CHAPTER 3
Plastic Surgery of the Nose, Chin, Cheeks, Lips and Ears

Nasal Plastic Surgery
Rhinoplasty
Breathing Problems
Nasal Fractures
Chin Augmentation
Cheek Augmentation
Lip Enhancement Surgery
Correction of Protruding Ears
“Rhinoplasty” is the name of the operation designed to improve deformities of the nose with plastic and reconstructive surgical techniques ... and to improve breathing and sinus function.

The operation consists of carefully removing any “excess” bone and/or cartilage while rearranging or reshaping the remainder.

Most rhinoplasties are performed because the patient desires an improvement in appearance and/or nasal function. He/She may simply want a nose which is in harmony with the rest of the face rather than one which is out of proportion with respect to the other facial features. (See Facial Analysis page 85.) On the other hand, it may be, as is often the case, that the nose is becoming progressively more disfigured the older the patient becomes, until breathing difficulty occurs.

At times patients have deformities of the inside of the nose which impair breathing, cause headaches, or contribute to sinus trouble. These problems cannot be satisfactorily treated medically without simultaneously straightening the external nose. (See page 93.)

Like faces, every nose is different; some noses are too long, some too wide, some have large humps, some project away from the face, and so on.

Since rhinoplasty surgery is as much artistic in nature as it is scientific, rarely are any two of our patients’ noses identical. We strive to make each patient’s nose fit his or her face.
The alterations we recommend will be determined by many factors, including one’s height, age, skin thickness, ethnic background and configuration of other features such as the forehead, eyes and chin. All in all, we strive to achieve a natural looking nose rather than one which appears to have been operated upon. No patient really wants an assembly line “nose job”; they want a nose individually tailored to their own features.

The nose is reduced in size by removing excess bone and cartilage (dotted areas). The remaining structures are repositioned through a series of carefully planned internal nasal incisions. The skin then heals to the new framework.

When Can Surgery Be Done?  
An often asked question is: At what age can nasal plastic and reconstructive surgery be performed? If a severe breathing problem (or headache issue) is present, even in a child, it should be corrected. With children, additional surgery at “maturity” may be required to obtain the best result. Certain limitations exist in children which precludes performing the definitive correction prior to puberty.

Ordinarily, girls are “mature” enough by the age of fifteen (boys at age eighteen) to have surgical correction. However, we find it necessary to individualize this factor because some boys and girls “mature” at earlier ages. So that we can monitor their growth and maturation, we prefer to see these young men and women whenever they become interested in having a rhinoplasty even though surgical correction may be delayed.

Early correction of unwanted nasal deformities can often give young people more self-confidence and improved self-esteem. A parent should come with a minor to the consultation visit. On the other hand, about thirty percent of the rhinoplasties we perform are on patients over the age of forty. Many older patients remark that they have disliked their noses “all their life” and have now decided to have corrective surgery. Providing the patient is in good health, it is never too late in life to have a rhinoplasty. It is often done as a part of a facial rejuvenation program with face-lifting and eyelid plastic surgery, to improve the undesirable signs of aging.

A longer drooping nose may be a “telltale” sign of aging, and repositioning the drooping tip of the nose can be performed to give a more youthful appearance. (See Photographs on the following page.)

The Planning Process  
Prior to surgery, photographs are taken so that we can study the characteristics of the nose and face. The operation is planned in much the same way an architect plans a house; the goal is not only to improve the shape of the nose but also to have it enhance the appearance of the entire face.

Dr. McCollough prefers patients send several photos or snapshots of themselves before the consultation appointment. Photographs are helpful in helping the surgeon determine if surgery might be indicated. In many cases a teleconference/photographic analysis and interview are done prior to an “in-office” consultation, thereby shortening the time from the first call to operation.
Although a drip dressing is applied, which obstructs the nostrils, we do not ordinarily "pack" the nose after surgery. Patients, therefore, are more comfortable and generally less swollen. With the elimination of nasal packing, pain, swelling, bleeding, discoloration, etc., are dramatically reduced making the recovery period much more pleasant for the patient. In our procedure, this special technique of suturing the internal nasal tissues back in place eliminates the necessity of packing. This technique has been one of the greatest advances in nasal surgery, reducing much of the undesirable postoperative discomfort those patients whose noses are "packed" experience.

A question often asked by patients contemplating rhinoplasty is: "Do you have to break my nose?" In our technique, we make an incision into the nasal bones when they need to be repositioned thereby eliminating the more antiquated technique of "breaking" the bones and resetting them. We feel this technique allows for better control of the operation and reduces the patient’s anxiety about having surgery.
The typical nasal dressing consists of tan tape and a protective splint. It is to remain in place for approximately one week.

The "ideal" facial proportions are demonstrated in this photograph. The nose should fit into the middle one-third of the face as depicted in this diagram. From a profile view, the chin should be in line with the lower lip.

The following pages contain representative before and after photographs of patients who underwent nasal surgery by Dr. McCollough. They are presented as examples of real people from various walks of life who chose to have plastic surgery.
A nasal hump and drooping tip can be corrected, enhancing one’s appearance and giving a renewed impression of youth.

Reduction in the size of the nose can “soften” the face and provide better harmony for all facial features.
A long, projecting nose distracts from the other pleasing features of the face. Correction provides harmony and can often lead to an improvement in appearance.

Correction of a large hump and drooping nasal tip provides a softer, more “feminine” appearance. This young woman also had a chin augmentation (implant) to correct a receding chin.
A crooked nose may result from an injury, previously unsuccessful surgery, or may be a family trait. When associated with internal deformities, such as a deviated nasal septum, the patient may experience breathing difficulties. A functional nasal plastic operation can often improve both the appearance and airway.

Correction of the septal deformity which produced breathing problems was carried out at the same time as surgery to build up the bridge with a cartilage graft in a patient who underwent unsuccessful nasal surgery twenty years previously.
A large bulbous tip is often due to an increased size of the tip cartilages. Removing the excess cartilage and repositioning the other nasal structures gives a pleasing refinement to this woman’s face.

The shape of a nose that underwent previously unsuccessful surgery can be improved with the reconstructive nasal surgery. Correction included grafts.
Refinement of the tip and lateral nasal walls can often produce dramatic improvement in one's appearance and bolster self-esteem.

Removal of a nasal hump a more "classic" or "elegant" look in taller women.
This woman exemplifies the kind of improvement which can be obtained when a wide nose is brought into better harmony with the other facial features.

