

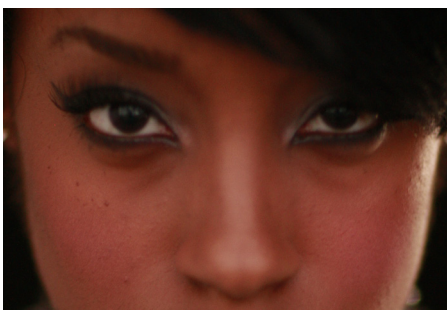




THE NOSE IN PROFILE

*FEW PROCEDURES ARE MORE POPULAR THAN RHINOPLASTY—AKA, THE NOSE JOB—
AND FEW REQUIRE GREATER SKILL FROM A TRAINED COSMETIC SURGEON.*

WORDS J.P. Faber PHOTOGRAPHY Tommy Chung



The nose. It takes center stage on the face, and it's no wonder, then, that it inspires all kinds of cosmetic issues:

- Nasal Bump
- Bulbous Tip
- Too Wide
- Too Narrow
- Overprojected
- Underprojected
- Nasal Fracture
- Twisted Nose
- Droopy Nose
- Upturned Nose

Some of these we're born with and others are the result of a traumatic experience.

"Rhinoplasty," says top Washington, D.C., cosmetic surgeon Steven Hopping, MD, "is probably the most dramatic procedure you can do on the face, especially with a young woman who has inherited her father's nose. It's life-altering."

Dr. Hopping knows better than most. He has performed more than 2,000 rhinoplasties (nose jobs) in his career, and has served many of the notable congressional families along the way. But being in the nation's capital gives him no monopoly on the simplest of insight into beauty: that the nose occupies center stage on the face, and that nothing mars your appearance more than a misshapen or disproportionate one. "The nose is a very strong facial feature, and rhinoplasty is probably the top procedure for improving the facial appearance," says cosmetic surgeon Peter Schmid, MD, who performs between 50 and 100 of the procedures annually at his offices outside of Denver, Colo.

KNOWING THE NOSE

In all cosmetic procedures, form should follow function, and this is especially true with rhinoplasty.

The nose is not a terribly complicated machine. It consists of a bony base at the skull, a framework that is extended further by cartilage. It has two sides, each with a nostril to draw air into your lungs; these nostrils are divided by a wall called the septum. The whole thing is covered with skin, with soft tissue and hair follicles inside to filter the air. That's about it.

When a cosmetic surgeon performs a rhinoplasty, he or she is usually trimming down the bony hump of the nose, also called the dorsal hump, or making the nose smaller by removing cartilage tissue from the interior. Sometimes the cosmetic surgeon also rebuilds, using cartilage or bone from somewhere else on your body, or a synthetic bone or cartilage.

The two basic types of rhinosplasty are "open" and "closed." In the former, the bridge of the nose is cut, and the skin pulled back; in the latter, the surgeon works through the nostrils. "Open" allows much better surgical control over the shaping of the nose; "closed" means no chance of a scar across the flap of skin where your nostrils divide, and quicker recovery time.

THE 'NATURAL' NOSE

The good news is that cosmetic surgeons are getting better and better at the art of rhinoplasty. Rarely does one see the pinched, tiny overly clipped nose that has been dubbed "the Michael Jackson nose." Today it is far better to err on the side of caution.

"Philosophically, aesthetically and techni-

cally the trend is toward more conservative procedures—along with better functionality," says Dr. Hopping. "The latest wave of technical influence is, rather than excision (cutting), to use sutures to mold cartilages to create the refinement. It's less destruction, more preservation."

This approach follows the overall trend in cosmetic surgery toward more subtle, rather than radical, change.

Less radical change is only one aspect of the modern nose job, however, and only one measure of how well it is done today. Unlike the noses of yesterday's plastic surgeons, wherein a surgeon would make them all the same, today's cosmetic surgeons are highly sensitive to individual patients.

