



# Rhinoplasty: ACHIEVING HARMONY BETWEEN FUNCTION AND BEAUTY

I sat in the make-up chair in the basement of my church having the last touches put on my face before hitting the stage. We were doing HMS Pinafore and I was deep in meditation, quietly reciting lines to myself, becoming my character. A voice interrupted my solitude. It came from one of the other leads. Sitting adjacent to me he had been looking at my profile and abruptly broke the silence with an unsolicited observation. "You, know Chris...you have a very prominent nose." Never liked that kid much.


The nose is indeed a high-visibility aesthetic feature. Hard to miss, right there in the middle of your face. Ideally, it should complement your surrounding facial structures in perfect balance. It should not distract because of size, shape or asymmetry. When people look at you, they should be vaguely aware of your overall appeal without being overly conscious of any one facial feature. When you speak you would like to be heard, not stared at (or puzzled over). At The Center for Aesthetic Surgery in Colleyville, Dr. Yadro Ducic's mission is to produce a result that is symmetric, long-lasting, fits your face and allows you to breathe well.

In addition to the breathtaking aesthetic improvements Dr. Ducic offers he is committed to producing exceptional functionality for his patients. The nose serves a very important purpose. It warms and humidifies the air that we breathe. Think of times when you have been unable to breathe well, such as during a bad cold. Deviation of the septum is a common problem that can be addressed surgically and does not generally change the outward appearance of the nose. Some patients, however, have deviation of the outside of the nose as well due to congenital problems or old traumas. Surgically repairing these types of conditions can create optimal respiratory function. Thus, the old adage "a nose that looks good often breathes well" certainly applies. We can reshape the nose, correcting airway issues and visible asymmetries on the outside at the same time. Translation: you can have a nicely shaped, symmetric nose that has excellent function.

Some patients simply want a "smaller nose." This is often achievable but there is a limit as to how small is appropriate. By reducing a nose too much, you begin to lose permanent functionality which

can only be repaired with secondary reconstructive surgery. Long-term, if a nose does not have adequate support, it will begin to twist and collapse as you age. Also, a nose that is too small for your features will appear out-of-balance, much like one that is too big. In addition, a nose that is too small will look "done," like you have had a rhinoplasty. (See Joan Rivers.)

Various techniques may need to be employed. Sometimes, goals can be reached with incisions hidden inside the nose and with minimal swelling. Other times, a small incision may be needed across the base of the nose which generally heals as a small imperceptible scar. This allows Dr. Ducic to work directly on the framework and place small pieces of carved cartilage into areas of the nose that are indented or don't have enough support. Cartilage can be taken from the crooked part of your septum (kind of like recycling) or occasionally from the back of the ear (not generally changing its shape or affecting hearing) or from the rib (through a small incision hidden below the breast). Using your own material rather than cadaver cartilage or synthetics is always preferable due to the risks of infection and rejection.

In certain cases, it may take up to one year to achieve the final result as the swelling comes out very slowly. You have to be dedicated to protecting your nose from injury during the healing period until you are completely healed. 

References: 1. Closed Rhinoplasty. Y. Ducic, R. Defatta. In *Operative techniques in Otolaryngology-Head and Neck Surgery, Cosmetic Issue*. September 2007:18(3):233-242 2. Restorative Rhinoplasty in the Aging Patient. CS Cochran, Y. Ducic, R. Defatta. In *Laryngoscope*. May 2007:117(5):803-807 3. Rethinking Nasal Osteotomies. CS Cochran, Y. Ducic. In *Laryngoscope*. April 2007:117:662-667, 4. Treatment of Nasal Fractures. R. Defatta, Y. Ducic, CS Cochran, P. Sabatini. In *Textbook of Otolaryngology-Head and Neck Surgery, Second edition 2007.*, 5. Surgical Correction of the Deviated Septum. Y. Ducic, P. Hilger. In *Facial Plastic Surgery Clinics of North America*. August 1999:319-332



**Dr. Yadro Ducic**

A Clinical Associate Professor at the University of Texas Southwestern Medical Center in Dallas and the Director of The Center for Aesthetic Surgery in Colleyville. He may be reached at 817-503-2442 or for more information visit [www.drducic.com](http://www.drducic.com).



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YADRO DUCIC, M.D., FRCS(C), FACS  
JONATHAN HEISTEIN, M.D.  
LARRY REAVES, M.D., FACS  
JESSE SMITH, M.D., FACS

75 MAIN STREET, SUITE 150  
COLLEYVILLE, TX 76034  
817-503-2442