This patient came to our Clinic to have a rhinoplasty because she was dissatisfied with the size and shape of her nose. Building up the bridge of her nose and lifting the tip provided balance to her face.

This woman exemplifies the kind of improvement which can be obtained when a wide nose is brought into better harmony with the other facial features.
This patient had undergone a previous rhinoplasty that left her with a large, drooping nasal tip. Dr. McCollough corrected the problem with a revisional rhinoplasty.

The excessive projection of the tip was corrected in conjunction with the reduction of the hump.
After Nasal Surgery

After the first 48 hours, the patient is urged to remain out of bed and elevated while sleeping at home. Being in an upright position will decrease swelling and accelerate healing.

The protective splint and dressings on the nose are removed at the Clinic about one week following surgery. Most patients are able to return to work or school that same day.

At the end of one week, in practically all of our patients, most of the swelling and discoloration has disappeared.

Some swelling of the nose (which the patient feels more than he/she or anyone else sees) is present but progressively diminishes over the next several weeks. Generally speaking, about 80% of the swelling disappears by two (2) weeks; 90% by two (2) months. The remainder disappears at the rate of about 1% per month. The “final” result is not present for about one year, occasionally longer. So ... be patient.

When patients have associated breathing problems requiring work to be done on the nasal septum (the internal partition in the middle of the nose), there may be varying amounts of nasal blockage for several weeks after surgery. If excess mucous production is a contributing factor, antihistamine-decongestants can sometimes relieve this. These medications make some patients sleepy and lethargic so don’t take them unless the mucous production and drainage are excessive.

Nasal Breathing Problems

One of the common causes of breathing difficulties is a “deviated” or crooked nasal septum. The septum is a bony and cartilaginous partition that divides the inside of the nose into two chambers. If it is dislocated or leans to one side it can interfere with the flow of air through one or both sides of the nose. (See opposite.)

Nasal Obstruction can also be caused by a collapse of the nasal sidewalls or of the nasal tip. This is sometimes secondary to congenital features; this is sometimes secondary to trauma; infrequently this is secondary to previous surgeries.

There are surgical corrections available that are performed at the McCollough Plastic Surgery Clinic to improve these mechanical nasal obstruction situations. Surgery can often straighten or remove the offending portions of the crooked bones and cartilages. Surgery can also be performed to strengthen and replace structure in the nose if it is collapsing. Improvement in breathing is then noted by the patient.

Causes of nasal airway obstruction

a. Normal thickness of internal nasal passages
b. Thickened membranes obstruct airway (see a-g above)
There is also non-mechanical nasal obstruction caused by the reactive swelling of the inside of the nose. The membranes lining the inside of the nose can become swollen from one or more of the following conditions:

a. allergies (hay fever)
b. changes in temperature or environmental factors
c. viral infections (colds)
d. bacterial infections
e. emotional disturbances
f. over-use of nasal sprays
g. exposure to irritants in the air (hair spray, smoke, etc.)

None of these “membrane conditions” are corrected by surgery, but if the patient has a deviated septum plus one of these problems, correction of the septum frequently makes it easier for the patient to tolerate the membrane swelling.

We might recommend that the patient see an allergist or other consultant if he/she has one of the medical conditions listed above.

Remember: Almost everyone’s nose is more stuffy at night or when lying down because of positional shifting of body fluids.

Nasal Fractures: Old and Recent

When the nose has been injured, fractures and/or dislocations of the nasal bones or cartilages may occur. As long as considerable swelling is present, it is often difficult to diagnose these conditions. X-rays are of limited value since cartilaginous deformities are not visible with conventional x-ray studies. About one-half (\(\frac{1}{2}\)) of nasal fractures involve the cartilaginous portions of the nose. CT scans may provide more information.

As the swelling subsides, the nose may appear crooked or deformed and airway obstruction may persist. These conditions are often a result of fractured and/or dislocated bones and cartilages. (See photographs this page.)

Although most nasal fractures do not require emergency surgery, they usually should be repaired within six (6) weeks. We will make specific recommendations in each individual case depending upon the existing circumstances.

In some cases desired changes in the size or shape of the external appearance of the nose can be made while correcting the fractures. If you wish to have such alterations, let us know when you make your appointment.

Some nasal injuries can best be managed by allowing the initial swelling to subside before surgical correction. Figure A shows this patient’s appearance immediately following an injury to his nose.

In Figure B shown on the following page, six weeks later, much of the swelling has subsided revealing the resulting deformity.

Figure C, shown on the following page, depicts the patient’s appearance approximately 6 months following surgical correction of the nasal fractures.
Follow-Up Care

At about one week following surgery a visit is scheduled so that the nasal dressings can be removed. The patient will then be asked to visit the Clinic on several occasions in order for us to monitor the progress of his/her healing.

During this time, he/she must be very careful that the nose is not injured in any way and that it is protected from prolonged exposure to direct sunlight. Eye glasses must not be worn unless they are supported from the forehead or cheeks. Additional postoperative instructions are available in a special section (page 98). You should read them prior to your consultation.

Points To Remember About Rhinoplasty

1. When the dressings are first removed, the nose appears turned up due to the effects of the bandage and swelling of the tissues. Therefore, the patient who expects to see a perfectly shaped nose as soon as the dressings are removed may suffer keen disappointment.

   Some additional swelling disappears within three (3) or four (4) days after removal of the bandage, and the nose begins to resemble its eventual shape. The average acquaintance met on the street would probably not notice any swelling. **It generally takes at least one year for the last one or two percent of the swelling to disappear;** this does not usually bother the patient nor distract from the appearance of the nose—rather, the elements of the nose seem to have improved “definition” as the last bit of swelling subsides. This is especially true in the tip of the nose.

2. In like manner, the tissues inside the nose are somewhat swollen after surgery; therefore, progressively decreasing amounts of nasal blockage should be expected for a time following the average uncomplicated nasal operation.

3. Most patients tell us that the operation is absolutely painless. The patient generally “sleeps” throughout the procedure; most have total amnesia to the operation. (See Our Approach To Anesthesia, page 78.) Pain is rarely
a problem during the postoperative course; as a matter of fact, most people rarely require anything stronger than one of the non-aspirin medications to relieve any discomfort.

4. With thicker skin, it takes longer for the nose to assume its final shape. Thicker skin, like a sponge, holds on to the swelling a little longer. Each case is different and in our preoperative evaluation, we will attempt to explain the skin limitations in your situation.

