

Post Rhinoplasty Quality of Life and Satisfaction Rate: Literature Review

Yara Mahdi BinSaleh^{1*}, Jawaher Ali Alherabi¹, Lama Hameed Alhumaid¹,
Reem Saleh Alrasheed¹, Rufaydah Ali Alkhowaiter¹

¹Collage of Medicine, Alfaisal University, Riyadh 11533, Saudi Arabia.

ABSTRACT

Cosmetic surgeons and teenagers can benefit from an understanding about how psychological dispositions affect the outcome of a plastic surgery. The influence of postoperative self-consciousness of the body and its impact can help surgeons determine the satisfaction rate on their work, and the patient's quality of life. There is no method of determining the level of satisfaction that is free from bias, even the most objective quantitative method of analysis. An extensive literature search was conducted using search engines such as PubMed, Embase and Google scholar focusing on adolescents, who underwent rhinoplasty for cosmetic purposes and compared satisfaction levels reported through different demographic characteristics. It was clear that satisfaction levels and outcomes such as depression differed by gender. Even boys are equally satisfied as girls; they seem to benefit less from rhinoplasty in their day-to-day life. However, there were no clear reports that compared these factors amongst races and weight of adolescents. Adolescents seeking the rhinoplasty procedure have more distress linked with

consciousness of body image. Their level of satisfaction and quality of life can soar from a well-executed surgical procedure. Rhinoplasty can achieve a significant enhancement in the quality of life for the adolescents.

Keywords: Rhinoplasty, Adolescents, Satisfaction Rate, Quality of Life, Elective Surgery.

*Correspondence to:

Yara Mahdi BinSaleh
Collage of Medicine,
Alfaisal University, Riyadh 11533, Saudi Arabia.

Article History:

Received: 05-12-2018, Revised: 02-01-2019, Accepted: 22-01-2019

Access this article online	
Website: www.ijmrp.com	Quick Response code 
DOI: 10.21276/ijmrp.2019.5.1.002	

INTRODUCTION

Rhinoplasty is arguably some of the most challenging cosmetic surgical procedures to understand. The interactions on the one hand, between plastic and functional trepidations and on the other hand, between the multidimensional forces are exhaustive procedures for relatively young surgeons. Moreover, patient satisfaction is always a key concern in rhinoplasty. There are numerous approaches that can be used to measure an outcome in rhinoplasty, none of which might be free from bias. Wu et al., (2010) directly questioned their patients to provide a rating on their perceived level of satisfaction with the procedure.¹

Nevertheless, such a survey that is ostensibly initiated by a surgeon can be biased in favour of the surgery because a patient can be hesitant to convey their true feelings for unhappiness to the physician. For instance, a client that thinks that the physician might not have taken their point of views into consideration cannot express a negative thought in a document that will be later analysed by the physician. The physical body, psychological state of mind and satisfaction-trilogy of teenagers is more complex when compared to people of majority age.

Hence, a surgeon in the process of making a decision must be more intensive with the adolescents since their psychological state is not that stable.

In addition, the outcome can be though as either perfect or down right disastrous for most of them rather consider them as acceptable.

STATISTICS

According to American Society of Plastic Surgeons (2018), four percent of cosmetic surgical procedures were attempted on teenagers between the age of 13 and 19, and fourteen percent of them was attributed to rhinoplasty. According to the recent Australian Cosmetic procedure database, millions of people pursue consultation for improvement of appearance for their nasal organ.²

In general, there is deficiency in a properly controlled environment regarding the psychosocial outcomes of aesthetic procedures in rhinoplasty. More teenagers are opting for rhinoplasty, with more than eleven million recorded in 2007 alone in the United States.

SATISFACTION RATE

Chaithanyaa, Rai, Shivakumar, and Upasi (2011) used expert ratings of the rhytidectomy results as an indication of satisfaction.³ Such ratings of the rhytidectomy result; nonetheless, do not take into consideration the opinions of patients of the result of the procedure to put into perspective. In fact, patient and surgeon valuation of rhytidectomy outcomes in rhinoplasty often express contrary concerns. Some anthropometric studies were conducted on facial markers and practical metrics to evaluate the result. Even though such metrics can provide objective information that is simpler to mathematically evaluate post-operative metrics, they not take into consideration the aspirations of the patients. Moreover, the objective measures of success cannot always be a predictor of patients' satisfaction.

