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Experience in avoiding and managing revision rhinoplasty

Revision Rhinoplasty is one of the most challenging facial plastic surgical procedures. Many of our referral unhappy or dissatisfied revision cases have been to the plastic surgeon for their primary assessment or their first surgery and referred to us for both functional and aesthetic correction of their iatrogenic deformities after having had their primary surgery by the plastic surgeon. Additionally, there are usually psychological issues that need to understand and deal with to achieve a satisfactory outcome, assessment and careful pre-operative analysis remains the key for any successful revision Rhinoplasty surgery. The best form of treatment is prevention. This requires an understanding of the complex anatomy and physiology of the nose. The external approach is applied for most revision cases, which offers several advantages: direct visualization of underlying anatomic structures, adequate diagnosis of the existing deformity and exact placement of grafts and implants. The treatment is also multifactorial: Osteotomy and rasp techniques are used to realign; (intact, crushed, diced, or morsilized) cartilage grafts are used to fill in, camouflage, smooth out, elevate, and contour different defects. In severe cases irradiated rib cartilage or alloplastic Gore- Tex in Fascia lata are used to fill in large defects when other grafting options are not available. The most common postoperative Rhinoplasty deformities encountered are described and how they can be corrected is presented, with pearls for preventing such problems.

Biography

Sameer Bafaqeeh is a Professor and Consultant at Department of Otolaryngology and Chairman of Facial Plastic Division. He is Director of King Saud Facial Plastic Fellowship program and Chairman of Annual International Riyadh Rhinoplasty & Otoplasty Course, at King Saud University.

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