

# Nose about

**Dr Timothy Eldridge**  
on non-surgical rhinoplasty

The first signs of non-surgical treatments to the nose were discovered in Egypt and the Far East hundreds of years ago. In the fifteenth century surgical interventions consisted of skin flaps from the arm, which failed after a short period of time leading to septicaemia and death. In the eighteenth century surgical rhinoplasty evolved for the punishment of criminals with amputation of the nose, and later that century, a technique was developed for nasal reconstruction using a frontal flap.

In the early 1900's paraffin was injected to improve the appearance of the nose, initiating the first non-surgical approach to rhinoplasty. Since this time rhinoplasty has always been regarded as a surgical procedure, however with current, modern, safe, predictable fillers, such as the Perfectha range, we can provide a non-surgical approach to rhinoplasty.

Fillers are much less invasive than surgery and in some instances are proving to be the ideal alternative. There are many advantages of using fillers as an alternative to surgery. Fillers have a finite life, meaning the products breakdown naturally over a period of time.

Although this requires repeated treatment to maintain the effect, the desired result can be altered as the natural aging process occurs, giving a harmonious outcome. Recovery down time is reduced with fillers and patients can generally return to work immediately with limited side effects. In approximately 30 minutes' patients can experience pleasing results without the need to take any time away from their daily commitments. The effect will last for months, but crucially is not permanent, allowing adjustments to be made at the next appointment should it be necessary.

The results achievable with fillers, are however restricted, and reducing the size or width of a nose or a hump can be a challenge.

The nose plays a vital aesthetic role in harmonising the upper and lower part of the face. When performing medical rhinoplasty, one should always enhance the patient's ethnic features rather than dilute them. There is no standard technique for medical rhinoplasty with fillers, the technique depends upon a number of variations including the defect to be corrected, the anatomy of the nose and the ethnic

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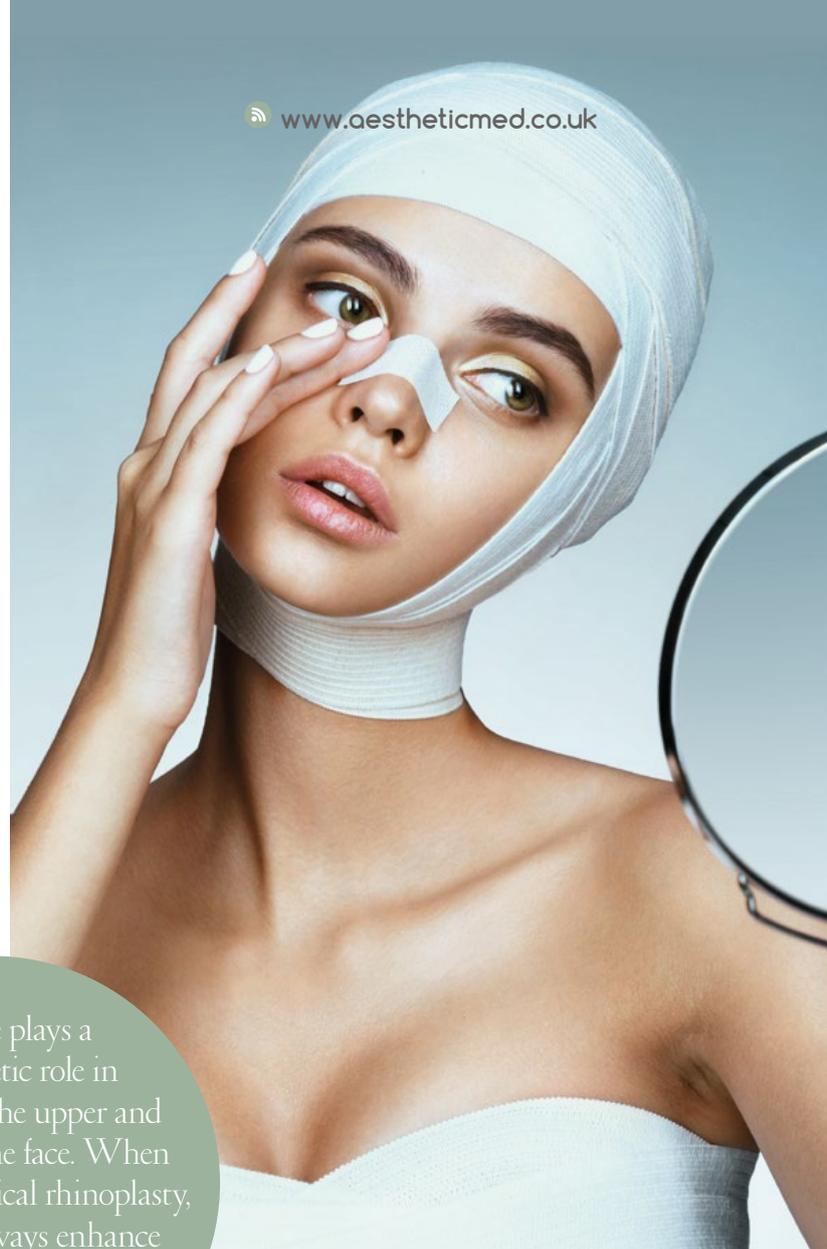
features of the patient. There is quite a difference in anatomy between Caucasians and African, Far and Mid-Eastern races, hence a different approach will be required.

