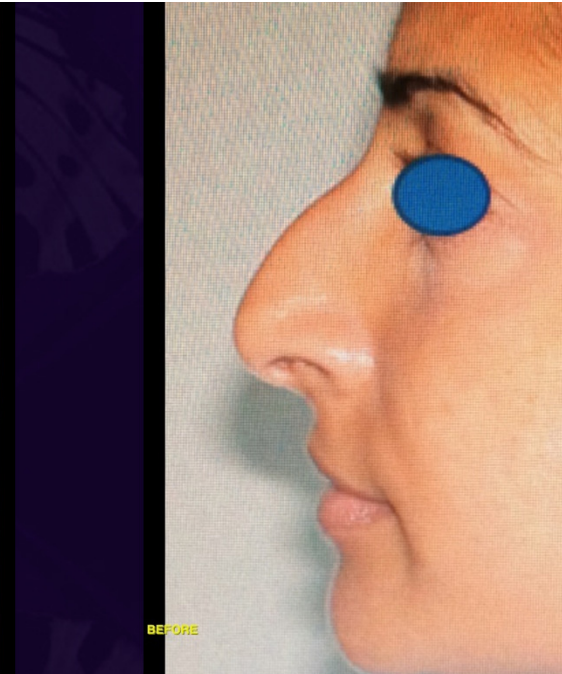
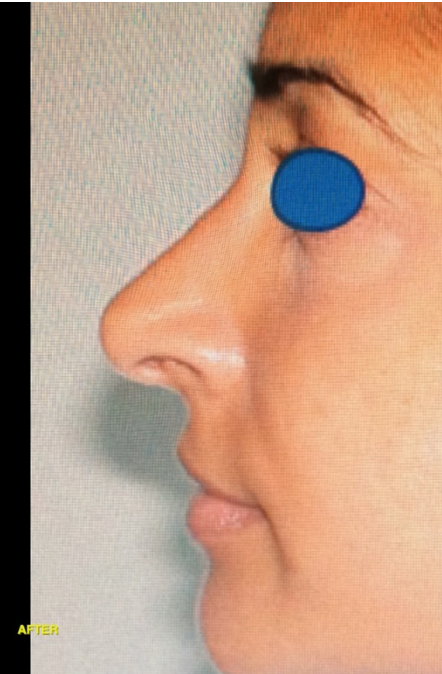
- Frontal – Does she want straight nose- Yes

