

# Contents

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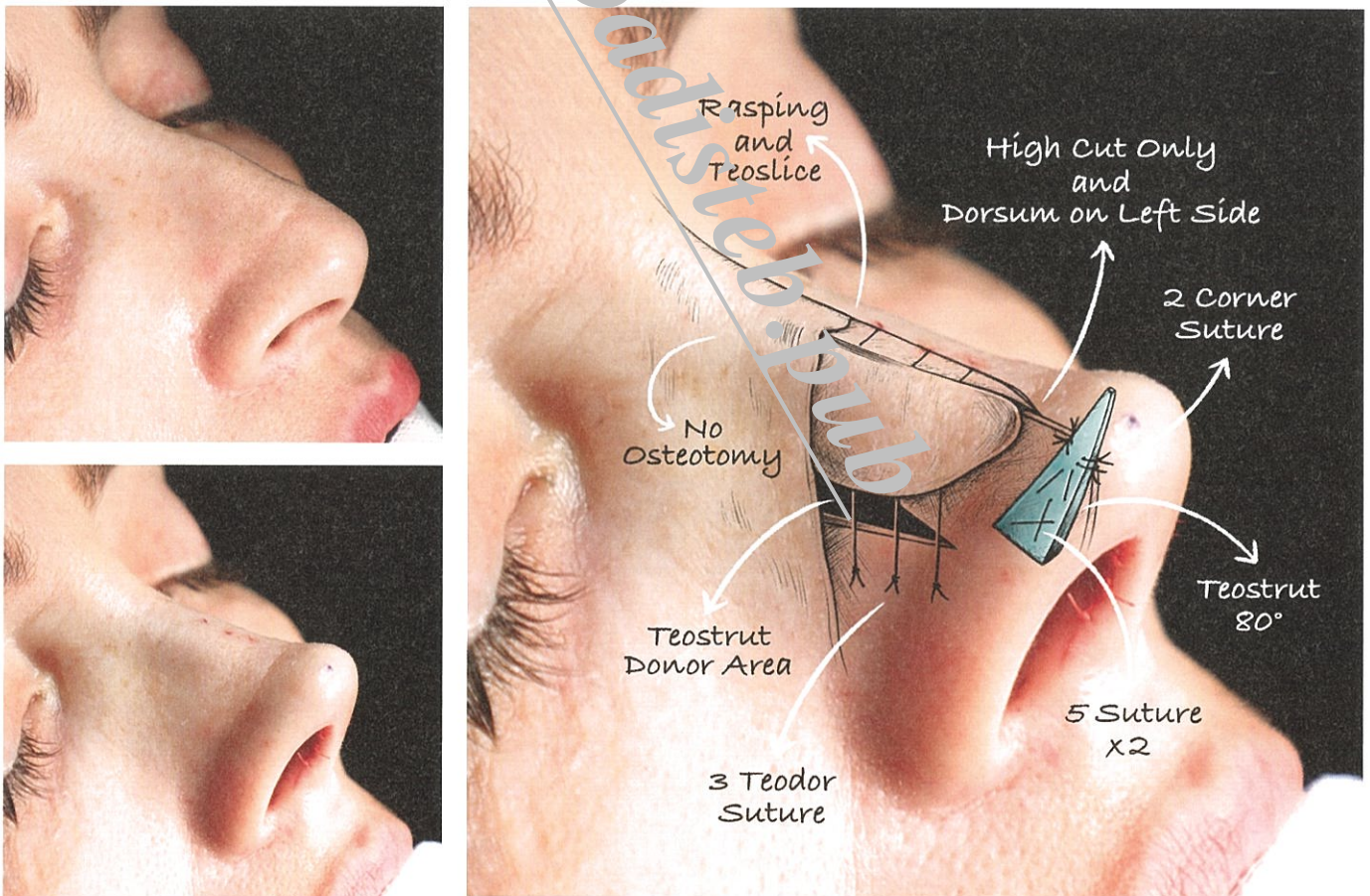
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## No Preoperative Plan

Classical teaching advises doing detailed analysis of the nose, and an operative plan before surgery. Although this advice sounds wise, this can be a trap for the surgeon. Any preoperative decisions, even a simple statement like "osteotomies will be necessary in this case" will subconsciously force the surgeon to do osteotomies without thinking if this is necessary at that stage.