The nose is a hub of arteries, veins and nerves so to avoid any complications, a thorough understanding of its anatomy is required. The majority of complications associated with medical rhinoplasty are due to accidental injection into blood vessels, compression of blood vessels causing local problems or embolization.

Both cannulas and needles can be used to augment the nose. Cannulas obviously reduce the risk of intravascular injection but this is not guaranteed. Depending on the shape of the nose it can be difficult to augment certain areas with cannulas, especially if there is a large dorsal hump. In these circumstances a needle may be better, but technique relies on good aspiration.

## FILLER OPTIONS

Which filler is most suitable to augment the nose is an important question. Biphasic fillers such as Perfectha Deep, which have a larger particle size are generally regarded the choice of material over monophasic fillers for rhinoplasty. There is a reduced risk of intravascular injection using biphasic fillers, and they absorb less water so are less likely to cause problems of unwanted increased volume.





Case Study 1: 19-year-old woman with minor defects

This young woman regularly attends for rejuvenation of her lips with Perfectha Deep. She had heard that she could subtly improve the appearance of her nose, non-surgically with the use of fillers. Her presenting complaint was that her nose had a small bump in it, and generally she did not like the overall appearance.

On examination of the patient her nasal profile was fairly regular. Topical anaesthetic cream was applied for 30 minutes pre-treatment and the area was cleansed in accordance with correct protocol. The correction was very simple with only 0.3mls of Perfectha Deep using a needle technique. The result is immediate and the patient returned to her daily routine.



Case Study 2: 28 year old woman concerned with "bulky nose"

This young woman is a regular aesthetics attender, previously receiving botulinum toxin type A injections and Perfectha Derm in the lips. On these visits she often mentioned that she was saving up for surgical rhinoplasty. She was unaware that aesthetic improvements could be made to the nose, with hyaluronic acid fillers. After discussing the risks and benefits of surgery and fillers she opted to attend one of our training courses as a model.

Again, only minor adjustment is needed to create a more aesthetically pleasing nose. Topical anaesthetic was placed 30 minutes pre-treatment and the area cleansed in accordance with correct protocol. Perfectha Deep was injected using a needle technique and a total of 0.3mls was administered. Not only is the nose a more pleasing shape, it actually appears to be smaller! The patient was extremely happy and it exceeded her expectations.



This patient was recommended by Bristol hospital, to come for a consultation for medical rhinoplasty to improve the appearance of the defect in the left hand side of his nose tip. The history behind the defect stems from his profession of polishing fine metals. Early in his career he

Left: Case Study 3: 53-year-old male

did not wear any protective masks, and for many years was inhaling metal filaments. This had destroyed the supporting structures of his nose leading to the defect. He was scheduled to have surgery with bone taken from his hip area, to rebuild the supporting structures of his nose, however, there was no guarantee that the defect would improve, this was a concern to the patient. Topical anaesthetic was placed for 30 minutes and the area cleansed in accordance with correct protocol. Approximately 0.15 mls of Perfectha Deep was injected into the defect area. The appearance has remained stable for over two years now.



39-year-old male post septo rhinoplasty

Post-surgical rhinoplasty can cause difficulties when performing medical rhinoplasties. The vasculature can be proven to be a problem along with adhesions. This doctor was attending a Perfectha advanced rhinoplasty masterclass hands on training course, to learn the technique. During the course delegates assessed each other. His history revealed several broken noses from playing rugby. Once his rugby career finished he decided to undergo surgery, which he was very satisfied with. During the assessment of each delegate he expressed an interest in improving the appearance. After 30 minutes of topical anaesthetic, the area was cleansed in accordance with correct protocol. A total of 0.3mls Perfectha Deep was injected into various parts of the nose to improve the overall appearance. Not only does the nose appear straighter, in profile the tip is more rounded producing a softer more pleasing look. The patient was very pleased with the result, minimal down time, and continued to successfully treat his own patient on the course.

In summary, using fillers as an alternative treatment requires a thorough knowledge of anatomy combined with safe standards (a good aseptic technique), recognised techniques and artistic flare. Currently fillers will never replace surgery, but for minor defects they are a perfectly suitable alternative. Hyaluronic acid fillers are the most appropriate filler due to their limited life span and the ability to dissolve should the need arise, so they are more easily corrected than the alternative fillers. Results can last anywhere between 18 months and 24 months with fillers. **AM**

#### REFERENCES

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**Dr Timothy Eldridge BDS** founded myFACE dentistry and facial aesthetics in Cheltenham in 2009 and is the principal dentist. Today he spends the half of his time in practice combining non-surgical treatments with cosmetic and restorative dentistry, and the other half as a clinical supervisor at Birmingham Dental Hospital. He is a full member of the British Academy of Cosmetic Dentistry and is currently chairman of CODE. Dr Eldridge has trained hundreds of dentists, doctors, therapists, hygienists and registered medical nurses both nationally and internationally. He is the trainer and course leader for Dr Paul Tipton's facial aesthetic training courses, and is a committee member of the British Academy of Restorative dentistry.