- Profile- Does she want Ski Slope bridge- No

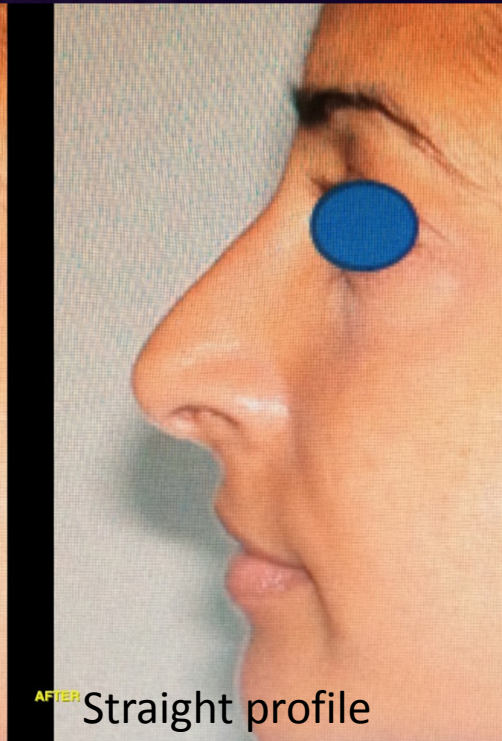
- Does she want a little hump- No

- Does she want Straight bridge- Yes



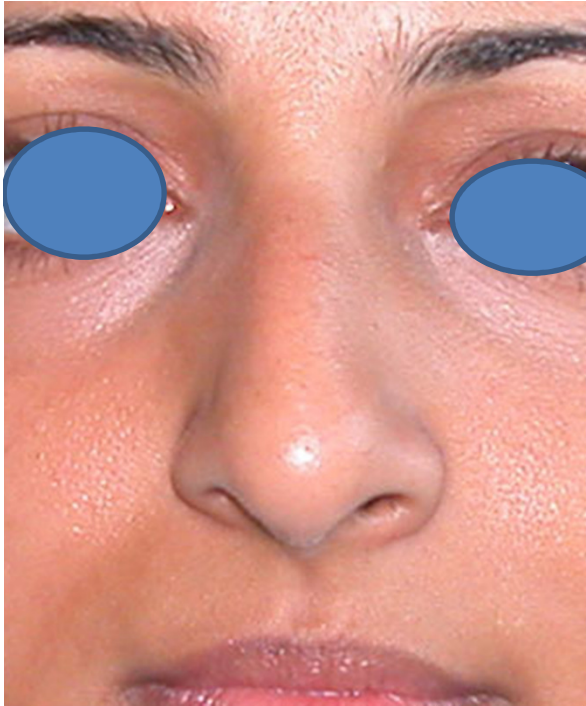


Ski Slope Profile



Straight profile

Residual Hump



Operative Plan

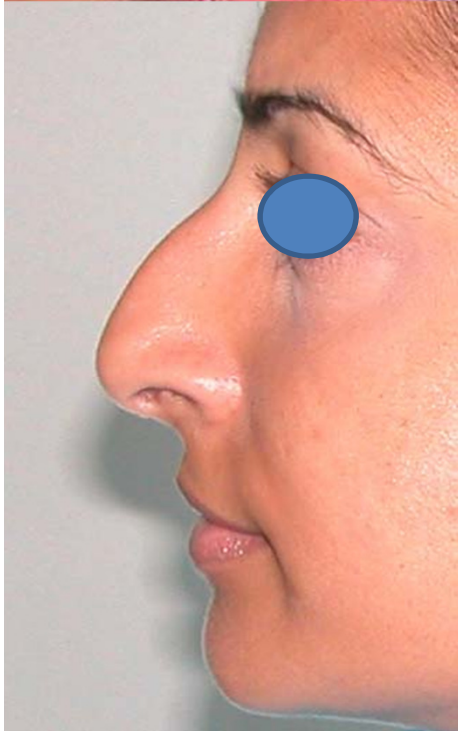
Endonasal Approach

Exposure of Osteoskeleton