"I think that my patients appreciate the fact that I do not supply the standard, upturned, Anglo cookie cutter nose," says cosmetic surgeon Anna Petropoulos, MD, who practices in suburban Boston. "The fact that I have a Mediterranean background helps me preserve someone's ethnicity while giving them an attractive nose."

Dr. Petropoulos, who is Greek by birth, is expert in "Italian, Greek and Jewish noses, typically large noses with humps or bulbous tips," she says. While she also does some "very fine Anglo Saxon noses," Dr. Petropoulos works meticulously to create an attractive nose that is perfectly in keeping with the patient's background and bearing. "It not only has to match their demeanor and personality but their ethnicity and overall appearance," she says.

Compare this to the famous 'Diamond' nose of the 1970s, named after Dr. Howard Diamond of Manhattan, a plastic



Noses come in all shapes and sizes. There is no 'right' one for every face. (Clockwise from upper left: Cate Blanchett; Javier Bardem; Adrien Brody; Oprah Winfrey)



Before



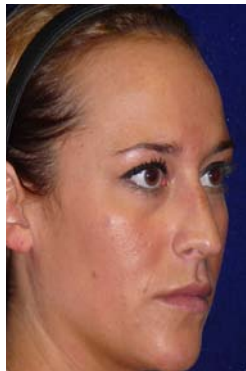
After



Patient shown before and after nose narrowing.

Photos courtesy: Dr. Steven Hopping.

Before



After



Patient Gillian Mateo shown before and after dorsal hump removed.

Photos courtesy: Dr. Anna Petropoulos.

ANATOMY OF A NOSE [JOB]

As for the shape you want, it's usually a matter of the nose being too long, too short, too wide or plagued by a bump. Once these are adjusted, the rule of thumb is that the bridge of the nose should be at about a 35-degree angle, and the profile angle from the base of nose—where it meets the face—should be 100 to 110 degrees in women, and 90 to 100 degrees in men. The nose should occupy a nice one-third of the face, matching the space from the eyebrows to the hairline, and from the tip of the nose to the chin. The base of the nose should be no wider than the space between the eyes, or one-fifth of the overall width of the face.



Patient Ashley Apparito shown before and after dorsal hump removed.

Photos courtesy: Dr. Peter Schmid.

surgeon who gained fame for making the operation more predictable—as well as more standardized. In those days, every Jewish girl in the New York metro area wanted a Diamond nose. “Long Island in the ‘70s was a place where a nose job was all too commonplace and Dr. Diamond was the surgeon of choice,” says Gayle Kirshenbaum in her documentary project *My Nose*. “A Diamond nose was recognizable by signature nuances, a flare there, and an upturn here.” Even 40 years later, a Diamond nose can still be recognized.

How different that is from today, with its emphasis on natural appearance and harmony with the individual’s facial characteristics. “My client population is primarily Caucasian, but with a strong Mexican, or Latin, component,” says Dr.

Schmid. “One of the challenges is retaining the ethnic characteristics, not to create an Americanized nose, but an attractive Latin American or ethnic type.”

THE REPAIR JOB

Probably the toughest challenge a cosmetic surgeon faces with rhinoplasty is revision or secondary rhinoplasty reconstruction—repairing work done by an inexperienced plastic surgeon, or by one who has acquiesced to a patient’s wish to take too much away.

“About 30 percent of people who come to me for rhinoplasty are coming to have it redone,” says cosmetic surgeon Dr. Curtis Schalit, who performs the procedure about 40 times a year in his Daytona Beach, Fla.-based practice. “These are people who have had too much of the nose taken away...

[sometimes] the supporting structures are gone, and they are one operation from a total collapse. That’s what happened with Michael Jackson—somebody went too far.”

In order not to go too far, Dr. Schalit, like Drs. Hopping, Petropoulos and Schmid, spends considerable time with patients to understand—and visualize—what the patient wants, and to determine if it’s possible. “Most people bring in pictures of people,” he says. “I had one patient who brought in a picture of Ashley Simpson. She [my patient] had a similar nose, so it was something we could achieve.”