5. Most of the work is done from the inside of the nose (through the nostrils). There are two exceptions: if it is necessary to make flaring or wide nostrils smaller, an incision can be made in the crease where the side of the nostril adjoins the upper lip and cheek. Because this is located in a natural body fold, the scar is practically invisible within a few weeks. (See B, below.)

6. Instructions are provided concerning activities and the care of the nose during the postoperative period (see page 98 of this book). You should read them prior to your consultation.

7. Patients should remember that in any nose surgery there is a limit to the corrective procedures possible or recommended. The surgical goal is improvement in the existing conditions, not to match the ideal which might be present in one’s mind. Some of the limiting factors in rhinoplasty are:

   a) the existing size and shape of the nose
   b) the contour and shape of the face
   c) the texture and thickness of the skin
   d) the inclination of the chin, lip, and forehead
   e) the depth of the angle between the forehead and the nose
   f) the height of the individual
   g) the healing powers of his tissues
   h) facial asymmetry or differences between the two merged sides of the face

8. It is frequently necessary to correct a receding or protruding chin at the time of nose surgery to provide harmony of the facial features. (See section on Chin Augmentation-Mentoplasty, page 106, with drawing.)

9. Noses that have been severely injured (as from athletic injuries, or an accident), those which are markedly crooked, or those which have had a previous operation which left the patient with an unsatisfactory result are technically more difficult to correct. Although some surgeons would approach these problems with two (2) operations scheduled approximately six (6) months apart, we try to make the necessary corrections in one operation. We succeed in the vast majority of cases; but additional procedures are sometimes required six (6) months to one (1) year later.
10. Analyze your face and nose from the front and the side in your mirror at home and study how it relates to your other facial features. Notice to see if one nostril is different or if your nose is crooked. Most faces have several asymmetries because the face develops from two sides which merge during development. Some of these asymmetries are not correctable with surgery; some are. During your consultation we will discuss your desired alterations and explain our recommendations to you.

FINALLY, MAKE SURE YOU HAVE READ PARTS I AND II OF THIS BOOK.

A recent national survey indicates that 40% of Americans are dissatisfied with the shape of their noses … and that the fastest growing segment of plastic surgery patients are men. People from all backgrounds—and any age after puberty—can have nose surgery.

All photographs in this book are used to demonstrate the result obtained in that particular case and should not be used for comparison.
After Nasal Surgery
Postoperative Instructions

The following instructions are based on experience with thousands of nasal operations. They are designed to answer practically every question that may arise regarding the “do’s” and “don’ts” after surgery. **You and your family should read the instructions several times to familiarize yourselves thoroughly with them.** Attempt to follow them faithfully, because those who do so generally have the smoothest postoperative course. This, of course, favors proper healing and a better result.

**Swelling**

Every operation, no matter how minor, is accompanied by swelling of the surrounding tissues. The amount of swelling varies from person to person, but it seems more in the face because the looseness of the tissues makes the features appear distorted. It is usually greater when both the inside (septum) and outside of the nose have been operated upon than when surgery is done on the inside (septum) only. You may be given medicine before the operation to attempt to keep swelling at a minimum and may receive another type when you leave the Clinic or the hospital to speed up the absorption of that which has formed.

Some degree of swelling follows any surgical procedure. The swelling is due to the new tissue fluids brought into the area by the body to promote healing. The increased blood supply to the region is responsible for the pink color of the skin and in some of the “discoloration” associated with surgery. When these healing fluids are no longer required, the tissues release them and they are absorbed through the bloodstream.

You must be willing to accept temporary swelling and discoloration which occurs following such operations. Though usually visually disconcerting, most people feel it is a negligible inconvenience to pay for the physical and psychological improvement they experience.

Sometimes the swelling will become a little greater the first, or second day after surgery, reaching its peak on the third day. It may also become more pronounced along the jaw line and is generally worse when you first arise in the morning (proof that it is better to stay up as much as possible during the day!). This is not serious and is not an indication that something is going wrong with your operation.

The main thing to remember is: such swelling eventually subsides.

You can help the swelling to subside in several ways:

1. Stay up (sitting, standing, walking around) as much as possible beginning the second day after your surgery. **THIS IS IMPORTANT.** Of course, you should rest when you tire.
2. Avoid bending over or lifting heavy things for one (1) week. Besides aggravating swelling, this may raise the blood pressure and start bleeding.
3. Avoid hitting or bumping your new nose. It is wise not to pick up small children, and you should sleep alone for two (2) weeks after your operation.
4. Sleep with the head of the bed elevated for the first two (2) weeks after surgery. To accomplish this, place two (2) or three (3) pillows under the head of the mattress and one or two on top of it, obtain a “study pillow,” or use a recliner. Try not to roll over on your nose.
5. We recommend you use ice compresses consisting of moistened cold wash towels (not an ice bag) applied in an inverted “V” across the top
You can camouflage the discoloration, to some extent, by using makeup.

**Hemorrhage**

Whenever the nasal passages are blocked (as when you have a cold or allergy), the nasal glands produce more mucous than normal. Your nose is blocked from the swelling resulting from your operation, so you can expect more mucous drainage for several days. It will be blood-tinged and should cause you no concern unless the drainage becomes frankly bloody and flows profusely as when one cuts a finger.

If hemorrhage does occur, go to bed, use a nasal spray, elevate the head, apply ice compresses about the nose, neck and face, and report it by telephone. Refer to #11 and #12 (previous column) for more specific instructions.

Avoid: bending over and lifting heavy objects, hitting your nose, and removing any blood clots, etc., from within the nostrils.

**Pain**

There is usually little pain following rhinoplasty, but the individual may experience a bruised sensation as a result of postoperative swelling. As is usually the case with such things, this seems worse at night and when one becomes nervous.

Unfortunately, the commonly prescribed drugs which relieve pain often cause sensations of light-headedness, especially in the immediate postoperative period, and so seem to make recovery more tedious. Therefore, better to try the application of cold compresses before resorting to drugs.

If the above are not effective, you may take one of the pain relievers prescribed for you.
Insomnia
When there is too much difficulty in sleeping in the period before the dressings are removed, we will prescribe a sedative. It should be remembered that such drugs also tend to make some people feel light-headed, weak and tend to slow recovery.

Both pain medications and sleeping pills produce a “hangover” when they wear off and contribute to depression and fatigue.

Depression
It is not unusual for an individual to go through a period of depression for a few days after surgery because, no matter how much he/she wanted the operation beforehand and how much they were told about what to expect postoperatively, they are disturbed when they see swelling and/or discoloration about their face.