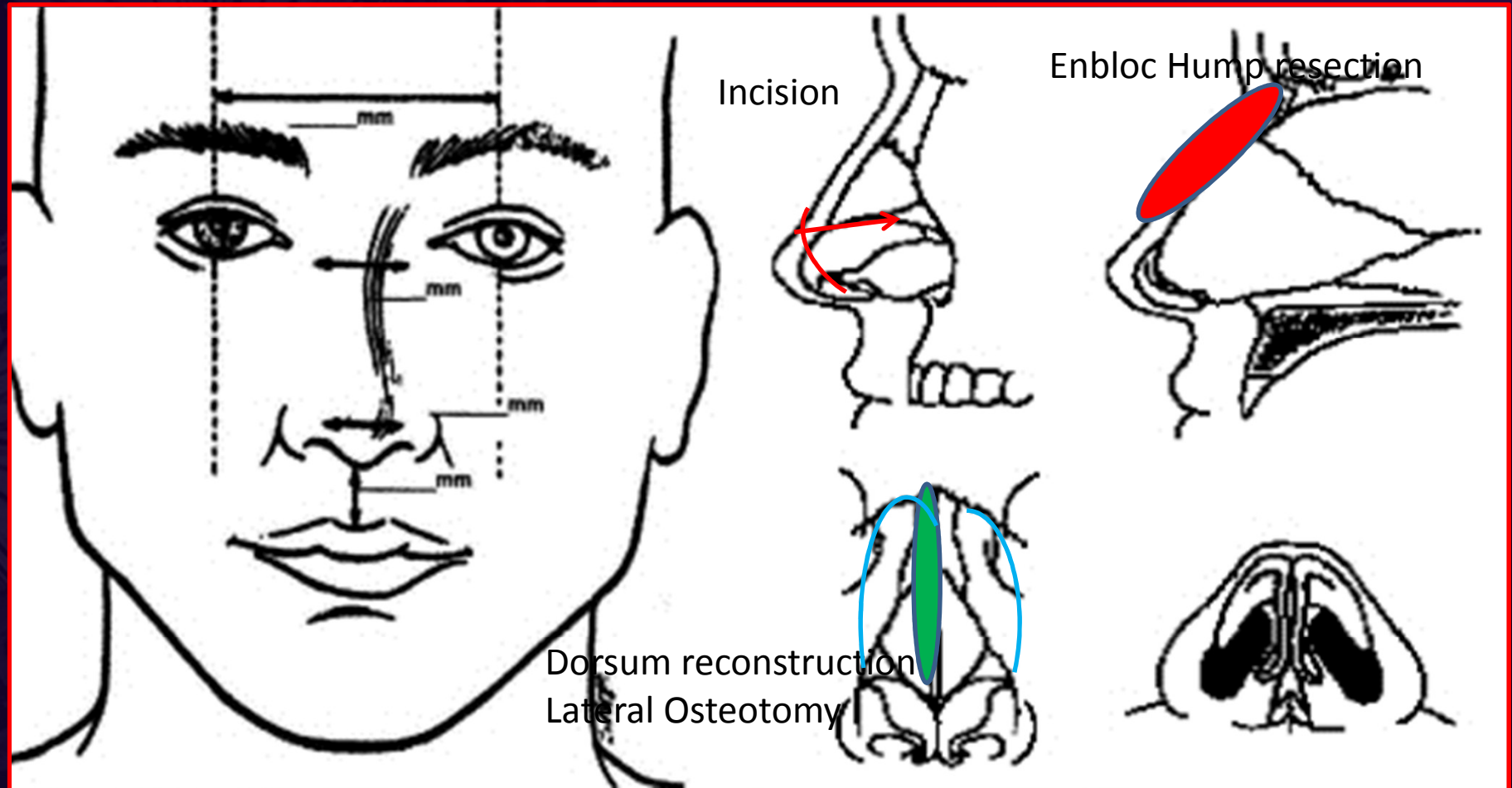
Enbloc Hump resection

Internal lateral Osteotomy

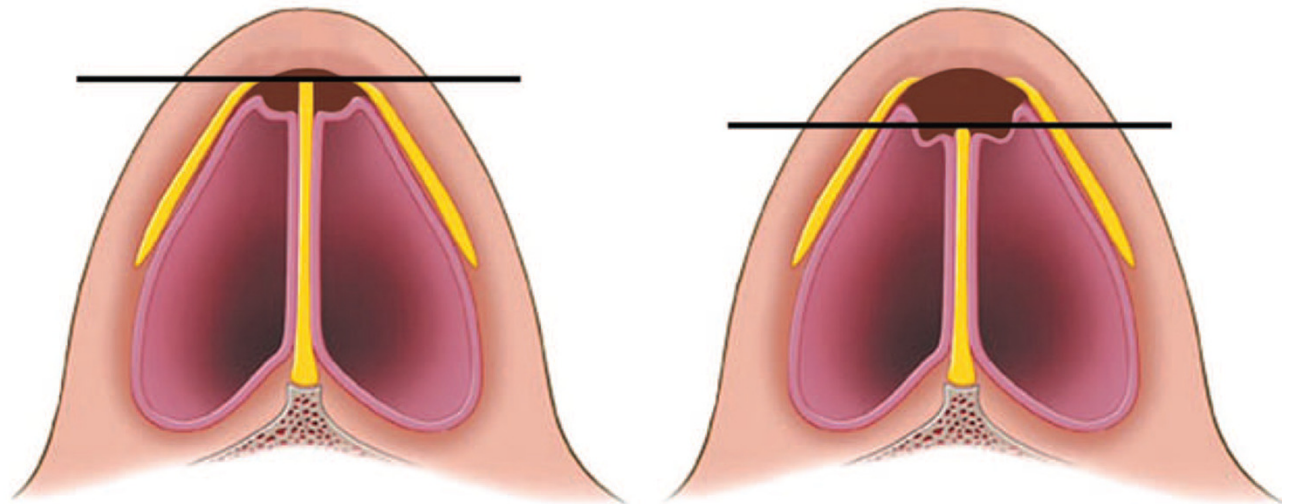
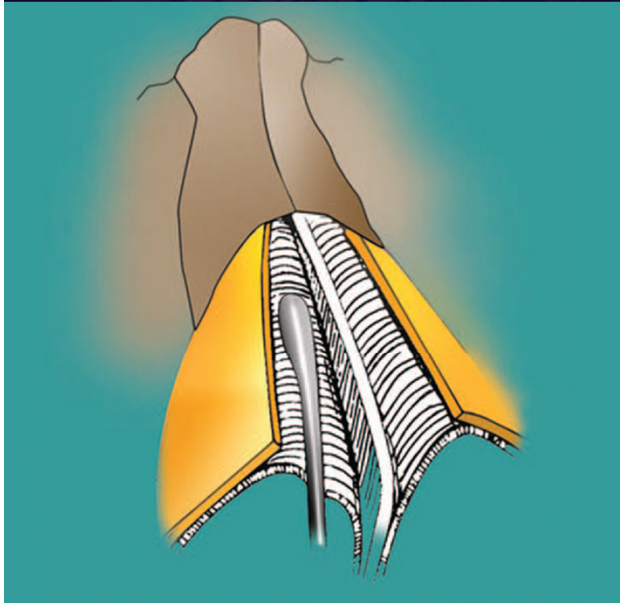
Dorsum reconstruction with excised hump
ach



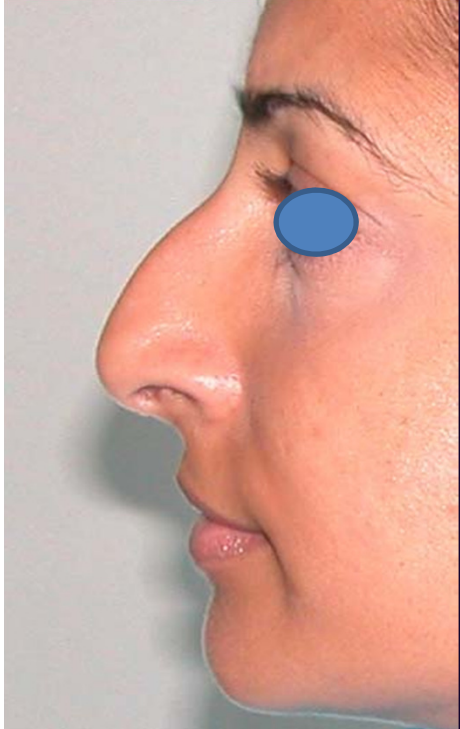
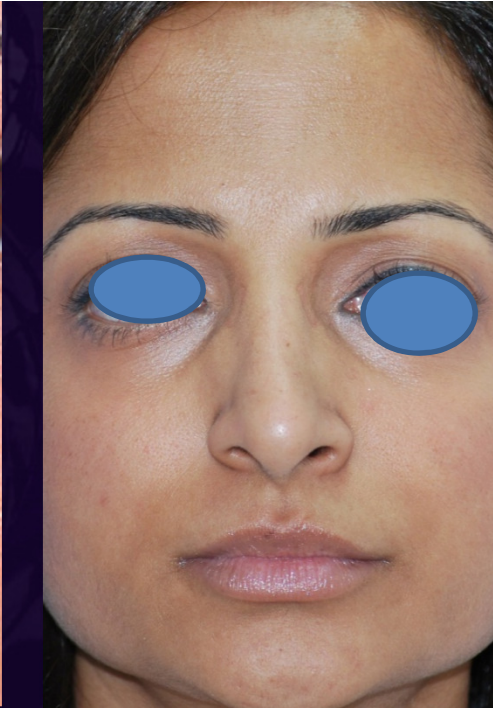
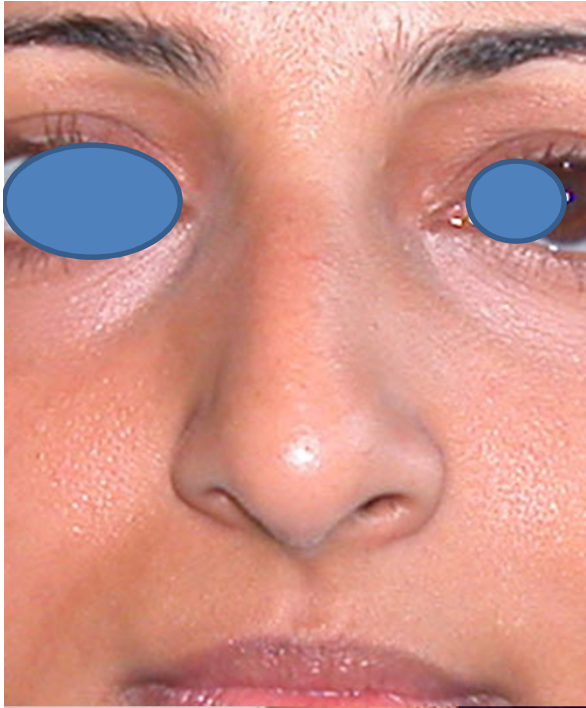
Operative Plan



