CHAPTER 11

Residual Bony Deformities

11.1 Introduction

Up to this point I have discussed immediate and early pitfalls. Residual deformities arising after primary rhinoplasty not stemming from those complications already discussed are due to errors in the conception of the surgery, errors in planning the different steps of the intervention, technical faults, and unpredictable and uncontrollable pitfalls and vagaries in the postoperative healing process. I will analyze and discuss these faults and pitfalls and the unfavorable results that follow them, and also the techniques with which it might be possible to avoid them and to correct them in secondary procedures. To prepare the way for this, I would first like to explain the different steps of both primary and secondary operations.

11.2 Order of Operative Steps

For secondary rhinoplasties I usually proceed in operative steps in the same order as in primary procedures. These are as follows:

1. Separation of the mobile part of the nose, which means dorsal skin, the tip, and the columella, from the stable part, i.e., bones, the upper lateral cartilages, and the septum
2. Removal of the hump (if present)
3. Correction of the septum (if necessary)
4. Modeling of the tip on the columella
5. Osteotomies
6. External resections and ancillary refining procedures

Other operators perform the steps in a different order:

1. Septoplasty, hump removal, modeling of the tip, osteotomies
2. Modeling of the tip, hump removal, osteotomies, septoplasty
3. Hump removal, modeling of the tip, osteotomies, septoplasty
4. Hump removal, osteotomies, modeling of the tip, septoplasty
5. Hump removal, osteotomies, septoplasty, modeling of the tip

It is now obvious that the correction of the septum has to be carried out together with the external rhinoplasty. It can be incorporated at the beginning, in the middle, or at the end of the operation.

For the approach to rhinoplasty, I have 15 internal and external incisions, which are shown in Figs 11.1–11.3. These are:

1. Erich incision (translobular)
2. Rethi incision (transcolumellar)
3. Réthi-Meyer incision
4. Transfixion incision
5. Basal incision (Cronin)
6. Mid-columellar incision (Sheehan)
7. Intercartilaginous incision
8. Intracartilaginous incision
9. Marginal incision
10. Infra-cartilaginous incision
11. Gillies-Potter incision
12. Marginal columellar incision
13. Buffalo-horn-shaped incision
14. Horizontal glabellar (Fritz, Peterson) incision
15. Canthal (Straatsma) incision

Since I begin a rhinoplasty with hump removal, I shall discuss the complications and secondary deformities after this maneuver first and then pass on to postoperative deformities of the bony framework and how they can be corrected.
Fig. 11.1A–C. External incisions: 1 Erich incision (translobular), 2 Rethi incision (transcolumellar), 3 Rethi-Meyer incision, 4 transfixion incision, 5 basal incision (Cronin), 6 mid-columellar incision (Sheehan), 7 intercartilaginous incision, 8 intercartilaginous incision, 9 marginal incision, 10 infracartilaginous incision, 11 Gillies-Potter incision, 12 marginal columellar incision, 13 buffalo-horn-shaped incision, 14 horizontal glabellar (Fritz, Peterson) incision, 15 canthal (Straatsma) incision.

Fig. 11.2. Intercartilaginous incision already done, and infracartilaginous incision being performed.