Rhinoplasty much like other forms of cosmetic surgery is all about attaining the aesthetic body form in conformity to the desire of the patients. The ideal goal of these operations is to help a patients whose major concern is to enhance their nose and hence their mental wellbeing. Attractiveness, as defined by an individual's culture and social values is the major incentive that pushes patients to pursue rhinoplasty. Most rhinoplasty patients have the same concern, which is that they are dissatisfied with their nasal appearance. Actually, self-image and contentment with one's own body image are the major part of an individual's external attractiveness, which is the state of the physical body exists deep inside the mind and body association. It is the three-dimensional schema of an individual's body that entails interpersonal, environmental, and temporal issues. A combination of psychological state, physical body and life satisfaction of an individual after rhinoplasty have been subjected to deep empirical and literature studies.

Mianroodi, Eslami, and Khanjani (2012) investigated the post rhinoplasty satisfaction rates of adolescent patients, while others that concentrated on their quality of life after the procedure.⁴ However, few of the papers concentrated on the comparison of the two genders after the procedure. Consider the report of Kamburoğlu and Özgür (2007) who used a sample of eighty six patients of aesthetic surgery, and twenty one of them has undergone rhinoplasty.⁵

In their report, sixty percent of their respondents were adolescent girls and the rest were adolescent boys. Three quarters of girls and half of the boys indicated that they were satisfied with the outcome of the operation. The reason they gave for their satisfaction was that their level of popularity has soared within their social circles.³

Given that services that are offered in exchange for money, the satisfaction of the customer should be the ultimate goal. Over the last couple of years, social networking sites spring up as an important channel through which patients' can provide rating to the degree of satisfaction with a particular product, and provide a rationale for their level of assessment. These can work as a guideline for customers given that they are procuring a particular product and hence comprise a reliable e-word of mouth. It has been stated that three-quarters of consumers in Australia have online reviews to mould their buying decisions. It can be high compared to the conventional approaches that were used to collect customer feedback. Online reviews are known to have an impact on the customer buyer behaviour.¹ Numerous research reports have shown that positive online reviews is positively

correlated to revenue levels, and hence negative reviews dissuade customers, and hence reduce the level of revenue.

Equally, results have been reported in the health industry where more than sixty percent of customers report having consulted at least an online commentary with respect to a medical issue. Social media that centre on physician review has emerged as an important vehicle for the success of rhinoplasty procedure. There are surgeons that have suggested that following up with their customers who might have left a negative online review to dissuade litigation and reduce the level of damage to an individual's reputation.

In rhinoplasty, arguably, compared to all the other surgical procedures, getting to know patient concerns and requests is vital to meeting patient satisfaction. It is vital to gain insight precisely the reasons why a client needs a rhinoplasty. It is also vital to create a number of achievable outlooks for the client's pre-operation and confirm that the client completely comprehends what the procedure can deliver. It is for such a reason that different writers suggest that patients seeking the procedure be seen on two occasions before a surgical intervention procedure is taken. Study Kamburoğlu and Özgür established that rhinoplasty patients were substantially more prone to be dissatisfied compared to female patients.⁵ This report is in agrees with past reports. Following the same trend, Chaithanyaa et al. established that male rhinoplasty clients were more expected to be dissatisfied and depressed compared to female patients.³

To better understand the divergence between females and males, the writers assessed the motives that dissatisfied clients provided for their negative ratings.⁶ In general, under-correction of the initial deformity was indicated as the most popular reason for the unhappiness. Adolescent girls and boys often raised the issue of residual dorsal dissatisfaction in dorsal lumps that were under-corrected, and of tip not rotated enough. The most often raised reason for disappointment in adolescent boys was the procedure resulted in a very small nose. In addition, girls' dissatisfaction was with their bulging nose. A research report indicated that often the most cited incentive for ancillary nasal cosmetic surgical procedure was a complication after the initial procedure, which arose more often compared to the tenacity of the primary deformity. Other research reports established that disproportionateness was the often-cited incentive for ancillary rhinoplasty.