Component dorsal hump reduction



Creation of submucoperichondrial tunnels and separation of the upper lateral cartilages from the septum.



Skin type

Facial proportion- **NOSE IS
PROMINENT STRUCTURE**

Symmetry- **ASYMMETRY**

Bony Vault- **WIDE**

Midvault- **DEVIATED AND WIDE**

Dorsal Aesthetic lines- **DISTORTED**

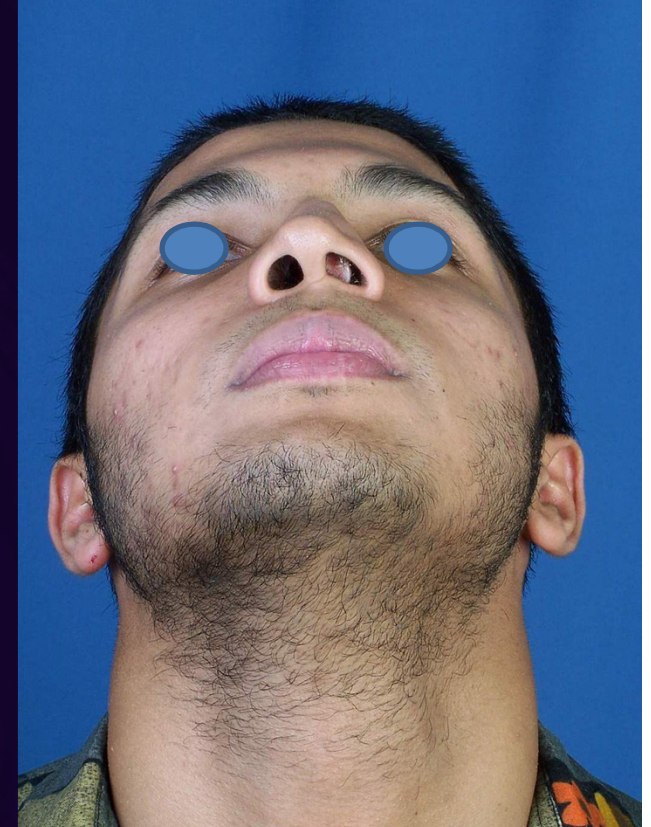
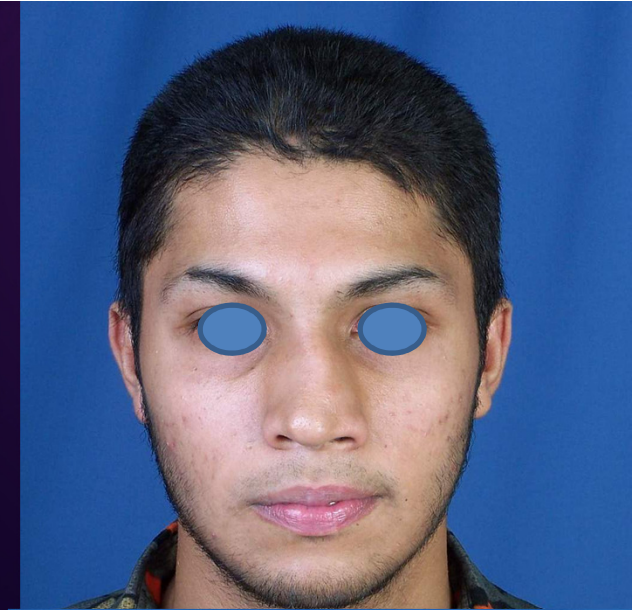
Nasal Tip- **DEVIATED**

