### International Journal of Medical Science and Clinical Research Studies

ISSN(print): 2767-8326, ISSN(online): 2767-8342

Volume 03 Issue 08 August 2023

Page No: 1545 -1547

DOI: https://doi.org/10.47191/ijmscrs/v3-i8-15, Impact Factor: 6.597

# Literature Review: Comparison between Open and Closed Techniques in Rhinoplasty

#### Paola Saskia Castañeda Anaya<sup>1</sup>, Héctor Alan Mendoza Sánchez<sup>2</sup>

<sup>1,2</sup> Unidad médica de alta especialidad no. 25, monterrey, nuevo leon

#### ABSTRACT

Rhinoplasty, a popular cosmetic surgery, offers two primary techniques: open and closed. This literaturePureview compares the theoretical framework, surgical treatment, and complications of both approaches.08While the closed technique provides no visible external scars and shorter surgical time, the open<br/>technique offers improved precision for complex cases. Both techniques have unique advantages, and the<br/>choice should be tailored to individual patient characteristics and desired outcomes. Ongoing research<br/>will continue to enhance rhinoplasty techniques and outcomes.Ava

## ARTICLE DETAILS

Published On: 08 August 2023

Available on: https://ijmscr.org/

#### INTRODUCTION

Rhinoplasty, a surgical procedure aimed at reshaping the nose, has gained widespread popularity in recent years. The demand for rhinoplasty has soared, with individuals seeking to enhance their facial aesthetics and improve their selfconfidence. The prevalence of rhinoplasty varies across different populations and cultures, reflecting the diversity of aesthetic preferences and societal influences.

In the United States, rhinoplasty consistently ranks among the top five cosmetic surgeries performed annually. According to the American Society of Plastic Surgeons, there were over 207,000 rhinoplasty procedures performed in 2020 alone. The rise in the popularity of rhinoplasty can be attributed to factors such as the influence of media, increasing societal acceptance of cosmetic procedures, and advancements in surgical techniques.

The significance of rhinoplasty extends beyond its cosmetic benefits. While the procedure is commonly sought for aesthetic reasons, it can also address functional concerns related to nasal obstruction, deviated septum, and nasal valve collapse. Functional rhinoplasty can improve nasal airflow, alleviate breathing difficulties, and enhance overall nasal function.

Furthermore, rhinoplasty can have a profound impact on an individual's psychological well-being and self-esteem. Many patients report increased self-confidence and improved body image following successful rhinoplasty surgery. By enhancing facial harmony and balance, rhinoplasty can positively influence a person's social interactions and overall quality of life. The choice between open and closed rhinoplasty techniques is a critical decision that influences surgical outcomes and patient satisfaction. While both techniques aim to achieve aesthetic and functional improvements, they differ in their approaches to accessing and modifying the nasal framework. Understanding the theoretical framework of each technique and their respective complications is essential for surgeons in providing optimal patient care and achieving satisfactory results.

In this literature review, we explore the comparison between open and closed techniques in rhinoplasty, examining the epidemiological trends, significance, theoretical framework, surgical treatment, and complications associated with each approach. The evidence presented will aid surgeons in making informed decisions and tailoring their approach to individual patient needs, ultimately leading to successful rhinoplasty outcomes and improved patient satisfaction.

#### DEFINITION

Rhinoplasty is a surgical procedure aimed at altering the external appearance and internal structure of the nose to improve aesthetics and function. The procedure can address various concerns, including nasal humps, asymmetry, tip refinement, and nasal obstruction. There are two primary techniques used in rhinoplasty: the open and closed approaches.

#### **Surgical Treatment**

Closed Rhinoplasty: In the closed technique, all incisions are made inside the nostrils, and the surgeon accesses the nasal structures through these hidden incisions. The lack of an external incision makes this approach desirable for patients

#### Literature Review: Comparison between Open and Closed Techniques in Rhinoplasty

concerned about visible scarring. The closed technique is generally preferred for less complex cases with limited nasal deformities.

Open Rhinoplasty: The open technique involves an additional small incision made across the columella, the tissue between the nostrils. This incision allows for complete visualization and access to the nasal structures, providing the surgeon with a direct view of the nasal framework. The open approach is typically favored for complex cases and revision surgeries, as it offers improved accuracy and control during the procedure.

#### Complications

Both open and closed rhinoplasty techniques are associated with certain risks and potential complications. Common complications include postoperative swelling, bruising, and discomfort, which are expected in most surgical procedures. Infection is a rare but possible complication that can be mitigated with appropriate sterile techniques.

