

Preface

to the Second Edition

Rhinoplasty, arguably one of the most challenging and difficult procedures in plastic surgery, has been a source of abiding interest for us throughout our careers. The Dallas Rhinoplasty Symposium, the brainchild of Jack Gunter, was a natural outgrowth of that fascination and reflected our desire to educate others about nasal surgery. In 2002, to reach a broader audience drawing on the knowledge base from this symposium, we published our first edition of *Dallas Rhinoplasty: Nasal Surgery by the Masters*. The goal was to capture the master teachings of the experts who have contributed to this course and to provide a logical and comprehensive approach to the field that benefits the neophyte as well as the seasoned surgeon with extensive rhinoplasty experience. The response has been overwhelmingly positive.

This second edition of *Dallas Rhinoplasty* continues the tradition of the first, updating and revising earlier chapters, while adding 32 new chapters to track exciting advances occurring in the practice of rhinoplasty. To reinforce the information contained within these volumes, we have added three new DVDs: one on cadaver dissection to provide key information on nasal anatomy as well as two on operative technique.

Among the new chapters are those devoted to the refinements in primary rhinoplasty and advances in secondary rhinoplasty. We have also included chapters on special topics such as the autospreader flap, septal extension grafts in tip contouring, management of the chin in rhinoplasty, strategies for correcting alar rim deformities, the tripod concept for correcting severely deformed nasal tip cartilages, cleft-lip nose, cocaine nose, and complications of nasal surgery. To give our book a truly global reach, this edition pays special attention to the non-Caucasian nose with four exciting chapters focusing on this topic: the African-American nose, the Middle Eastern nose, the Asian nose, and the Hispanic-American nose. Finally, because one of the greatest strengths of this publication is the expertise that is reflected in these pages, we have expanded the section on personal approaches to provide more in-depth insight into the skills and personal philosophies of some of the master surgeons who have contributed to this book.

Although this book has grown as information in our field has expanded, our objectives remain the same—to assist the nasal surgeon in attaining consistent results using careful preoperative analysis, precise operative planning, meticulous intraoperative execution, and long-term follow-up with critical evaluation of results. This is the only way to truly learn from experience and refine our technique. It is our sincere hope that this book will continue to provide a solid foundation for achieving those goals and advancing the art and science of rhinoplasty now and in the future.

Jack P. Gunter
Rod J. Rohrich
William P. Adams, Jr.

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The impetus for the Dallas Rhinoplasty Symposium and ultimately this book originated from my formative experiences as an otolaryngology resident at Tulane University. I was fortunate to work with Dr. Jack R. Anderson, one of the leading rhinoplasty surgeons in the country at that time. Dr. Anderson was an enthusiastic teacher who first ignited my interest in rhinoplasty and ultimately in plastic surgery.

Under Dr. Anderson's influence, my fascination with rhinoplasty grew rapidly and continues to this day. Otolaryngology allowed me to hone my skill in rhinoplasty but required that I treat patients with a wide range of head and neck problems, which was not always a satisfying experience for me. Given the same medications, some patients improved and others did not. I often wondered whether the treatment effected the change or whether it was attributable to psychological or environmental variables. I wanted more feedback and more control over the outcome. That is why I found plastic surgery so compelling. Plastic surgery, especially rhinoplasty, leaves no doubt; you can look at a patient and immediately see whether the results are good or bad. Also, plastic surgery appealed to my appreciation for things beautiful; it offered a unique opportunity to alter shape and form to achieve a superior aesthetic result.

After finishing my residency at Tulane, I served a 1-year National Institute of Health Facial Plastic Surgery fellowship under the direction of Dr. John T. Dickinson at Mercy Hospital in Pittsburgh. There I learned the basics of reconstructive surgery using flaps and grafts. On completion of my fellowship, I joined the faculty of the Division of Otolaryngology at The University of Texas Southwestern Medical Center in Dallas where I staffed and operated on as many facial plastic surgery cases as possible. Of all the cases in which I was involved, rhinoplasty remained the most intriguing and challenging. After 7 years at the university, serving 3 of those years as chairman of the Division of Otolaryngology, I resigned to go into private practice and to devote all of my time to facial plastic surgery. At that time the conflict between otolaryngologists and plastic surgeons had developed into a turf war, and I felt that to pursue my interest in plastic surgery I needed to become board certified in plastic surgery. That decision led me to the University of Michigan where I completed a plastic surgery residency under the

tutelage of Drs. Reed O. Dingman and William C. Grabb before returning once again to private practice in Dallas.

While at the University of Michigan, I met Dr. Robert Oneal, who shared my special interest in rhinoplasty and my concern that residents were not receiving sufficient training in this area. We discussed the merits of starting a rhinoplasty symposium for residents and decided it would be a worthwhile endeavor. On returning to Dallas I approached Dr. Fritz E. Barton, then chairman of the Division of Plastic Surgery at The University of Texas Southwestern Medical Center in Dallas, about starting a rhinoplasty symposium for plastic surgery and otolaryngology residents at that institution. He offered enthusiastic support and financial backing to turn this dream into a reality. The first symposium was held in 1984.