In Teorhinoplasty we will not make early decisions for any future part of the procedure. We will follow the order of steps, and make a decision only for the step we are starting. In this way only, we can make the best decisions (Fig. 1).

**Fig. 1:** In this case with a mid size hump, osteotomies may first appear to be necessary. However, after dorsal rasping, the dorsum became flat and at a good level, and a no osteotomy dorsal reduction with rasping, slicing and fixation sutures revealed the best result in the most atraumatic way.



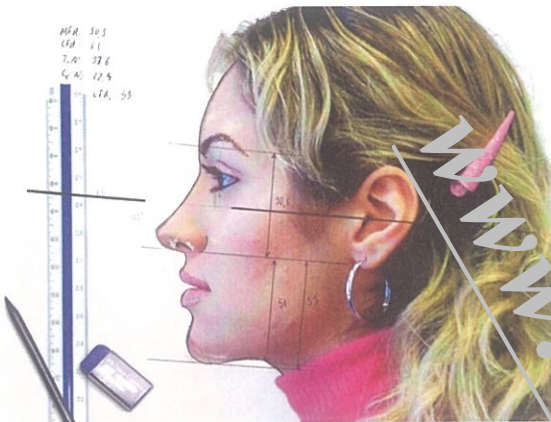
## No Golden Ratios

Aesthetic concepts are universal.

The surgeon must know that if he or she likes the final surgical result, everybody will like it. The opposite is also true, if he or she does not like the result, nobody will like it including the patient, even if all golden ratios are perfectly met.

For this reason golden ratios, measurements, beauty rules have no place in Teorhinoplasty. The surgeon must learn to trust only his or her eye and aesthetic instincts (Fig. 2).

**Fig. 2:** At the beginning of my practice, I conducted detailed ratio analyses and measurements with pen and paper on all my cases. This is an example from the year 2002. I gradually discontinued this practice over the years.



## Respecting the Flow

We can not control everything in this operation. Every nose has a potential, a beautiful shape of its own, and we can only reach this unique form.

The best thing a surgeon will do is to listen to the tissues, try to understand the underlying problems and letting go the procedure on its own flow.

The worst thing a surgeon will do is the opposite, desperately trying to control every aspect of the operation.

If ready to see, the procedure will direct the surgeon. An example of this concept is the decision for the left or right position of the Teostrut, and the dorsum after the high cut on the septum. This will give the surgeon to choose between 4 different nose shapes, and a better nose symmetry can be achieved without any action (Described in Deviation chapter).

