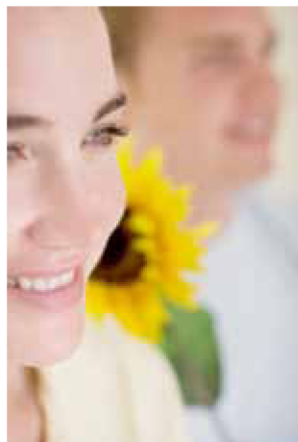


DESIGNING THE Perfect Nose

By Dr Andrew Denton



Although its exact definition remains elusive, the concept of beauty has fascinated mankind from the beginning. The great philosopher Plato wrote extensively on the topic, and identified beauty as a “moral” as well as a “physical” concept. Sappho, the Ancient Greek lyric poet, wrote that “beauty endures only for as long as it can be seen; goodness, beautiful today, will remain so tomorrow.”

Beauty is, as the saying goes, in the eye of the beholder. Consider Leonardo da Vinci’s masterpiece, the Mona Lisa. Few would argue that this is not a beautiful work of art. The colours are sublime and the subject’s eyes fol-

low the observer as a smile dances upon her lips. However, many would argue that the subject herself – when taken in isolation – is only average in appearance. Like many other things, it is the sum of the parts and the way they balance one another that makes the Mona Lisa beautiful. It is this ability of the human eye to appreciate the “wholeness” of things that defines beauty, and in that sense perhaps beauty is less a definition than an impression. As the late, great Hollywood producer Aaron Spelling quipped when asked for his definition of beauty: “I can’t define it, but when it walks into the room, I know it.” What Mr. Spelling says rings true for us all – beauty is as much something we feel as it is something we see.

Shaping Beauty

The term rhinoplasty is derived from the Greek words *rhis*, meaning “nose,” and *plassein*, meaning “to shape.” It is used to describe the facial plastic surgical procedure for restoring the function, reconstructing the form and cosmetically enhancing the nose. Although we think of rhinoplasty surgery as a very modern trend, the first description of this procedure actually dates back to 800 BC when, in ancient India, the ayurvedic physician Sushruta described a procedure designed to repair noses that had been amputated as religious, military or criminal punishment. Despite its ancient origins, little progress was made until the 20th century when the discoveries of anaesthesia and antibiotics allowed for a period of rapid evolution in rhinoplasty technique, which has continued ever since.

When a patient comes to see me for a rhinoplasty consultation, the first question I ask is, “What is it about your nose that you would like to change?” The most common answers are: there is a bump on the top of the nose (known as the dorsum), or the tip is too round or too flat. Patients may be hesitant to state too many dislikes for fear of ending up with an “operated on” looking nose. This is misguided, however, as multiple small changes that bring the various parts of the nose into balance will always look more natural and beautiful than changes made without

consideration of the overall structure and balance of the nose. Likewise, the importance of considering other facial features that may benefit from adjustment cannot be overstated. Another critical yet often overlooked factor to consider during consultation is the position of the chin. A weak chin is often not recognized by patients seeking to have their nose reduced in size. Yet when the lower third of the face is brought into balance with the nose and other structures of the upper face, a good rhinoplasty result often becomes a great rhinoplasty result. In the presence of normal dental occlusion and a planned reduction rhinoplasty, a chin augmentation can be safely performed at the same time with remarkable synergistic results.

Computer imaging has become an invaluable communication tool during the rhinoplasty consultation. Digital photographs are taken and then altered to demonstrate the changes following surgery. Often a patient will be unable to explain what they are unhappy, with but will be able to point it out on a photograph of themselves.

Achieving Perfection

Obviously, the goal of any rhinoplasty procedure is the “perfect nose” when viewed from the perspective of form and function. Perfection from a functional standpoint is easily assessed – if not always easily achieved. However, when one considers the form or appearance of the nose, what is perfection? If you saw it, would you know it? Would it stand out as a central feature of the face, or is the perfect nose one that wouldn’t be noticed at all?

Broad aesthetic principles apply. For example, a smooth, gently curved line should run from the eyebrow down the side of the nose and to the tip (the “brow-tip aesthetic line”). The width of the nostrils should roughly equal the distance between the eyes. The dorsal profile should be straight or have a slight concavity, and the tip of the nose should be well defined. Among his or her patients, a rhinoplasty surgeon will see every possible variation in the structure of the nose and every possible combination of the various parts of the nose. The goal is to adjust the shape and function of the nose to achieve what the patient and surgeon consider to be “perfect.” The desired end result will vary widely among patients and will be influenced by, among other factors, age, sex, ethnicity, life experience and personal taste.

From this more global perspective, the perfect nose cannot be defined in isolation and the days of the “cookie cutter” rhinoplasty are thankfully behind us. Ironically, as the global community has become more interconnected, the art of rhinoplasty has become more individualistic. The goal is to create a nose that is natural, un-operated in appearance, symmetric and harmonious with the surrounding facial features, racially appropriate, gender appropriate and age appropriate.

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