Be realistic and realize that this is a temporary condition which will subside shortly. The best “treatment” consists of busying one’s self with the details of post-operative care and trying to divert one’s mind to other activities.

Keep A Stiff Upper Lip
The upper lip is a key area in rhinoplasty surgery since work is frequently done in this area. Therefore, you should not move it excessively as long as the bandage is in place so that the healing tissues are not disturbed.

Toward this end:
1. Avoid excessive grinning and smiling.
2. Don’t pull the upper lip down as women do when they apply lip-stick.
3. Apply lip-stick with a brush.
4. The upper teeth should be cleansed with toothpaste on a face cloth; the lower may be brushed as usual.
5. Avoid chewing gum or foods that are hard to chew. Soups, mashed potatoes, stewed chicken, hamburger steak, or any easily-chewable foods are permissible.

6. You may decide to continue wearing a moustache dressing because of mucous drainage after you leave the Clinic or hospital. If the dressing becomes “stuck” it may be loosened with a few drops of hydrogen peroxide. Also the best type of adhesive tape to use is Micropore® paper tape because it is usually less irritating to the skin. This can be purchased at the drugstore or supermarket.

Nasal Blockage And Nose Drops
Nasal blockage is to be expected after rhinoplasty and will gradually subside over a period of time. The patient must reconcile himself to this.

NOSE DROPS OR SPRAYS SHOULD NOT BE USED unless you experience bleeding because they may damage the membranes and delay healing.

Cleaning The Nose
Don’t blow the nose at all for fourteen (14) days; after that, blow through both sides at once—do not compress one side.

You may clean the outside of the nose and the upper lip with cotton-tipped applicators (Q-tips) moistened with hydrogen peroxide as soon as you return home from the Clinic or hospital, but don’t rub too vigorously.

After one (1) week the inside of the nostrils may be gently cleaned with an antibiotic ointment applied with a Q-tip. The ointment helps soften crusts and usually makes the inside of the nose feel better. This may be continued for several weeks.

Soon after the bandage has been removed, the outside of the nose should be cleaned in the usual manner twice daily to remove the oily material that is produced by the skin glands; otherwise swelling will be prolonged. The nose can withstand gentle cleansing at this time. CeraVe hydrating cleanser with a cotton ball is recommended. Unless cleaned properly, pimples can develop
in the nasal skin. If they do, rub them vigorously with a Q-tip, soap and water, then bathe them with hydrogen peroxide. They should clear up in a few days.

**Resuming Activities**

You may sleep without the head of the bed elevated after two (2) weeks.

Until the bandage is removed you should wear clothing that fastens either in the front or the back rather than the type that must be pulled over the head.

No swimming, gym, or strenuous athletic activity for two (2) weeks; no diving or skiing for two (2) months. NO CONTACT SPORTS FOR FOUR (4) MONTHS.

**Joggers** may walk after two (2) weeks and jog after three (3) weeks. Start slowly and work your way back to your pre-surgery routine.

**Tennis players** may hit ground strokes in two (2) weeks and resume competition after three (3) weeks. Do not play “doubles” for six (6) weeks.

Avoid sneezing until the bandage is removed; if you must, let it come out like a cough—through the mouth. If it becomes a real problem, we will prescribe medicine to alleviate the condition.

Eye glasses can be worn as long as the protective dressings remain on the nose the first postoperative week. **After that, they must be supported from the forehead or cheeks for a period of about six (6) weeks;** we’ll show you how this is to be done if you must wear them. This is important, because the pressure of the glasses may change the new contour of the nose.

Contact lenses may be inserted the day after surgery.

**Dryness Of The Lips**

If the lips become dry from breathing through the mouth, coat them with Vaseline®, glycerin swabs, or lipstick.

**Temperature**

Generally, the body temperature does not rise much above 100 degrees following rhinoplasty. Any elevation is generally due to the fact that the patient becomes mildly dehydrated because he/she does not drink enough fluids.

Patients will often think they have fever because they feel warm, but, in reality do not. To be sure, you should measure your temperature either rectally or in the armpit; the rectal temperature is one degree above and the armpit temperature is one degree below that measured by mouth.

Report any persistent temperature above 100 degrees however.

**Medications**

Following surgery you should resume taking all of the medications you were taking prior to surgery. Take the ones we recommend as directed until the supply is exhausted; these prescriptions need not be refilled.

You may also be given several other prescriptions. The first will be for sleeping pills, and the second will be to relieve pain. They should not be taken prophylactically. You may also be given an antihistamine-decongestant and an antibiotic. Directions for taking them should be written on the bottles. Do not take the antihistamine unless you are experiencing sneezing or have excessive mucous drainage, as with an allergy. Narcotic based pain relievers and certain sleeping medications can also make people drowsy and add to depression. So, rely on acetaminophen (Tylenol) if possible.

**Weakness**

After a person has an anesthetic or any type of operation it is not unusual for him/her to feel weak, have a rapid pulse, break out in “cold sweats,” or get dizzy. This gradually clears up in a few days without medication. Drink juices and water!
Bathing And Hair Care
Tub bathing or showering can be resumed as soon as the patient feels strong enough to do so. It is probably best to have assistance standing by on the first couple of occasions.
The hair may be washed, with someone’s help, after three (3) or four (4) days, (do not use hot water). Care should be taken not to wet the nasal bandage. Lay the head back in a lavatory or sink as long as the dressings are in place. A hand held blow dryer may be used for drying.

Your First Post-Op Clinic Visit
Before going home you should talk with the secretary at the Clinic and make an appointment for a check-up on the morning following surgery and in about a week following your surgery. This should be done because special preparations must be made for your visits in advance of your arrival—these are different from the usual Clinic routine.
Don’t build up a feeling of fear and anxiety about what is going to be done to you on the occasion of your one week postoperative visit to the Clinic. The tape and splint will be removed; a special tape-removing solution is used to insure that these come off easily. Likewise, any material inside your nose will be softened so that it comes out easily. There should be no stitches to remove from the inside of your nose because the dissolvable type is used. If your nostrils were narrowed, those stitches are also of the dissolvable type. You will probably feel much better after the first Clinic visit when you see your “new nose.”

Returning To Work Or School
The average patient is able to return to school the day the bandages are removed, that is, about a week following surgery. Some hearty souls have done so earlier.
When you should return to work, depends on the amount of physical activity and public contact your job involves, in addition to the amount of swelling and discoloration you develop. The average patient may return to work by the eighth to tenth postoperative day.