Alar Rims- **ASYMMETRICAL**

Alar Base- **WIDE**

Upper Lip

Chin





Procedure

Open Tip

Dorsum exposed

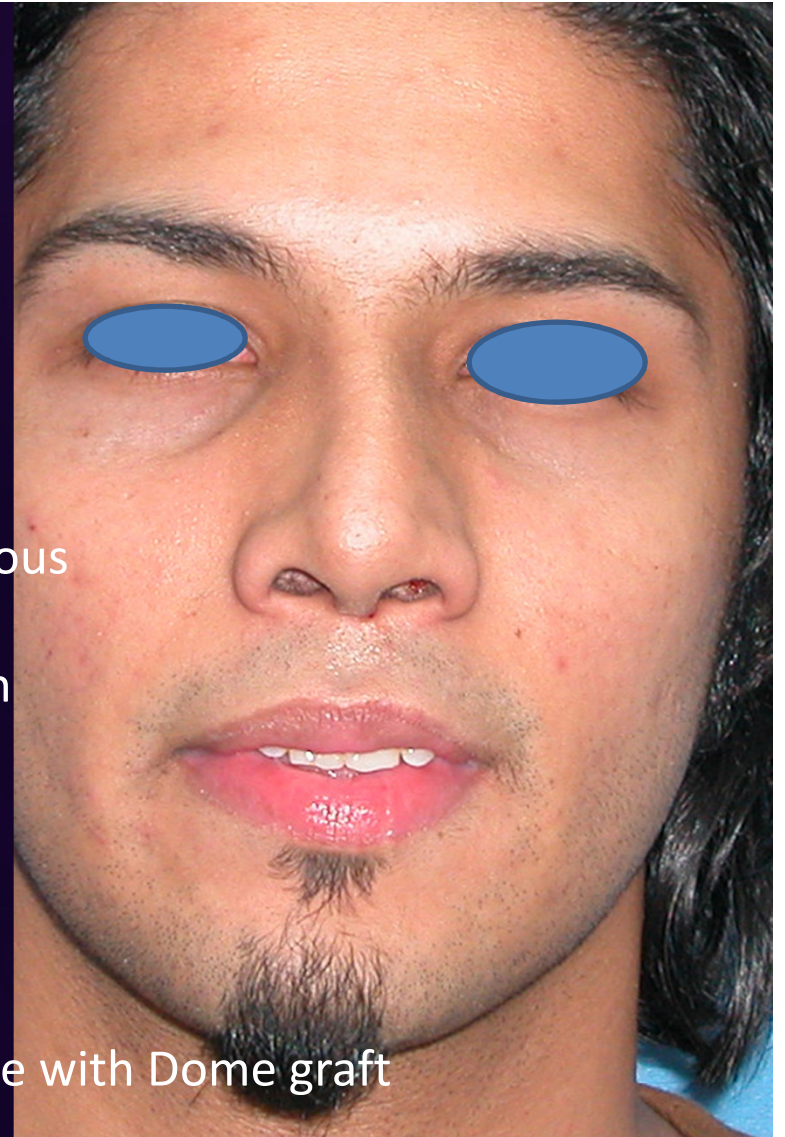
Hump reduction- Bony and cartilaginous

Septoplasty through Dorsal approach

Lateral/ medial osteotomy

Spreader grafts- Wider on right side

Tip reconstruction- three point suture with Dome graft





Two years postope



Caudally Dislocated Septum

Refinement Rhinoplasty

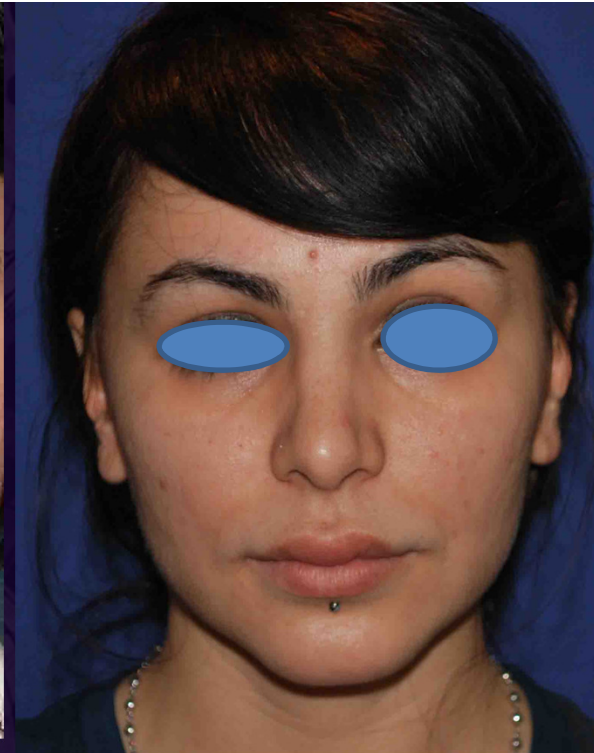
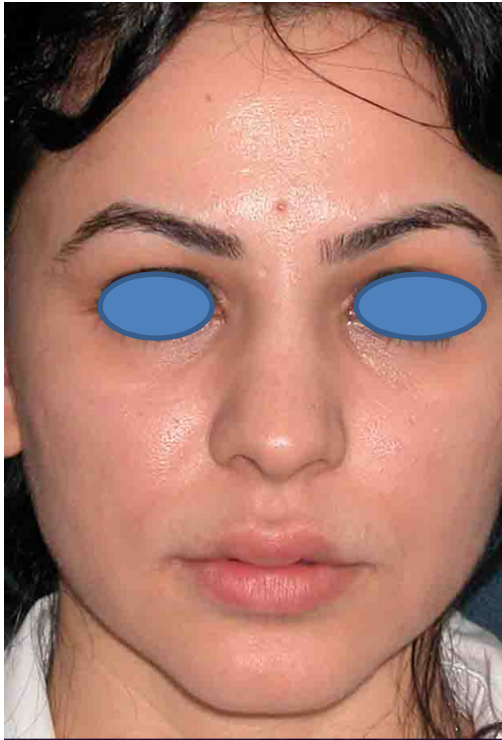
By and large Normal Nose

