

How to create an ideal and stable tip projection and rotation

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Abstract

Rhinoplasty is one of the most challenging esthetic surgeries. The ability to achieve precise and predictable changes in the shape and position of the nasal tip is still among one of the demanding areas of rhinoplasty. Many techniques were used to ensure an adequate nasal tip projection and rotation; however, there is little evidence to support long-term efficacy of this technique. We reviewed different techniques to find the best one for usual cases. Rhinoplasty to reshape the nasal tip is increasingly popular among Chinese women. Aesthetic standards vary across different ethnic groups and it is key to identify preferences for the ideal nasal tip in China to set surgical goals. Therefore, we administered an online survey to plastic surgeons and the public through social media to rank nasal tip images by aesthetic preference. Images were created from a single photograph to show various dimensions of nasal tip projection to nasal dorsum length ratio (NTP/NDL) and nasal labial angle (NLA). Preferences were compared by age, sex, living area, ethnic background, occupation, and history of plastic procedures on respondents' preferences. Overall, there were 703 respondents, including 441 (63%) women and 50 plastic surgeons. Nasal tip projection to nasal dorsum length ratio of 0.63 was ranked highest by all demographic groups, including women (47%), men (50%), and plastic surgeons (66%). Nasal labial angle of 106° was first choice overall and preferred by 34%, 34%, and 52%, respectively. Preferences followed a bell curve for NTP/NDL and NLA, with lower rates of preference as parameters diverged further from the first choice. The preference for NTP/NDL of 0.63 and NLA of 106° was conserved across surgeons, lay people, and all demographic groups. The authors suggest that these proportions could be used as reference for preoperative design in rhinoplasty.

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Biography

Plastic Surgeon with experience of working at a very high volume centre at various positions. Attended multiple CME, s as well as conferences for regular upgrading of skills as well as fine tuning of knowledge. Worked as Senior and junior resident in different departments prior to present position. Past positions have included

both emergency departments and independent clinic work. Excellent bedside manner and patient communication skills developed through more than a decade of combined schooling and experience.