Injury To The Nose
Many individuals sustain accidental hits on the nose during the early postoperative period. One need not be too concerned unless the blow is hard or if hemorrhage or considerable swelling ensues. Report the incident at the next Clinic visit or by telephone if you are sufficiently concerned.

Quick Check
Postoperative Instructions
Please follow these instructions carefully. You should also review the materials in the consultation book relative to your surgery. Your final result will depend upon how well you care for the treated areas.

WEEK 1
DO: Sleep on your back with the head of the bed elevated for 2 weeks.
DO: Apply cold compresses to the eye and nose area as much as possible while awake. This should be continued the second and third day after surgery, only. After the first night no one has to stay up during the night to apply the cold compresses.
DO: We recommend moistened cold washcloths soaked in ice water, applied in an inverted V across the top of the nose and covering the eyes.
DO: Wear a drip pad under your nose as long as you have drainage from the nose. This avoids excessive manipulation of the nose.
DO: Expect swelling to increase by the 3rd day, then it will gradually start to decrease.
DO: Eat soft foods for the 1st week. Avoid foods that are hot or cold.
DO: Clean only the entrance of the nostrils as needed with hydrogen
peroxide on a cotton swab applicator followed by petroleum jelly.

**DO:** Clean the sutures in the creases of each nostril 6 times daily with peroxide and Vaseline (as above) if your nostrils were narrowed.

**DO:** Wear contacts or glasses the day after surgery, if desired. Your splint will protect the nose.

• • • • •

**DO NOT:** Clean past the entrance of your nostrils at all. You might initiate bleeding.

**DO NOT:** Blow or sniff your nose for 14 days.

**DO NOT:** Brush your top teeth for the first week but you may use your finger with toothpaste as an alternative.

**DO NOT:** Pucker lips or stretch your upper lip for 1 week (keep a “stiff upper lip”).

**DO NOT:** Use ice bags or aqua packs for compresses over the eyes. Use folded washcloths.

**DO NOT:** Get splint on your nose wet. To avoid this while showering, try turning your back to the shower.

**DO NOT:** Bend over at the waist—squat down to pick up light objects—No heavy lifting at all for 2 weeks.

**DO NOT:** Bump or hit your nose. Avoid picking up small children or pets. Sleeping alone is recommended for 2 weeks.

Your nasal splint and dressings will be removed at the end of one week. Expect some swelling and for the tip to be “turned up” for a day or so.

**WEEK 2**

**DO:** Wear makeup on the nose if desired.

**DO:** Clean your nose gently with a cotton ball and soap if desired.

**DO:** Sleep on your back, with the head of your bed elevated for 1 more week.

**DO:** Expect to have some swelling. Generally 80% of the swelling will be gone by the end of the 2nd week. An additional 10% will disappear by the end of two months. The final 10% can take up to 12-18 months to resolve.

**DO:** Start eating regular foods.

**DO:** Start brushing teeth with toothbrush.

**DO:** Apply a small amount of Vaseline inside each nostril with the tip of your small finger. This will help keep any crusting inside the nostrils soft.

You may blow your nose on the 14th postoperative day if needed. Gently do so by keeping both nostrils open and blowing softly.

• • • • •

**DO NOT:** Clean past the entrance of your nostrils.

**DO NOT:** Attempt any heavy exercise for 1 more week then progress slowly back to your regular exercise program. Brisk walking is acceptable at this time.

**DO NOT:** Attempt heavy lifting.

**DO NOT:** Bump or hit your nose.

**DO NOT:** Wear glasses or sunglasses directly on bridge of nose for 6 weeks following the removal of the splint. The glasses must be taped to the forehead or use “Frame Ups.” These are given to each patient when splint is removed.

**Finally**

Remember the things you were told before your operation, namely:

1. When the bandage is first removed, the nose will appear swollen and **turned up too much**; this is due to operative swelling over the nose and in the upper lip. The swelling will begin to subside within a week; however, it will take at least one year for the swelling to disappear and for your nose to reach its final shape.

2. In most cases, the discoloration will gradually disappear over a period of seven (7) to ten (10) days. We have yet to encounter a case where it persisted permanently.
3. With thicker and oilier skin it takes longer for the swelling to subside, so be patient.
4. The upper lip may feel stiff for a while and you may feel that it interferes with your smile; this will disappear within a few weeks.
5. The tip of the nose sometimes feels “numb” after rhinoplasty, but this eventually disappears.
6. Patients who have very oily skin may use rubbing alcohol and cotton balls to remove excess oils from the nasal skin for 2-3 days after the dressings have been removed.
7. Noses that are crooked, have sustained injuries, or have had previous surgery are more difficult to correct. Additional improvement may be obtained with a relatively minor procedure later.

8. Failure to follow these instructions faithfully can lead to certain complications which potentially could jeopardize the desired result.
9. Remember, that the surgery was performed for improvements; perfection is almost never achieved.

**Report To The Clinic Any:**
1. Temperature elevation.
2. Sudden swelling or discoloration.
3. Hemorrhage.
4. Discharge from the wound edges or other evidence of infection.
5. Development of any reaction to medications.

If you have any questions call 251-967-7600

---

*Please do not ask for permission to resume strenuous physical activity, exercise, or work-out routines for at least two weeks after surgery. Patients who do may experience bleeding from inside the nose. DO NOT take any medications other than those prescribed or approved by McCollough Plastic Surgery Clinic.*

---

This patient underwent nasal plastic surgery to correct a hump on her nose and a deviated septum, **which caused headaches.** The combination of the two procedures “changed her life” ... for the better.
“... the courage to show ... the world ...”

The following is an e-mail Dr. McCollough received from a young woman who underwent appearance-enhancing surgery

Dr. McCollough,

I wanted to personally thank you again for the life changing effect you have had on my life. In July 2005 I came to your office feeling very insecure about the way I looked, but you, like my family, saw through to the vibrant young woman inside. I remember talking to you about what I expected and you were thrilled that I was not interested in having a “tiny pug nose” but that I wanted a more elegant and refined version of myself. That is precisely what you gave me. Before my rhinoplasty, I was always cautious about the way I positioned myself in a room, making sure that no one ever caught a glimpse of my profile. I was a freshman in college and didn’t involve myself in many on campus activities because having to constantly be aware of my nose was exhausting. I didn’t date many guys but instead stayed with the same dead end comfort zone that I had been in for the last four years. Don’t get me wrong, I will still going places and moving towards my goal of attending dental school, I just wasn’t having much fun doing it. Then I found you.

