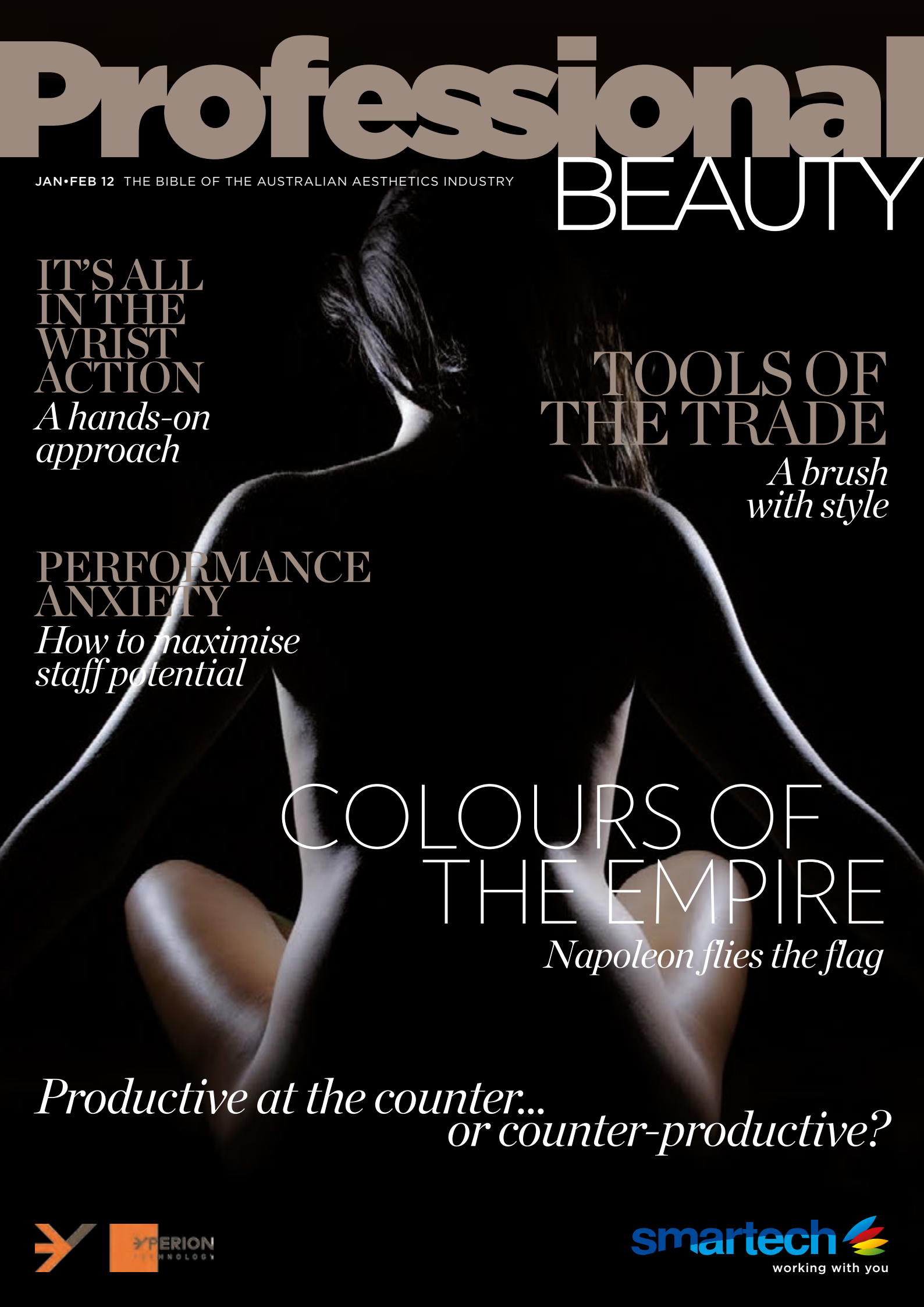
Professional BEAUTY

JAN•FEB 12 THE BIBLE OF THE AUSTRALIAN AESTHETICS INDUSTRY



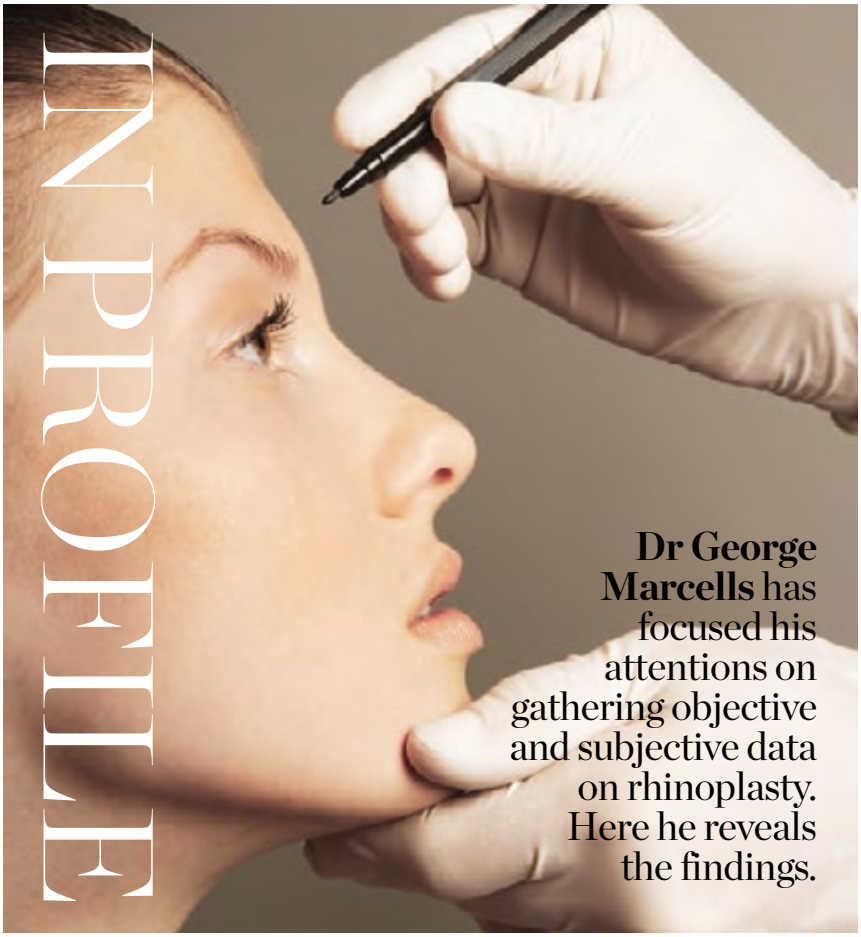
IT'S ALL IN THE WRIST ACTION
A hands-on approach