When examining the fundamental deformities that encourage patients to undergo the nasal surgical procedure, the most popular ones according to satisfied clients were past nasal fractures and a deviated nasal structure. Such clients have had extreme disfigurements at the baseline with a clear operational finality, which makes it easier to meet the outcome that is satisfying to patients. Chauhan et al. established that when dissatisfied a majority of female patients can with a level of accuracy express and identify the reason for their disappointments.⁷ On the contrary, a majority of male rhinoplasty patients who are dissatisfied were not clear with their issues and failed to verbalize the functional or morphological reasons for the dissatisfaction. A majority of dissatisfied male patients merely conveyed their dissatisfaction with words such as very angry, worst decision of their life. According to Mianroodi et al study of a sample female teenagers in Iran, they associated post-operative rhinoplasty to complications.⁴

QUALITY OF LIFE

Quality of life has been described as a person's sense of his or her state in life situations, of the beliefs and value systems that the individual lives in and related to the individual's principles, concerns, and ideologies. It can be classified as either health-related or just belonging to the general categories. Quality of life is assessed as a multi-dimensional issue. The extent of nasal deformity is a critical parameter that can be used when assessing the useful result of rhinoplasty technique. The assessment of contentment with outcomes of the surgical procedure is often a subjective issue.⁸ It has been indicated that more than three-quarters of clients are often content with their body image. Most of these researches did not subject the studies to a test of the clients' quality of life. The metrics of quality of life with authenticated tools have been done in some research reports.

For adolescents, the desire for beauty and the value of making friends and in particular attracting the people of the other gender gives rise to an individual to understand the cosmetic surgery. The nasal organ begins its maturity phase, which continues through the teenage years and takes its ultimate distinctive shape masculine or feminine in its silhouettes and outlines.

Patient satisfaction can be affected by different circumstance, which includes pre-operation appearance, patient expectations, and capacity to comprehend social relationships, alcohol use, and personality.⁹ Revision rhinoplasty is a surgical practice that is vital because of its major aim. The core purpose is to preserve the patient's accurate expectations and to offer the desired result; in particular, which improves the disappointment because of the first disappointing procedure. It can be thriven through the assistance of extensive assessment of a client and the accompanying accurate outlooks.

A physician needs to be conversant of the ideal body image of the patient. Identifiers such as talking mannerisms, clothing, hair, and amongst others provide important pointers about the psychological state of the adolescent. Clients often have irregular character have unusual values about their body. They can attribute all their physical deformity of their nasal organ to their self-esteem.¹⁰ The authors reported cases of patients who experienced the surgical procedure and established that there was a very great occurrence of neurosis. The writers stated that the patients who suffered even small physical blemishes were one who were more upset, and appeared more susceptible to dissatisfaction. Often, most physicians recommend that the optimal time for the surgical procedure to be fifteen and seventeen in females and males because during such an age, nasal changes associated with puberty have stalled. Before the procedure, the incentive and maturity of the adolescent and alcohol use needs to be assessed in a systematic way. The pre-operative assessment should be methodological, which include what the patients dislike about their nose, a comprehensive bodily assessment, anatomic disfigurement examination and plans for the procedure.

Demographic characteristic of one's patients', the mental health outcomes, the follow-ups period, implant specification, whether there will be a need for revision, and the extent of deformity of the nose are some of the considerations concerns that can influence client satisfaction after the procedure.¹¹ The authors found that the substantial enhancement in client satisfaction after the initial procedure. The clients compared favourably with revision clients. Moreover, adolescents of a younger age were likely to be

dissatisfied compared to their older counterparts because they have very high expectations. However, he failed to establish any statically difference between patients contentment between the implanted and non-implanted clients.

Rhinoplasty can be moulded by age-related variances because of the broad range of ages. In general, there is a common knowledge that dissatisfaction is more common among older patients who have undergone rhineplatic process. This is because older patients have a difficulty in adopting the serious changes in their nasal appearance compared to the young people. Chauhan, Warne, and Adamson (2010) investigated a sample of thirty patients between the ages of thirteen and nineteen to determine post rhinoplasty challenges and psychosocial state of mind, and amongst others.⁷ They found that quality of life was enhanced after the procedure was apparent in the population they studied. The researchers failed to find a statistically significant levels of satisfaction in the population under research.