I am happy to report that following my surgery I rushed for ... Sorority and graduated with Honors from the University of .... I gained many friends and was involved in many on campus clubs and intramural activities. Where as before, I always felt timid when working with patients, following the surgery I got a job in a dental clinic which helped prepare me for where I am today. I am now attending the University of ... College of Dentistry. I will be graduating in the spring of 2013, and I love what I’m doing. Since last seeing you, I have also met the man of my dreams and we are getting married in March 2011. One thing I look forward to is basking in the joy of that day and not having to worry about the angle that the pictures are taken in or who is looking at my nose instead of at me. I am sure you get these letters every day, but I wanted to thank you. I have always been this girl, but you gave me the courage to show her to the world.

I sincerely thank you,
S. H.
Chin Augmentation

Note: Prior to reading this chapter you should have read Parts I and II of this book!

When the chin recedes behind an imaginary line dropped vertically from the lower lip, an augmentation mentoplasty (chin implant) can correct the deficiency and provide facial harmony. This patient also had face lifting with liposuction at the neck.

Mentoplasty

“Mentum” is the Greek word for chin; the suffix—plasty—means to shape or mold. When the chin is too small for the face, augmentation can often produce dramatic improvement in facial features.

Very often it is necessary to recommend surgery for a receding chin either in connection with a nasal plastic operation, a face lift, liposuction, or as an isolated procedure. This occurs because the facial plastic surgeon does not consider the chin as an isolated structure but, rather, as an important feature of the face. More specifically, he thinks in terms of the best profile obtainable for the patient. This procedure carries a high success rate and, in most cases, adds the “finishing touch” when

From the profile, the chin alignment should approximate a line extended vertically from the lower lip.
reconstructing facial harmony. (See photographs above.)

During your consultation your chin will be analyzed to determine if augmentation should be considered. Generally speaking, if one examines his profile (side view) in a mirror, the chin projection should approach a vertical line dropped from the lower lip. (See drawing at the bottom of page 106.)

Too much recession of the chin, particularly when accompanied by a slanting forehead, will cause the features to taper to a point in the mid-face if only a rhinoplasty (nasal plastic surgery) is done.

Actually, we may advise against any surgery for some individuals unless the projection of the chin can be increased in conjunction with rhinoplasty.

Of course there are people who desire chin augmentation alone for a receding or “weak” chin which has resulted from long-term nasal blockage, enlarged adenoids, dental problems, or a family trait.

Many patients undergoing face and neck lifts and who have a receding chin accompanied by excess fatty tissue under the chin can achieve a better profile by having a chin implant and sub mental liposuction performed in conjunction with their face and neck lifts. (See photographs at the top of page 106.)

The operation is usually performed from inside the mouth through an incision just above the crease between the lower lip and gum. Absorbable sutures are used and when the scar “matures,” generally, it is well-camouflaged.

This procedure is performed either at the hospital or in our Clinic. However, if it is done in conjunction with another procedure at the hospital, it is not necessary for the patient to remain there any longer than if the other procedure alone is done (i.e., rhinoplasty, face lift). Most patients may resume their preoperative activities within about one (1) week.

“Twilight” anesthesia is used for chin augmentation. (Please refer to page 78 of this book.)

Medical grade mesh is our choice to increase the chin projection by supporting the soft tissue overlying the mandible or jaw bone. This is the same concept as with breast augmentation (Mammaplasty) wherein an implant is placed under the tissue. In the chin operation, the implant is placed on the jaw bone so that the soft tissues (skin, fat and muscles) rest upon the implant, not the bone.

(a) A receding chin is usually the result of a short mandible (jaw bone). An implant (b) placed on the mandible supports the tissues, bringing the chin into better alignment.

Medical grade mesh-like materials are sometimes employed to make artificial heart components or arteries, for reconstruction about the eye and nose, repair hernias and for many other purposes in various parts of the body. It has been used in many cases and has a high record of safety and satisfaction. After a short time has elapsed, it becomes practically the same consistency as the surrounding tissues and becomes incorporated into them.
Correction of a receding chin can add the finishing touch to face lift and eyelid plastic surgery.

This patient underwent a chin augmentation as part of early correction of the aging process.
Due to the fact that the framework of the implant is mesh, the patient’s own tissues fill in the spaces.

With chin augmentation one must be willing to accept certain risks that may occur with any surgery on other areas of the body, (i.e., infection, rejection, numbness, swelling, asymmetries, discoloration, distortions, scars, etc.).

Although the chin area will be sensitive for a few days, postoperative discomfort is usually negligible.

Until most of the swelling has subsided, the lower lip and chin area may feel somewhat full and tight. Do not try to evaluate the results of your surgery too soon. It may take several weeks before the majority of swelling and tightness subsides, sometimes longer.

Many patients who have receding chins also have an abnormal bite, i.e., the upper and lower teeth may not meet properly. In these cases, orthodontic evaluation should be considered. In severe cases the entire mandible (jaw bone) may need to be repositioned by the oral or maxillofacial surgeon. We will discuss this with you if you have any questions about it.

This procedure may be combined with surgery to correct the “problem neck” or submental liposuction to “lengthen” a short neck-chin line. (See photographs at the top of page 106.)

**Reduction Mentoplasty**

Some chins are too large. The excess bone can be removed or repositioned to help provide better harmony.

At your consultation, the options can be discussed in more detail.

Make sure you have read Parts I and II of this book.

---

**Very often it is necessary to recommend surgery for a receding chin either in connection with a nasal plastic operation, a face lift, or as an isolated procedure.**

---

**All photographs in this book are used to demonstrate the result obtained in that particular case and should not be used for comparison.**

---

**DO NOT** take any medications other than those prescribed or approved by McCollough Plastic Surgery Clinic.
Cheek Augmentation

For centuries, high cheekbones have been a common characteristic of faces considered to be “beautiful.” In many cases building up underdeveloped or flattened cheeks can be accomplished by placing medical grade implants directly on the facial bones. The incisions are usually made inside the mouth and under the upper lip in order to avoid scars on the face. These incisions are closed with absorbable sutures which dissolve within 5-7 days.

A specialist in facial plastic surgery analyzes the face and attempts to select the appropriate implant for each patient and for each cheek. Rarely are the two sides of the face symmetrical prior to surgery, so one can expect some asymmetry to be present after the operation. (See page 69.)

As is the case with any augmentation procedure there are imponderables, risks, and the possibility that the operation might not reach a patient’s expectations. (See page 67.)

