Incision of Rhinoplasty

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Incision of rhinoplasty

- Incisions:
  1. Transcartilaginous
  2. Intercartilaginous
  3. Marginal

- Approaches:
  1. Delivery
  2. Cartilage splitting
  3. Retrograde
  4. Open
Transfixion/Hemitransfixion

- In the membranous septum between the caudal border of septum cartilage and columella
- Just caudal to septum
- Follows medial crura to flared ends
- Extend to floor for tip projection access
- Hemi- is unilateral only
  - Avoids disruption of tip support
  - Poorer access, Asymmetric healing
Intercartilaginous Incision

- Access to the tip and mid-nose
- Incision intranasal, between the ULC/LLC
- Begin medially as transfixion extension
- Approximately 2mm caudal and parallel to limen vestibuli until it’s lateral end
- May cause nasal obstruction
Intracartilaginous incision

- Access to the tip and mid-nose
- Starting from anterior end of the transfixion incision
- Parallel to the rim of cartilage
- Determined by the width of caudal end of LLC one desired to leave
- Can be made through vestibular skin and cartilage or skin only
- Prevent nasal obstruction
Marginal incision

- Through the vestibular skin along the caudal borders of LLC
- From LLC lateral end to columellar-lobular junction
- Endonasal approach
  - Combined with intercartilaginous incision to create bipedicled flap of cartilage and mucoperichondrium
- Always used in external approach
  - In continuity with the transfixion incision (stop at flare end of LLC)
Transcolumellar incision

- External approach
- Crosses columella just above flared ends of the medial crura
- If too close to the lip, “dip” deformity
  - No cartilage support to counteract tension generated by the healing skin
- Stair-step incision