Listening to what the patients want to accomplish, these and other cosmetic surgeons frequently use computer-generated design programs to illustrate the outcome.

“My process is always the same,” says Michael Will, MD, president of the American Board of Cosmetic Surgery, who practices in suburban Maryland. “I always ask the patients what brings them in, what concerns they have, and what they like or don’t like about their nose. We stand in the front of the mirror and talk about it. Then we sit in front of the computer and do some morphing, to see whether we are addressing those concerns.”

PATIENT PERSPECTIVE

This was the case with Ashley Apparito, a patient of Dr. Schmid’s who had broken her nose as a child and who, as a teenager, wanted the bump it created to be removed. She also had trouble breathing as a result of the childhood accident.

Ashley followed her initial consultation with computer imaging sessions with Dr. Schmid, who altered photographs of her nose to show the shape of things to come.

While most rhinoplasty operations take two hours or less, Ashley’s took more than four hours because of bone damage her accident had caused. And like most patients, Ashley had to undergo a few initial days of discomfort during her recovery.

“I would say that the second day [after the operation] was the worst,” says Ashley, an 18-year-old college student. “My swelling and bruising was a lot worse. My brother came up with the nick-name ‘blow fish’ for me, because my cheeks were so swollen.”

Ashley’s discomfort, however, soon gave way to ecstasy. “Once I got the cast off it was amazing,” she says, and as time passed the swelling reduced and her nose became progressively smaller. Within a few months the nose also regained feeling (it had been a little numb at the tip) and softness. “Now I’m in love with the nose. I just love it... [My doctor] did a wonderful job. I would recommend it to anyone.”

For Gillian Mafeo, a patient of Dr. Petropoulos, recovery was much less difficult.



The Art and the Science: Dr. Peter Schmid, a cosmetic surgeon in Longmont, Colo., brings his skills as a sculptor to the art of the rhinoplasty.

“I know that people always say, you should love yourself for who you are, but this boosted my confidence. I feel on top of the world. I feel beautiful.”

—Gillian Mafeo, a patient of Dr. Anna Petropoulos, Boston, Mass.

After a closed rhinoplasty to address a dorsal hump, she was out of the hospital the next day. Although groggy from anesthetics, took only Extra Strength Tylenol for the pain. “I had no bruising and no swelling,” she says. “I had a cast on my nose, a solid one [which] came off after about a week and a half.” What Gillian

saw so impressed the Boston-based public relations agent that she posted a picture of herself on Facebook. “I got a hundred comments,” she says.

“I know that people always say, you should love yourself for who you are,” she says. “But this boosted my confidence. I feel on top of the world. I feel beautiful.” Gillian was working for one of the country’s largest ad agencies when she got her procedure. Since then she has started her own PR firm.

Other patients report similar ease of recovery. Merlene Garner, a 66-year-old patient of Dr. Schalit’s who underwent a “closed” procedure, says she was surprised at how little trauma she endured. “It was amazing how little discomfort there was, it was so minimal,” she says. “It was an outpatient surgery experience. I came home shortly after I was brought into the recovery room.” Merlene says that when the dressing came off, she had some bruising under the eyes, “but it goes away rather quickly. I looked much worse than I felt.”

Most cosmetic surgeons will tell their patients that recovery can take up to a full year, though most of the changes will be apparent fairly early on.

“There is a very high degree of patient satisfaction because it’s immediate,” says Dr. Will. “The results are concealed for a short time [by bandaging, etc.]—perhaps a week on average—then they immediately see that the bulbous nose has been reduced, or the hump removed. It’s a very rewarding procedure for the surgeon and patient alike.”

But you don’t need to tell that to the patients of experienced cosmetic surgeons.

“I am obsessed with my nose,” says Gillian. “Every time I look in the mirror I think, ‘That’s flawless.’ I absolutely love it.”