However, cheek augmentations, like chin augmentations, often add a finishing touch and provide better balance for patients seeking improved facial harmony.

The procedure can be performed in conjunction with many of the other procedures described in this book, or can be done as an isolated procedure under the same “twilight” anesthesia.

Although the cheek areas are swollen initially and some bruising may occur, the swelling subsides in a few weeks. Most patients may return to work or resume “normal” activities within a few days after surgery. Patients are urged to avoid injury to the cheek region for 4-6 weeks. After that time it is unlikely that the implant(s) could be disturbed unless a severe blow should be received.

In another section of this book (page 98) swelling after surgery was discussed. After cheek augmentation, too, the final result might not be apparent until swelling has subsided.

During your consultation your surgeon and the clinic staff will discuss the procedure in more detail.
Chin and Cheek Augmentation
Postoperative Instructions

If your chin or cheek surgery was performed in conjunction with another procedure, you should also follow the instructions referable to that procedure.

As is the case with any operation, you can expect swelling in the postoperative period. The increased swelling produces a feeling of tightness and pressure in the chin. This is a normal part of healing and should not produce concern.

Some degree of swelling follows any surgical procedure. The swelling is due to the new tissue fluids brought into the area by the body to promote healing. The increased blood supply to the region is responsible for the pink color of the skin and in some of the “discoloration” associated with surgery. When these healing fluids are no longer required, the tissues release them and they are absorbed through the bloodstream.

You must be willing to accept temporary swelling and discoloration which occurs following such operations. Though usually visually disconcerting, most people feel it is a negligible inconvenience to pay for the physical and psychological improvement they experience.

A tape dressing is usually placed over the chin or cheeks following surgery. Do not attempt to remove the dressing and try not to get it wet. It is usually removed during the one week Post-Op visit to the Clinic.

When the dressings are removed and you first see the new chin or cheek, it will be swollen and might look as though it has been over-corrected, but be patient. As the swelling subsides over the next few days, it should assume a more natural appearance.

You may be tempted to feel the implant with your fingers or explore the suture line under the lip with your tongue. We encourage you not to do this as the implant is adapting to its new tissue bed and manipulation may jeopardize the healing. The skin over the implant has been covered with tape for several days and fingertips contain oil and debris that might cause “pimples” to occur.

Gentle washing with CeraVe hydrating cleanser followed by thorough rinsing is recommended after the dressings have been removed.

The medications you are given should be continued until the supply is exhausted, especially the antibiotic.

SUBMENTAL APPROACH
If the chin implant was placed through the submental approach, an incision was made into a crease below the chin. The sutures used to close the incision are absorbable. Any remaining suture material usually comes off when the tape covering this incision is removed in about one week.

INTRA-ORAL APPROACH
If the implant was placed through the intra-oral approach, an incision was made inside the mouth just above the crease between the lip and gum. The sutures used to close this incision are absorbable. Any remaining suture material usually comes off when the tape covering this incision is removed in about one week.

Postoperative Instructions
DO NOT: Manipulate sutures or pull the lower lip forward as it may interfere with the healing. In addition:
   DO NOT: Eat foods such as nuts, popcorn, grits, etc., that may leave debris in the lower lip crease as it may irritate the healing suture line.
   DO NOT: Force the tongue down into the crease to “feel” the sutures or attempt to clean the debris. This maneuver, too, may interfere with healing.
We recommend you eat soft foods (soups, jello, puddings, potatoes, etc.) for at least five days after surgery.

Be careful not to injure the chin or cheek. To this end for at least three weeks, avoid:
— contact sports
— diving or skiing
— holding small children
— large crowds
— manipulating the lower lip

If you should notice extreme swelling or redness around the implant, notify us immediately. You should report any drainage from the incision sites.

Sometimes numbness can follow surgery. Let us know during your Clinic visits if you have any so that we can monitor the progress of your healing more closely.

Like other plastic surgical operations it may take 6-12 months for the last five (5) or ten (10) percent of swelling to disappear, so be patient. We will ask you to return for postoperative visits at several intervals during the first year or so. These visits are necessary for us to monitor the progress of your healing, so please notify us if you have a problem.

Failure to follow these instructions faithfully can lead to certain complications which potentially could jeopardize the desired result.

We recommend you eat soft foods (soups, jello, puddings, potatoes, etc.) for at least five days after surgery.

Be careful not to injure the chin or cheek. To this end for at least three weeks, avoid:
— contact sports
— diving or skiing
— holding small children
— large crowds
— manipulating the lower lip

If you should notice extreme swelling or redness around the implant, notify us immediately. You should report any drainage from the incision sites.

Sometimes numbness can follow surgery. Let us know during your Clinic visits if you have any so that we can monitor the progress of your healing more closely.

Like other plastic surgical operations it may take 6-12 months for the last five (5) or ten (10) percent of swelling to disappear, so be patient. We will ask you to return for postoperative visits at several intervals during the first year or so. These visits are necessary for us to monitor the progress of your healing, so please notify us if you have a problem.

Failure to follow these instructions faithfully can lead to certain complications which potentially could jeopardize the desired result.

As Featured in Sunday Issue of The Mobile Press Register
Mobile, Alabama, July 2009
SMARTER LIPS

World renowned facial surgeon, Dr. E. Gaylon McCollough (Gulf Shores, AL) has developed a way to create smarter, more youthful lips that does not require repeat treatments every few months. The difference is that Dr. McCollough’s technique uses the body’s natural collagen rather than synthetic materials.

The advantage of using your own collagen to enhance the size and shape of thinning lips is that – once placed in its new home – your own collagen is recognized by your lips as “self” and grows there for the remainder of your life.

On the other hand, synthetic materials injected into the lips are recognized as a foreign substance (“non-self”) and are immediately attacked by your body’s defense systems. As a result, synthetic, injected fillers are totally absorbed within a few short months, leaving the lip unchanged from its pre-treatment size and shape.

The cost savings of using Dr. McCollough’s collagen grafts to create smarter lips cannot be underestimated. This is one incidence in which surgery actually costs less than so-called “noninvasive” techniques.

If you decide to have one of the commercial fillers injected into your lips you will spend roughly $800 per treatment, every six months – that’s $1,600 for one year’s treatment. In two years, you will have spent $3,200 … in three years $4,800 … in four years $6,600 … in five years you will have spent as much as $8,200 and have absolutely nothing to show for the money spent … regardless of what you have been led to believe.