CONCLUSION

In general, writers argue that they face such a huge challenge dealing adolescent rhinoplasty as a result of a combination of social, psychological, and cultural factors at play. There were writers who believed that the adolescents lack a certain level of psychological maturity and understanding needed when agreeing to a surgical operation, in particular, those that are non-compulsory in nature. They believe that adults will have had more time to think of the consequences of undergoing the rhinoplasty and even are less inclined to regret opting for the procedure in the end. Moreover, the complex factors at play of physical body with psychological and satisfaction cannot be overstated. The result of literature review indicates that satisfaction and quality of life is generally subjective post-rhinoplasty, and cannot be determined with certainty.

SUMMARY

- There exists statistically significant differences between male and female adolescent satisfaction rate,
- Quality of life motivated by satisfaction ,
- Literature on differences-different weight categories non-existent,
- Literature on the differences as a result of race categories non-existent.

REFERENCES

1. Wu, H, Lin, J, Zhou, L & Bai, D. Classification and craniofacial features of gummy smile in adolescents, *Journal of Craniofacial Surgery* 2010, 21(5), 1474-79.
2. Samadzadeh, M, Abbasi, M & Shahbazzadegan, B. Survey of relationship between body image and mental health among applicants for rhinoplasty before and after surgery, *Procedia-Social and Behavioral Sciences* 2011, 30, 2253-58.
3. Chaithanyaa, N, Rai, KK, Shivakumar, HR & Upasi. Evaluation of the outcome of secondary rhinoplasty in cleft lip and palate patients, *Journal of Plastic, Reconstructive & Aesthetic Surgery* 2011, 64(1), 27-33.
4. Mianroodi, AA, Eslami, M & Khanjani, N. Interest in rhinoplasty and awareness about its postoperative complications among female high school students, *Iranian journal of otorhinolaryngology* 2012, 24(68), 135.

5. Kamburoğlu, HO & Özgür, F. Postoperative satisfaction and the patient's body image, life satisfaction, and self-esteem: a retrospective study comparing adolescent girls and boys after cosmetic surgery, *Aesthetic Plastic Surgery* 2007, 31(6), 739-45.
6. Moosavizadeh, SM, Niazi, F & Kalantar-Hormozi, A 2012, 'Evaluation of female patients motivating factors for aesthetic surgery', *World journal of plastic surgery*, vol 1, no. 2, p. 76.
7. Chauhan, N, Warne, J & Adamson, PA 2010, 'Adolescent rhinoplasty: challenges and psychosocial and clinical outcomes', *Aesthetic plastic surgery*, vol 34, no. 4, pp. 510-516.
8. Gassling, V, Koos, B, Birkenfeld, F, Wiltfang, J & Zimmermann, C 2015, 'Secondary cleft nose rhinoplasty: subjective and objective outcome evaluation', *Journal of Cranio-Maxillofacial Surgery*, vol 43, no. 9, pp. 1855-1862
9. Yeslev, M, GWJ, Shack, RB, Grotting, JC & Higdon, KK 2017, 'Safety of cosmetic surgery in adolescent patients', *Aesthetic surgery journal*, vol 37, no. 9, pp. 1051-1059.
10. Kotzampasakis, D, Piniara, A, Themelis, S, Kotzampasakis, S, Gabriel, E, Maroudias, N & Nikolopoulos, T 2017, 'Quality of life of patients who underwent aesthetic rhinoplasty: 100 cases assessed with the Glasgow Benefit Inventory. *The Laryngoscope*', *The Laryngoscope*, vol 127, no. 9, pp. 2017-2025.
11. Kalantar-Hormozi, A, Ravar, R, Abbaszadeh-Kasbi, A & Davai, NR 2018, 'World journal of plastic surgery', *Teenage Rhinoplasty*, vol 7, no. 1, p. 97.

Source of Support: Nil.

Conflict of Interest: None Declared.

Copyright: © the author(s) and publisher. IJMRP is an official publication of Ibn Sina Academy of Medieval Medicine & Sciences, registered in 2001 under Indian Trusts Act, 1882. This is an open access article distributed under the terms of the Creative Commons Attribution Non-commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

Cite this article as: Yara Mahdi BinSaleh, Jawaher Ali Alherabi, Lama Hameed Alhumaid, Reem Saleh Alrasheed, Rufaydah Ali Alkhowaiter. Post Rhinoplasty Quality of Life and Satisfaction Rate: Literature Review. *Int J Med Res Prof.* 2019 Jan; 5(1):5-8. DOI:10.21276/ijmrp.2019.5.1.002