Focal Problems

Celebrity Rhinoplasty

Non dramatic Improvement

No Unnatural appearance



Procedure

Open Tip

Dorsum refinement- rasping

Lateral / Medial Osteotomy and Infracture

Tip Plasty- Interdomal sutures

Alar spanning suture

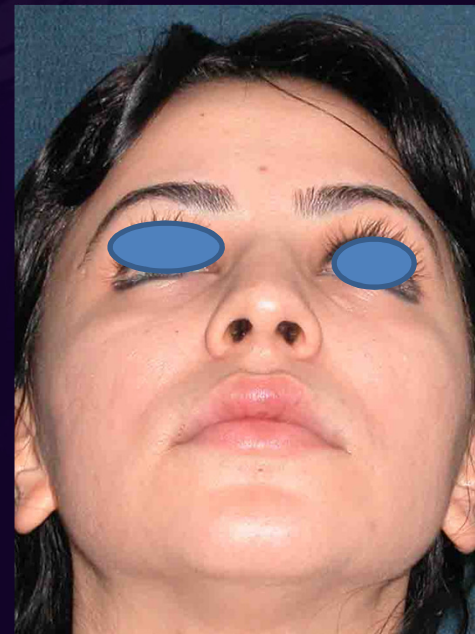
Tip support with Transseptal Suture & Tip graft