Look at the alternative. With Dr. McCollough’s “Smart Lip Procedure” your body’s own tissues are used to enhance the size and shape of your lips, at a fee of approximately $1,600. Based upon more than Dr. McCollough’s experience, the results may last for the rest of your life. The bottom line is that Dr. McCollough’s smarter, life-long alternative costs less than two treatments of temporary, injectable fillers.

So, make the smart choice. To learn more about enhancing the size and shape of your lips and other parts of your face and body contact us at 251-967-7600 or visit us at www.mccolloughplasticsurgery.com.

See photos on next page
Lip Enhancement
Lifting and Augmentation

More and more people are becoming interested in having more youthful-looking lips. “Injectable” materials may provide temporary enhancement but we tend to rely upon methods which provide more long-term improvement. And, although surgical correction might not be recommended for everybody, a surgical lip lift or an anatomic implant using a patient’s own collagen can offer a more permanent improvement to patients concerned about thin or aging lips.

The lip lift is performed by removing a strip of the white skin around the lip and advancing the pink skin into the area. For patients over 40, surgery is often combined with laser resurfacing, a chemical peel or dermabrasion for the best results, especially when wrinkles are present. In younger patients, the lips may be enlarged by collagen implantation alone.

Surgical incisions are closed with absorbable sutures which usually dissolve within 5-7 days. The incision lines go through the usual maturation process in which the scar is pink and lumpy for a few weeks and eventually blends into the surrounding tissues as it flattens and turns white ... but it takes time.

Some patients may desire correction of the upper (or lower lip) only. Most, however choose to have both done.

Either of the lip procedures can be performed as isolated procedures or may be combined with most of the other plastic surgical operations discussed in this book.

Expect the lips to be quite swollen after surgery. For several weeks they will appear “over-corrected”.

Larger lips often provide some of the finishing touches to rejuvenation surgery. The procedure can be done in conjunction with face lifting, Blepharoplasty, or virtually any other plastic surgical operation.
Otoplasty

Otoplasty is the name of the procedure designed to reposition or “pin back” protruding ears.

This deformity often causes deeper emotional upset than is generally realized by the patient’s friends or parents. Because the visual and psychological improvement following the operation is usually dramatic, it is rewarding to the patient, the family, and to the surgeon.

In children the surgery is preferably done before they begin school, to avoid classroom teasing and “nicknames,” but it can be done at any age. By the age of six (6) the ears have reached about 90 percent of their adult size, so little growth of the ears occurs after this time.

Because the anterior one-half of the head develops embryologically from two sides, rarely are the two ears identical prior to surgery. If they are not, chances are there will also be some differences in them after surgery. (See Facial Analysis, page 69.)

Before birth, during embryonic development, everyone’s ears project straight out away from the head. But by the ninth month, they usually assume a position closer to the head and develop the natural folds and convolutions. In patients whose ears are too prominent and lack the usual folds and convolutions, this aspect of the developmental process stopped short of completion.

Large or protruding ears can be repositioned with the Otoplasty procedure. Although the size of the ears are not changed, they assume a much more natural relationship to the head.
The surgery procedure is designed to "complete" the developmental process by positioning the ears closer to the head and attempting to create the folds by placing sutures in the ear cartilages so that they can "heal" in their desired position.

When the ear cartilage is thick and strong, it tends to resist being repositioned and a "tuck" might be indicated within 6-12 months.

The predisposition to have protruding ears tends to run throughout a family tree with a varying degree of penetration. In some cases an entire generation may be skipped. Some family members will have ears that look fairly normal but others will have one or usually both ears that protrude, at least to some degree.

Even if only one ear appears to protrude excessively, it is usually necessary to correct both in order to get the desired surgical result.

The surgery

In younger children a general anesthetic is given at the hospital (in adults, "twilight" anesthesia at the Clinic). See "Anesthesia," page 78.

The patient is usually discharged 24 hours following surgery and remains ambulatory thereafter. In adults, (or older teenagers) Otoplasty may be performed on an outpatient basis at our Clinic. In most cases there is minimal pain after this type of surgery.

The scars resulting from the surgical incisions are located behind each ear and are hidden in the creases behind them. It is rare for these scars to thicken or hypertrophy. If this should happen, they can usually be softened by cortisone. (See Scar Revision and Skin Surgery, page 198.)

In many cases, protruding ears lack the natural contours or folds. Frequently one ear may be larger, higher, lower or more projected than the other. Although it is impossible to obtain absolute symmetry with surgery, the postoperative photograph on the right demonstrates a reasonable degree of improvement.
Otoplasty is a common operation for both young men and women.

Even though irregularities of the ear margin frequently exist with projecting ears, they can be made less apparent when the ears are repositioned closer to the head.

All photographs in this book are used to demonstrate the result obtained in that particular case and should not be used for comparison.
Otoplasty
Postoperative Instructions

A turban-type bandage is worn about the head to cover the ears the night after surgery. After this bandage is removed, (usually the next morning), the patient wears a stocking cap or head band pulled down over the ears while sleeping to protect them for another two weeks. Most patients may return to work or school in 5-7 days following surgery.

The sutures used to close the skin incisions behind the ears usually dissolve. If they are properly soaked with hydrogen peroxide applied with cotton-tip applicators as directed, they generally do not require removal. This should be repeated six (6) times daily for two (2) weeks. **Do not pull the ears forward under any circumstances!** Most patients may shower and wash their hair daily beginning the day after surgery using only CeraVe Hair Cleanser (a mixture of 3 parts CeraVe Hydrating Cleanser and 1 part CeraVe Lotion). Having the ears “get wet” with showering is not a problem.

When the dressings are first removed the ears will appear to have been over corrected or too close to the head, but in time they begin to assume their new position. With any surgery, it takes time for healing to be complete, so do not try to evaluate the results too early. We want to monitor the healing, so please keep the postoperative appointments.

In addition:
— Notify us of any excessive swelling, redness or discomfort.
— Continue taking the medications you were given until they are used up. They usually do not need to be refilled.
— Some numbness may persist for several weeks after surgery.
— On rare occasions, one of the deeper sutures may work its way to the skin surface, if it does, come in so we can remove it.

If you have any problems or additional questions, call the Clinic.

Make sure you have read Parts I and II of this book.

Failure to follow these instructions faithfully can lead to certain complications which potentially could jeopardize the desired result.

The predisposition to have protruding ears tends to run throughout a family tree with a varying degree of penetration.

“**A pleasing appearance is more important than any letter of introduction.**”

---

117