The Dallas Rhinoplasty Symposium, now in its eighteenth year, offers a unique experience because of its emphasis on cadaver dissections, its colorful faculty, and its mix of plastic surgery and otolaryngology attendees. It has served to provide surgeons with a better understanding of nasal anatomy and to foster acceptance of different approaches for treating difficult problems. It is noted for the camaraderie of the faculty and the lively and animated panel discussions. The fact that rhinoplasty continues to challenge the skill of both new and experienced surgeons partially accounts for the success of the symposium. But its success is also due in large part to its role as a catalyst in introducing new ideas and innovative techniques to the specialty.

Open rhinoplasty is one such technique that was introduced early on at our symposium. Today open rhinoplasty is widely accepted and preferred by many, but that was not always the case. Only a few of the faculty used the open approach when the symposium first began. In fact, I had just started performing open rhinoplasty and at the beginning many of the faculty would come a day early to watch me operate. Afterwards we would proceed to a conference room where the faculty members shared new techniques they had been developing and any problems they were encountering.

The free exchange of ideas has characterized this symposium from its outset. Faculty and participants have been encouraged to question ideas and openly disagree. They responded enthusiastically with lively debate. We felt that the audience should be aware that even the experts disagree on how to best handle complex situations.

Panel discussions have always been one of the highlights of the meeting. One reason for this is that it has always been a requirement that all panelists who present a case must include an operative diagram in the presentation to pictorially show their surgical technique. This has clearly contributed to the understanding of the operation by the audience and faculty and is the reason that the

diagrams are used in this book to illustrate the operation on all case reports. In the beginning the panels reflected a great diversity of opinion, but over the years we noted an increasing commonality. Thereafter we made a concerted effort to invite guests who represented different approaches. Many fondly remember the pitched verbal battles between Dr. Jack Sheen, one of the first and most enjoyable guests, and Dr. John Tebbetts. In one energetic discussion Dr. Tebbetts asked Dr. Sheen if he had ever tried an open rhinoplasty. Dr. Sheen replied no. Dr. Tebbetts then asked, "How do you know you wouldn't like it?" Dr. Sheen quickly retorted, "John, I have never jumped off a 15-story building, but I know I would not like it." Today, however, despite our quest to profile opposing views, it is difficult to find faculty who primarily use the endonasal approach to rhinoplasty.

The first faculty members were all young Turks at the beginning of their careers. Dr. Oneal and I represented the most seasoned contributors. Over the years many notable rhinoplasty surgeons have developed from this core group, among them Drs. Rod Rohrich, Steve Byrd, Sam Stal, and John Tebbetts; today they number among the best teachers of rhinoplasty along with the many outside experts who have come to share their wisdom.

Numerous advances have taken place since I first watched Dr. Anderson perform rhinoplasty and these have been well represented in our symposium. Dr. Sheen was a catalyst for many of the seminal developments that have taken place in rhinoplasty, providing better analysis combined with innovative solutions to common problems. His concepts of augmentation and his use of spreader grafts and tip grafts have immeasurably improved our art. We have also benefited from the teaching of the open approach. It has advanced our understanding of nasal anatomy and nasal surgery because we can readily visualize the problems confronting us. We have learned from our rhinoplasty colleagues in plastic surgery and otolaryngology who have come together for an honest dialogue, freely presenting their ideas and exploring the potential for new techniques and improved results in rhinoplasty.

This book, *Dallas Rhinoplasty: Nasal Surgery by the Masters*, coedited by Rod J. Rohrich, my long-time colleague and friend, and William P. Adams, Jr., a new educator with the zeal and energy to become an expert rhinoplastic surgeon and teacher, is the culmination of the efforts of those who have participated in the Dallas Rhinoplasty Symposium and reflects the growth in knowledge and expertise over the past two decades. In keeping with the tradition of the symposium, we hope that it will stimulate more accurate analyses of problems and encourage innovation and individualization of treatment approaches with the ultimate goal of improving the care we provide our patients and enhancing the quality of our results.

Jack P. Gunter

The Dallas Rhinoplasty Symposium has come to be recognized as a teaching model. For plastic surgeons and otolaryngologists it represents the premier source of innovative changes and technical advances in rhinoplasty. It is considered one of the most successful “hands on” educational symposia in the United States because it delivers what it promises: cutting-edge information about basic and complex issues in nasal surgery taught by master surgeons in the field. Furthermore, it offers a dynamic, entertaining, and challenging learning experience.