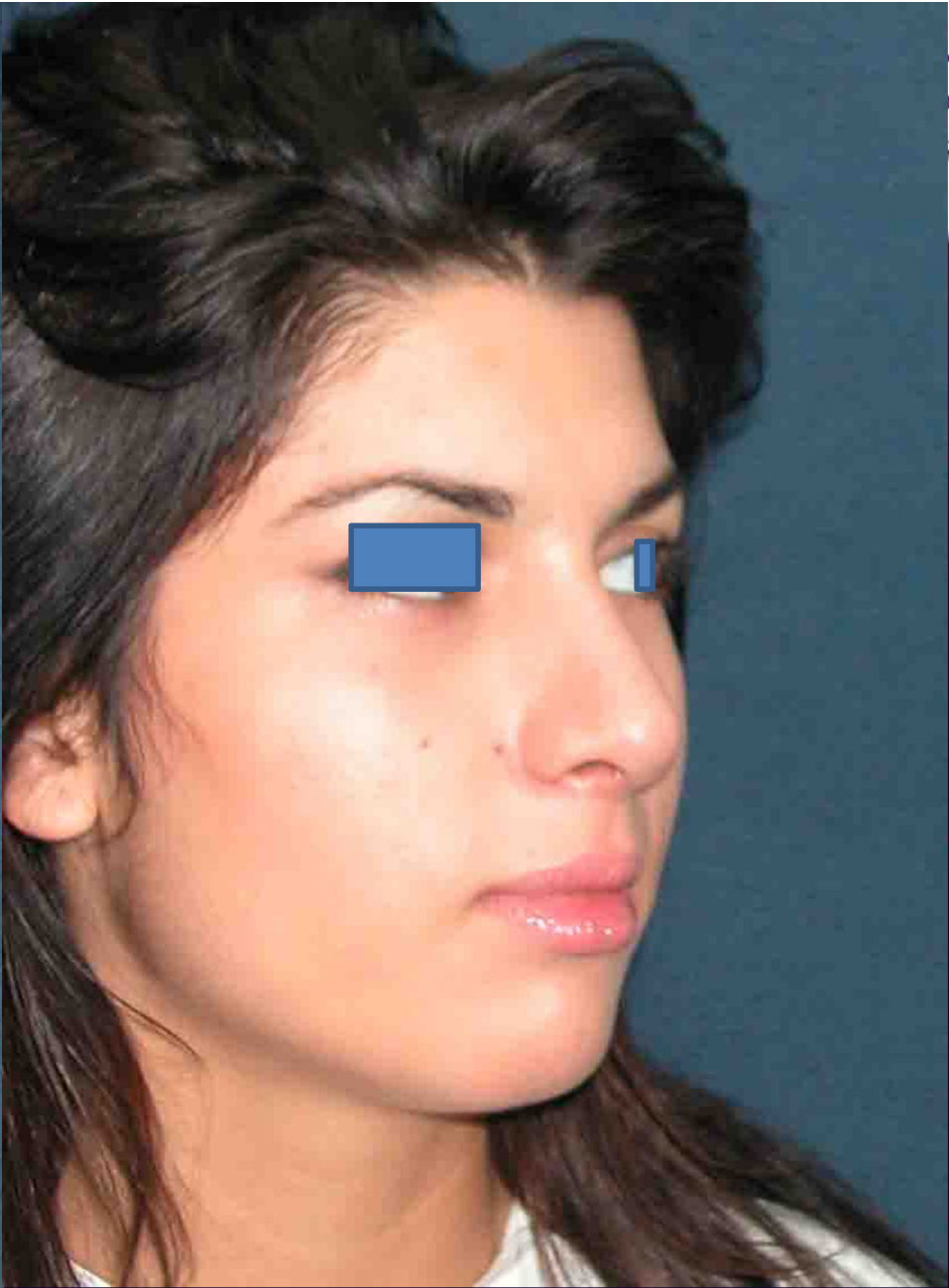
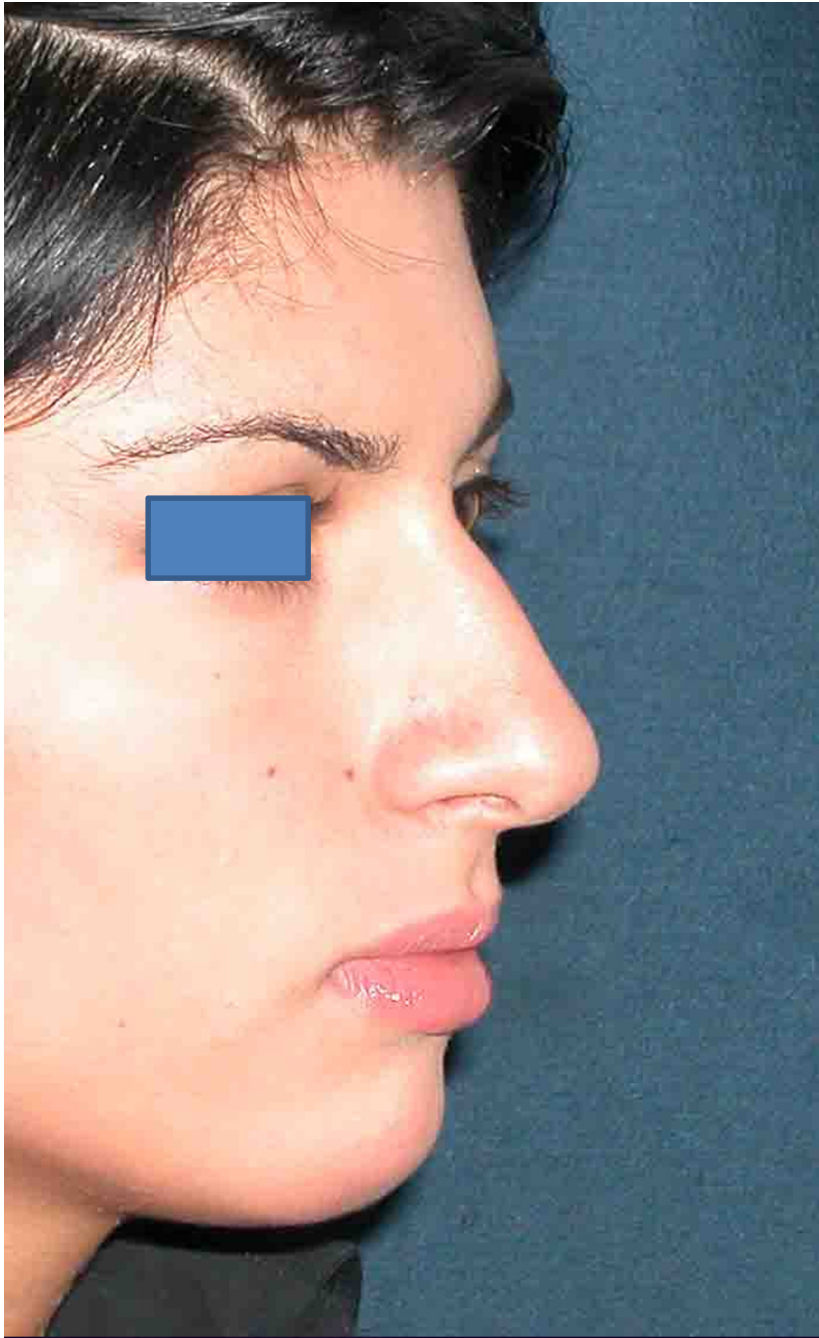
Wide Nasal base

Bulbous tip

Absent Alar Crease

Ill Defined Tip







Elements of Unsatisfactory result

Classification

1. Skin Soft Tissue
2. nasal Tip/ Nostril
3. cartilaginous framework
4. Osteo cartilagenous framework
5. Internal nose- Sphincters

