

Retraction technique in open-approach rhinoplasty

D ELLUL, S SHEIKH

ENT Department, Southern General Hospital, Glasgow, Scotland, UK

Abstract

Background: Various techniques are used to maintain retraction of the skin flap during open-approach rhinoplasty.

Objective: This report aims to present the use of maxillofacial retractors in open-approach rhinoplasty, a previously undescribed technique.

Conclusion: Use of these retractors provides excellent exposure of the lower lateral cartilages for surgery of the nasal tip, as well as access for surgery on the upper lateral cartilages. This technique allows the surgeon and assistant to proceed with surgery without needing to maintain retraction with a hand-held instrument.

Key words: Rhinoplasty; Nasal Cartilages; Surgical Instruments

We present a useful retraction technique used by one of the authors (SS) during open-approach rhinoplasty. Maxillofacial retractors (reference 0410; DTR Medical, Swansea, UK) (Figure 1) are used to maintain flap retraction (Figure 2) after the skin flap has been elevated from the nasal skeleton.

Maxillofacial retractors are inexpensive, single-use instruments consisting of a double-ended hook and a silicone loop (Figure 1). The tips of the hooks are blunt and will not pierce or tear the flap. The silicone loop attached to the double-ended hook is secured to the head drapes using an artery forceps or towel clip.

When using this technique, an Aufrecht retractor is not necessary unless working on the upper third of the nasal

dorsum. Thus, the operating surgeon or assistant has an extra hand free to hold another instrument. The exposure provided by this technique is excellent for work on the lower lateral cartilages. However, the technique does require the head drapes to be secured firmly to the patient's head; if the head drapes are loose, then the retractor will require frequent readjustment.

A variable amount of retraction can be applied by altering the tension in the elastic loop. A lesser degree of retraction is needed for tip work as opposed to work on the upper lateral

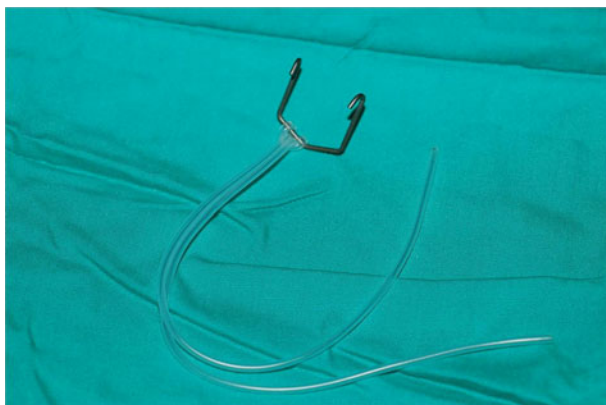


FIG. 1
Maxillofacial retractors.

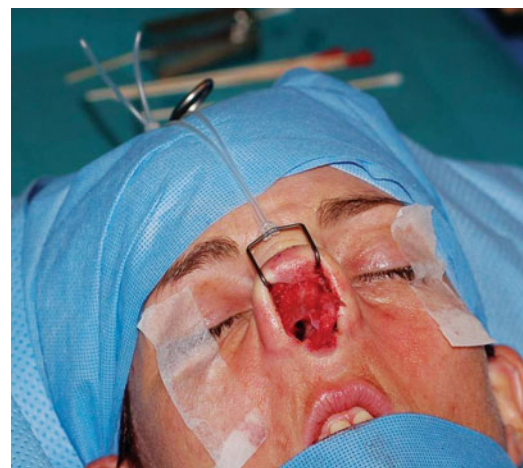


FIG. 2
Retraction of the skin flap using maxillofacial retractors. Artery forceps or towel clips are used to secure the silicone loop to the head drapes.

cartilages; the degree of retraction can be adjusted by altering the stretch on the silicone loop. It is important not to excessively stretch the elastic loop so as not to damage the flap. If the double-ended hook slips, it can be repositioned very quickly without having to reposition the artery forceps that fix the elastic loop in position.

Address for correspondence:
Mr David Ellul,

ENT Department,
Southern General Hospital,
Govan Road, Glasgow G51 4TF, Scotland, UK

E-mail: davidellul01@gmail.com

Mr D Ellul takes responsibility for the integrity of the
content of the paper
Competing interests: None declared
