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Preface



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All surgeons would like all of their surgical results to be ideal, but we all know that imperfections are part of doing surgery. No matter how good we are, we cannot control the vagaries of healing and the forces of scar contracture. Some series have reported revision rates of 15% or more. What we can control is the incidence of major nasal revisions, as opposed to the minor depression or raised area that is fairly easily remedied. We are now witness to more conservative approaches, improved rhinoplasty teaching, and advanced techniques that, if coupled with willingness on the surgeon's part to always seek improvement and to always self-examine one's results over the long term, may certainly reduce the number of problems we see. Revision rhinoplasty can be the most challenging of all procedures in facial plastic surgery, and, for that reason, few surgeons like to perform secondary rhinoplasties. In the most simple case, not enough was done in the initial procedure and the surgeon must do more. Unfortunately, the

majority of major revisions require significant corrections of scarring, previous overresection, asymmetries, and irregularities from healing. The surgeon often must first recreate with grafts the normal anatomy before even attempting an esthetic improvement. At times the esthetic result from the first surgery also is complicated by new airway problems that must be addressed.

Not only are these cases fraught with technical difficulties but the surgeon also must deal with an unhappy patient who has already had at least one operation with its requisite recovery period and expense and now requires another surgical intervention to attempt to achieve what originally was desired with the first procedure. Rarely do patients understand the technical complexities a surgeon encounters with marked scarring and altered or missing anatomic structures; on the contrary, patient demands are the same or greater than they were before the first operation, which places an even greater burden on the revision surgeon. The

wise surgeon will only take on the patient who will accept improvement rather than perfection.

It has been 11 years since *Facial Plastic Surgery Clinics* last produced a volume on revision rhinoplasty, and much has been added to the science of our subject. Our distinguished authors have shared their innovations and expertise with us on the most difficult aspects of the revision rhinoplasty, and I thank them for their contribu-

tions. It is hoped that their approaches and solutions to the troublesome problems found in revision rhinoplasty will help all of us in our surgical endeavors. It is hoped that our readers will not only learn what to do when these problems are encountered but will also be able to avoid the incidence of these problems by understanding what errors of omission and commission led to their formation.