Skin Soft Tissue

TIP

Excessive thinning

asymmetry

scars

lack of definition

bulbousness

SUPRATIP AREA

Fullness

Depression



Problems

Excessive tip thinning
Over excision
cartilage/ fat
Dermal damage

Scarring
Skin necrosis
pressure of splint

Asymmetry
Dome area
Alar rim

nasal Tip/ Nostril

ALAR AREA scarring

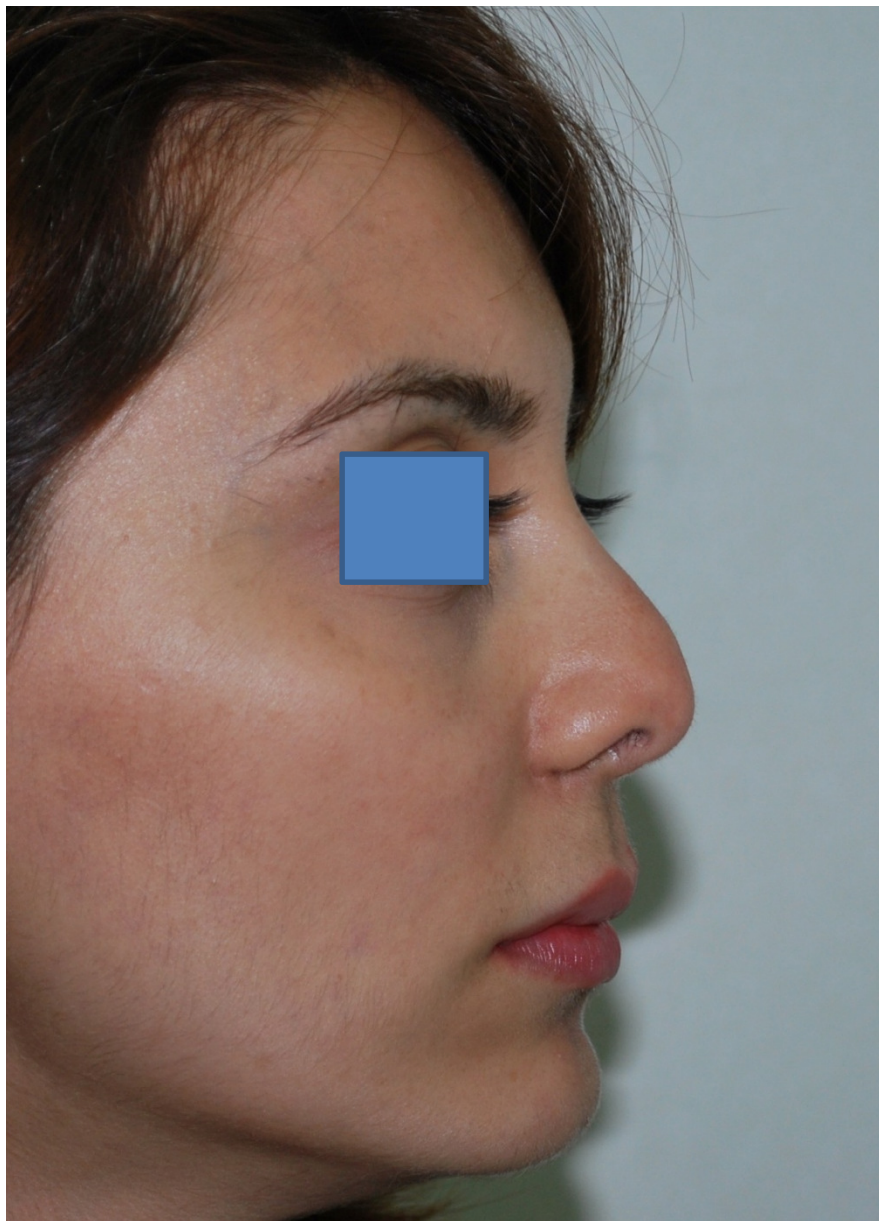
pinched ala

asymmetry

collapse



Problems
Asymmetrical Nostrils
Ill defined tip
Double barrel Gun Nostrils



Supratip deformity- Dome not constructed

Rotated Tip- over shortening of the septum



Alar Scar

Obliteration of Alar Groove



Over reduction of nostril size

Asymmetry

cartilaginous framework

Over excision causing tip deformities

Asymmetry

Buckling of lateral Crus

Pinched Nose

Over resection of Septum



Alar Collapse

Excessive removal of lateral crus
Of LLC

LLC/ ULC support system is lost

Alar Pinching & Airway obstruction

Osteo cartilaginous framework

Residual hump

saddle nose

Inverted V deformity

pinched nose

asymmetry

Deviated nose



Saddle Nose deformity due to over resection of the Dorsum

Tip Rotation

Alar collapse- Over excision of lateral crus

External Alar scars



Nasal Airway Obstruction- due to failure of Internal sphincter

Excision of ULC

Oral breather

Factors causing unsatisfactory results

Patient demand

Unrealistic expectations

Surgeon under pressure

Aesthetic/ Functional judgment

Over done

Local Nasal condition

Patient Noncompliance

Lack of follow up

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Gail Clough
Surgical Consultant

"Having personally experienced Dr Sanjay's professionalism and care, I'd recommend anyone considering surgery to read the book, contact him and make those changes. Similarly, if you are starting a career in this industry, you will save 10 years by understanding the dilemmas and home truths from the beginning."

Dave Crane
Hypnotherapist and Life Designer

DR SANJAY PARASHAR

REVEALING THE SKIN I'M IN

DR SANJAY PARASHAR

REVEALING THE SKIN I'M IN

The Naked Truth About
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