TOOLS OF THE TRADE
A brush with style

PERFORMANCE ANXIETY
How to maximise staff potential

COLOURS OF THE EMPIRE
Napoleon flies the flag

Productive at the counter... or counter-productive?



Dr George Marcells has focused his attentions on gathering objective and subjective data on rhinoplasty. Here he reveals the findings.

In partnership with Associate Professor Richard Harvey and their Fellows, the pair are heavily involved in examining, assessing and recording functional and aesthetic outcomes of rhinoplasty, immediately pre-op and at regular ongoing intervals post-op so they can monitor the success rates many years on. Dr Marcells hopes these studies will not only serve to educate other surgeons in the field and provide Medicare and private health funds with objective information but also give patients confidence that many years down the line their nose will retain optimal structural and functional outcome, despite ageing.

Dr Marcells prefers the open structure rhinoplasty techniques which he learned during his Fellowship in North America (where he sat the American Board exams in Facial Plastic Surgery). The open structure techniques are designed to address the long-term outcomes of surgery. "Over the years rhinoplasty hasn't been particularly well-performed. Overall it is one of the commonest cosmetic procedures but probably has the highest revision rate." He explains this is mainly due to the nose changing over time, post-surgery, yet not enough surgeons take this factor into account. "You might remove bone and cartilage and position things in a certain way during surgery so that the nose looks good, but then due to the lengthy healing process outcomes can change many days, months and even years later."

Using cartilage and bone as grafts to reinforce the structure gives steady long-lasting results, says the surgeon. "I have been using these techniques for over 15 year as they give my patients a more reliable outcome. Using the patients own tissue rules out the risk of an allergic reaction or rejection as can be found when you use another material to reinforce structure. It provides scaffolding which is essential otherwise over time, as a result of healing forces and contracture of skin, the nose can buckle, twist or look pinched and breathing can be affected. If it is a revision rhinoplasty case and for whatever reason the patient doesn't have enough viable cartilage left in the nose we source it from the ear or rib."

The tests Dr Marcells uses to assess patients both pre- and post-operatively allow him to determine a great deal of information that is not only essential in his understanding of the underlying issues but also on the predictive outcomes of the surgery.

"Initially I undertake several tests to measure nasal peak flow rate in litres per minute. These tests are very sensitive to patients whose noses have collapsed which helps us assess individual cases. We also measure their peak flow rate after decongestion to see if they have any reversible causes of obstruction. We perform these tests at six months, one year and two years and so on to get a clear ongoing picture. We ask the patient to rate their breathing on a scale of 0-5 pre- and post-operatively and asses how they feel the surgery has changed their nose in appearance and how their breathing has changed. We also measure more objective data besides breathing on a SNOT-22 (sino-nasal outcome test) scale which covers a wide range of nasal symptons on 0-5 rating score, including nasal discharge and pressure. We have a very thorough set of objectives and subjective tests which Associate Professor Richard Harvey and I will continue to modify."

Associate Professor Harvey runs the Nose Lab, a clinic dedicated to optimal nasal surgery outcomes where the team runs tests on nasal resistance and cross-sectional area. "There is so much data to collect, examine and study it can often be confusing. The whole science of rhinology and how we interpret these results is an ongoing job, but with our constant patient analysis we can start to identity which patients have issues relating to a collapse in the nose and which have more of an issue with a blockage due to allergy etc.," explains Dr Marcells. "We plan to continue to gather data and try to advance studies. There are so many variables with structural rhinoplasty depending on what the patients individual circumstances are but our work allows us to investigate and examine our own techniques as surgeons and assess what is most successful. It allows us to present findings to our peers and continue to publish articles on the subject thus adding to the science and knowledge base of this field. We teach these techniques at our annual Structured Rhinoplasty Workshop held at St Vincent's Hospital. In May 2011 I attended 'Advances in Rhinoplasty' in Chicago (one of the major rhinoplasty courses in North America) and specifically a featured session on functional rhinoplasty which attracted over 300 surgeons. Attending the major facial plastic surgery and rhinoplasty conferences worldwide affirms that our research is at the forefront."