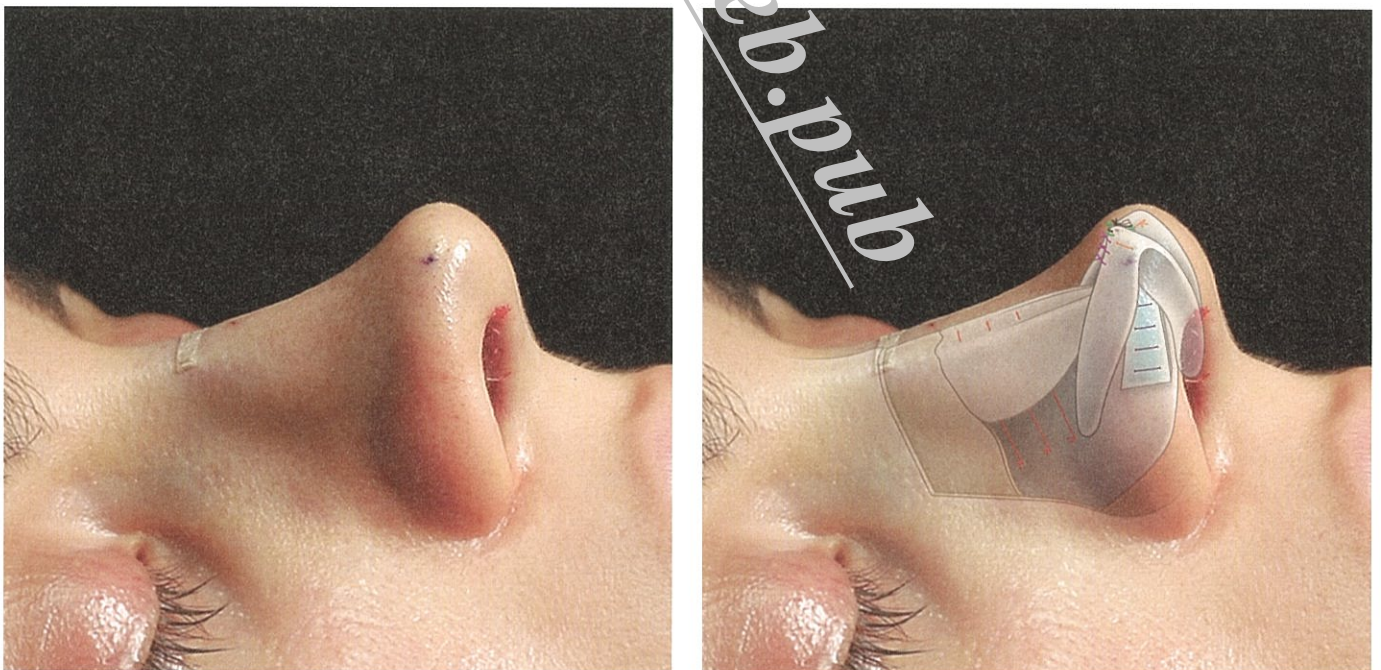
## Art by Shaping the Anatomy

It is very important that a rhinoplasty surgeon understands that the way a surgeon shapes the nose is different from the way an artist shapes a sculpture.

An artist creates an artwork by shaping the surface. A surgeon creates his result without touching the surface but by shaping the underlying anatomical structures, and this needs different abilities.

In Teorhinoplasty the final anatomical shape of all structures is well determined, and the surgeon will form this same predetermined perfect anatomical shape in all noses. This ideal anatomy in return will shape the nose. The surgeon will make decisions only for projection and rotation, dorsal height and shape.

For this reason, taking art classes of any kind has no positive effect on a surgeon's development.



## General Principles

Teorhinoplasty can be performed open or closed.

**Open approach:** Many steps are much easier with open technique and I may advise to start the technique open in the first cases for surgeons with less experience. The disadvantage of open approach however, is that the end result is only seen after the closure of the columellar incision.

**Closed approach:** With closed approach, the surgeon can control nose shape throughout the surgery. With some experience, closed approach is much faster and easier, and the best results are achieved with this approach.

## Tip Surgery Principles

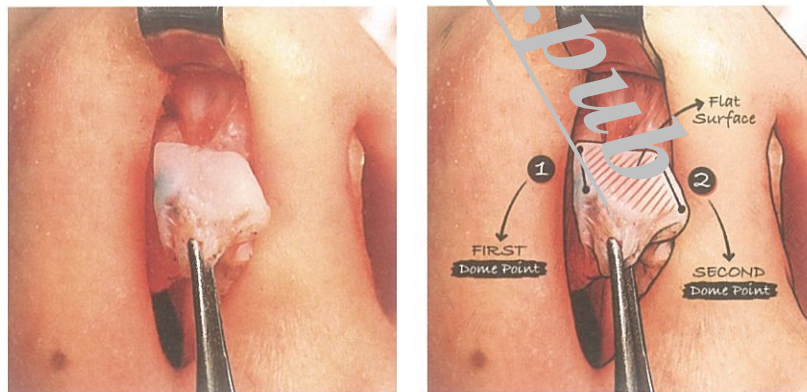
The aesthetic result of a rhinoplasty operation is determined by the tip shape and projection. The rest is largely unnoticed, unless there is a mistake.

In Teorhinoplasty, we will do these things in the tip:

1. Finding a new dome point.
2. Correction of the resting angle.
3. Applying the monopode concept for tip support.

### 1. Finding a new dome point:

Most noses either have a wrongly placed dome point or do not have a dome point at all. Some may also have more than one, as we can see in double dome deformity (Fig. 1).



**Fig.1.** A double dome deformity is characterized by two domes with a flat surface in between.



Regardless of the initial dome shape, we will find the most correct single dome point on each nose, as described in Step 15.