This symposium was the brainchild of Jack Gunter. It grew out of his observation that plastic surgery residents were lacking in experience and exposure to the basic anatomy and surgical concepts key to successful rhinoplasty. Rhinoplasty remains one of the most challenging procedures to master; it is also difficult to teach, particularly when performed via an endonasal approach. Trained in otolaryngology and plastic surgery, Jack recognized the problems inherent in teaching rhinoplasty to plastic surgery residents. This prompted him to champion the open approach for nasal surgery and to teach plastic surgery residents the art of rhinoplasty.

Initially the symposium was designed primarily as a gross anatomy course. It became clear from working in the anatomy laboratory that there was a lot of confusion about basic rhinoplasty, even among talented, experienced surgeons. Therefore we used the laboratory experience to develop consistent nasal anatomy terminology and to establish basic principles and guidelines for functional nasal evaluation, preoperative planning, and surgical technique. These guidelines and the lessons learned in those original anatomy courses have become guiding principles for this teaching experience today. The clear focus is on accurate preoperative diagnosis and planning.

It became obvious to those of us who attended the first course either as faculty or residents that this symposium provided a unique venue for sharing information about this complex topic. During the first years, the meeting was intentionally kept small to foster a camaraderie and develop a standard of educational excellence. The intimacy of this experience allowed better focus and creativity. What began as a small group of Texas plastic surgery residents gradually ex-

panded to include both otolaryngology residents and young and experienced practicing plastic surgery and otolaryngology physicians. The faculty also grew to include leading national and international experts. The ability to extend the reach of this teaching opportunity was due in large part to the support of The University of Texas Southwestern Medical School Department of Plastic Surgery that pledged the use of its conference facilities, anatomy laboratory, and cadaver materials as well as its organizational skills to attract participants from a broad audience.

The initial presentations evolved from simple slide presentations with photocopied handouts to computerized PowerPoint shows with multiple standardized views of patients and more formalized training materials and educational tools. Foremost among these tools have been the Gunter graphics, which have evolved over time and now represent the standard for graphically demonstrating how a rhinoplasty is done. The anatomy laboratory training was initially supplemented by a small laboratory manual and then with video and digital tapes and interactive laser disks; for the past 6 years course participants have also benefited from watching live surgery by the leaders in rhinoplasty. Some of the outstanding aspects of this meeting include:

- Panel discussions by a dedicated faculty enthusiastically debating and evaluating divergent options, opinions, and philosophies
- Focus on primary rhinoplasty and basic principles that are applicable to more difficult problems
- Consensus on rhinoplasty terminology and standardization of patient presentations and photography, which have become standard for every meeting on rhinoplasty
- Emphasis on the cadaver laboratory, the fine points of nasal anatomy, and proportional analysis of the nose and face

Now all of these educational materials and the comprehensive learning and clinical wisdom from this symposium have been embodied in *Dallas Rhinoplasty: Nasal Surgery by the Masters* and a complementary set of CD-ROMs. This book is an outgrowth of the symposium whose name it bears. Similar to the teaching course that inspired it, it provides a comprehensive approach to basic and advanced rhinoplasty. It captures the strengths of our course, the point/counterpoint of ideas, and the anatomic knowledge and basic principles that are the foundation of this teaching experience. The accompanying CD-ROMs provide a dynamic supplement to the written material with its anatomic dissections and demonstrations of surgical technique. Topics covered in the book range from basic terminology, anatomic discussions, and incision approaches to tip grafting, alar resection, and septoplasty. Divided into nine parts, the book provides comprehensive information on anatomy, analysis and planning, the nasal tip, the nasal dorsum, and the septum as well as special problems such as secondary rhinoplasty, traumatic deformities, and the deviated nose. The final two sections

focus on special considerations and advances and on the personal approaches of some of the master surgeons who have contributed significantly to the craft of rhinoplasty. Key points and clinical caveats are highlighted in each chapter. The Gunter graphics are a unifying element throughout the book, providing a unique roadmap to the planning behind the surgery.

In retrospect, Jack Gunter's vision has proved not only innovative but intuitive. Although his initial intention was to provide a forum for educating plastic surgery residents about rhinoplasty, the symposium has reached a larger audience and has had a far greater educational impact than originally anticipated. It is now a source of ongoing education and information for residents and experienced plastic surgeons and otolaryngologists nationally and internationally.

The incredible success of the Dallas Rhinoplasty Symposium is due in large part to Jack Gunter's innate understanding that people need to share information, experiences, and problems to grow and to learn. The entire rhinoplasty faculty is available throughout the meeting for informal discussions with participants and other faculty members. This has fostered camaraderie among the faculty and life-long friendships. But most important, it has fostered excellence in rhinoplasty. Because of Jack's constructive and critical analysis, this symposium has helped the faculty as well as the participants to become better rhinoplasty surgeons, helping them to refine their skills, expand their understanding of nasal anatomy, and improve their understanding of how to analyze the nose proportionally and convert that evaluation into the best possible care for the patient.

This rhinoplasty course is a history of a successful idea that was nurtured in a receptive environment by individuals who cared deeply about education and rhinoplasty.

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