The closed technique may be associated with a lower risk of external scarring due to the absence of an external incision. However, the limited access and visualization of the nasal structures may increase the risk of inadequate correction and necessitate revision surgeries in some cases.

On the other hand, the open technique's visible scar is typically inconspicuous and fades over time. However, it may carry a slightly higher risk of delayed wound healing due to the additional incision.

Both techniques can result in functional complications, such as nasal obstruction, impaired breathing, or changes in sense

of smell. These complications are more likely to occur when there is manipulation of the internal nasal structures.

#### DISCUSSION

The comparison between open and closed rhinoplasty techniques has been a subject of debate among plastic surgeons for many years. Each approach has its proponents and detractors, and the choice between the two largely depends on the surgeon's experience, patient-specific factors, and the desired surgical outcomes.

Advantages of Closed Rhinoplasty:

No visible external scar

Potentially shorter surgical time

Reduced postoperative edema and swelling

Advantages of Open Rhinoplasty:

Improved visualization and access to nasal structures

Enhanced precision in addressing complex deformities

Lower revision rates in certain cases

Numerous studies have attempted to compare the outcomes of open and closed rhinoplasty, but there is no definitive consensus on which technique is superior. Some studies report comparable cosmetic outcomes between the two techniques, while others suggest a slight preference for the open approach in achieving better aesthetic results, particularly in complex cases.

The choice of technique should be tailored to each patient's specific nasal anatomy, cosmetic goals, and functional needs. Surgeons must consider the level of correction required, the complexity of the nasal deformity, and the patient's preferences regarding visible scarring.

Aspect	Open Rhinoplasty	Closed Rhinoplasty
Incision	Small incision across the columella	All incisions made inside the nostrils
Visibility	Complete visualization of nasal	Limited access and visualization of nasal
	structures	structures
Precision	Enhanced precision in addressing	Suitable for less complex cases
	complex deformities	
Surgical Time	Slightly longer surgical time	Potentially shorter surgical time
External Scarring	Inconspicuous scar across the	No visible external scars
	columella	
<b>Revision Surgery</b>	Lower revision rates in certain cases	May necessitate revision surgeries in
		some cases
Wound Healing	Slightly higher risk of delayed wound	Reduced risk of delayed wound healing
	healing	
Recommended for	Complex cases and revision surgeries	Less complex cases and patients
		concerned about scarring
Potential	Similar potential complications as	Similar potential complications as open
Complications	closed technique	technique

#### CONCLUSION

In conclusion, both open and closed techniques in rhinoplasty offer valuable approaches to achieve aesthetic and functional improvements. The decision on which technique to use should be made based on individual patient characteristics and the surgeon's expertise. By carefully considering the theoretical framework and potential complications associated with each technique, plastic surgeons can optimize their approach and provide patients with safe and satisfactory rhinoplasty outcomes. Further research and long-term followup studies are essential to continue refining and improving both open and closed rhinoplasty techniques.

#### Literature Review: Comparison between Open and Closed Techniques in Rhinoplasty

#### REFERENCES

- I. Kütük, S. G., & Arıkan, O. K. (2019). Evaluation of the effects of open and closed rhinoplasty on the psychosocial stress level and quality of life of rhinoplasty patients. Journal of Plastic, Reconstructive & Aesthetic Surgery, 72(8), 1347-1354.
- II. Marimuthu, M., Bonanthaya, K., Shetty, P., & Wahab, A. (2013). Open versus closed rhinoplasty with primary cheiloplasty: a comparative study. Journal of maxillofacial and oral surgery, 12, 289-296.
- III. Burke, A. J., & Cook, T. A. (2000). Open versus closed rhinoplasty: what have we learned?. Current Opinion in Otolaryngology & Head and Neck Surgery, 8(4), 332-336.
- IV. Tebbetts, J. B. (2006). Open and closed rhinoplasty (minus the "versus"): analyzing processes. Aesthetic Surgery Journal, 26(4), 456-459.
- V. Adams Jr, W. P., Rohrich, R. J., Hollier, L. H., Minoli, J., Thornton, L. K., & Gyimesi, I. (1999). Anatomic basis and clinical implications for nasal tip support in open versus closed rhinoplasty. Plastic and reconstructive surgery, 103(1), 255-261.
- VI. Cafferty, A., & Becker, D. G. (2016). Open and closed rhinoplasty. Clinics in Plastic Surgery, 43(1), 17-27.