I see myself as both a physician and a craftsman.

My patients have the benefit not just of my surgical and technical expertise, but also of my artistic sense.

- Dr. Guida
ROBERT A. GUIDA, MD

Robert A. Guida, M.D. is renowned for his command of innovative surgical techniques and the natural-looking results he achieves for his patients. Dr. Guida believes that any cosmetic surgery procedure should reflect the patient’s individuality — that’s why there is no signature Dr. Guida “face” or “nose.” He is not a “cookie cutter” practice, as, according to Dr. Guida, “I see myself as both a physician and a craftsman, which means that patients have the benefit not just of my technical expertise, but also of my artistic sense.”
ON A FRIDAY AT 4 P.M. ON JANUARY 5, 2001, I was with David Schiller at the hospital, where he had gone after asking his team of doctors what he should do about the tumor on his head. Schiller was in a discussion with his doctors, who had found the tumor after he was shot in the head with a paintball gun. The doctors were discussing the best course of action for Schiller's case.

Schiller was preparing to undergo surgery the next day to remove the tumor. He was nervous and anxious, but he was also determined to do what was necessary to get better. Schiller's team of doctors were working hard to come up with a plan that would give him the best chance of recovery.

As Schiller sat in the waiting room, he talked to his wife, who had come to support him. They were both tired and stressed, but they were also hopeful that Schiller would recover.

The surgery was scheduled for the next day, and Schiller was eager to get it over with. He knew that the tumor was a threat to his health, and he was ready to do whatever it took to get rid of it.

Meanwhile, Schiller's wife was by his side, offering him support and encouragement. She was nervous about the surgery, but she knew that it was the best thing for Schiller.

After the surgery, Schiller was in the recovery room. He was talking to his wife, who was sitting by his bed. They were both relieved that the surgery had gone well, but they were also worried about what the future held.

Schiller was discharged from the hospital a few days later. He was still recovering, but he was on the road to recovery. He was grateful to his doctors and his wife for their support, and he was ready to face whatever the future held.

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Revision rhinoplasty, sometimes also referred to as “secondary rhinoplasty,” is an operation that is performed to correct cosmetic and/or functional problems that may have occurred, or were not fully addressed, at the time of a primary or first-time rhinoplasty. Results from revision rhinoplasty are usually very positive and highly successful. Careful planning and realistic expectations are necessary to achieve positive outcomes. Detailed consultations with the surgeon, review of previous operative reports and preoperative photos, and computer imaging are very helpful also.

Probably the single most important factor to help assure a positive result from a revision rhinoplasty is the experience and skill of the surgeon. A surgeon trained in cosmetic and functional nose surgery will be more able to handle the nuances of revision rhinoplasty. Carefully observing the doctor’s before and after photo gallery of revision rhinoplasty will give the patient a strong sense of the doctor’s skill level, experience and aesthetic sense. It is also very important for the patient and the surgeon to have a thorough discussion regarding realistic goals and expectations from the procedure.

Dr. Robert Guida has been performing revision and primary rhino- plasties for over 25 years. He is skilled in all aspects of nasal surgery, from total nasal reconstruction after cancer removal from Mohs surgery, revision and primary rhinoplasty, reattaching amputated noses, and all aspects of functional nose surgery. Dr. Guida has put together a choice collection of some of his more interesting and challenging revision rhinoplasties. We will be happy to discuss the particulars of your individualized concerns as well as show you more revision rhinoplasty, before and after photos to help you understand the most appropriate course of action.

As you can see from these cases, there are many different reasons patients require, or desire, revision rhinoplasty. Most common reasons are tip cartilage asymmetry, tip over-projection, under-resection of the cartilage portion of the bridge of the nose above the tip (“pubic beard” deformity), over-resection of the bridge resulting in a scooped out, “saddle nose” deformity, septal perforations, inadequately performed osteotomies resulting in a crooked nose, and a variety of functional issues. Sometimes a revision is done simply because the first rhinoplasty was done too conservatively and the patient desires further shortening or narrowing of the nose. In other cases, the primary nose job was too aggressive and the nose will require more structural support. The issues are myriad and much thought and consideration must be done in order to plan appropriately to obtain the best result. A preoperative CT is extremely helpful to determine the intranasal anatomy for the surgeon to properly address the functional issues related to the septum, turbinates, and the sinuses.

Rhinoplasty, and revision rhinoplasty, surgery works well but there are limits to what a surgeon can accomplish. There are factors that are out of a surgeon’s control in terms of the healing process, which can affect the final outcome of any nose operation. Skin thickening can affect the final result of a nose operation. Thicker skin types sometimes develop fullness, swelling or scarring in the area above the tip, which may require steroid injections postoperatively. Patients with very thin skin
sometimes do not have enough subcutaneous fat to camouflage the underlying bone and cartilage and their structures may be visible under the skin. Often, the underlying bone and cartilage may have minor irregularities that are palpable to the touch but not visible at all and generally surgery should not be done to correct this. Very crooked cartilage from the septum has a strong and persistent memory, wanting to bend back to its original shape, resulting in an off-centered nose. This can shift years after the original nose operation.

Finally, a discussion on revision rhinoplasty would not be complete without mentioning the option of “nonsurgical rhinoplasty,” or sometimes also called a “liquid rhinoplasty.” This procedure has become more popular as the quality of nonpermanent fillers have improved. Using hyaluronic acid-based fillers allows for successful repair of minor to moderate defects of the nose without surgery which can last several months to a year. The fillers can be added incrementally if desired. If the patient is not satisfied with the result or too much was inadvertently injected, there is an antidote injection to dissolve the filler. The goal of a nonsurgical rhinoplasty, is to obtain a more balanced look to the nose. This procedure can be done with topical anesthesia and works nicely to achieve symmetry of a crooked nose, contour certain angles around the tip of the nose, smooth out irregularities or depressions of the tip or bridge of the nose, camouflage nasal bridge bumps, and even nose the profile of a flat appearing nose.

Nonsurgical rhinoplasty is an option for patients who have irregularities or imperfections from a previously performed rhinoplasty but are hesitant to undergo surgery again. Of course, there are limits to what can be achieved by a nonsurgical rhinoplasty. Some patients have asked me to camouflage their prominent nasal bump with filler. When I use computer imaging to show the patient what their nose will look like with filler camouflaging the bump, it becomes evident that the nose often looks larger and less attractive. The decision to have a nonsurgical rhinoplasty is an important one and the benefits as well as the limits and risks should be understood.

If you are considering revision rhinoplasty, Dr. Guida would be happy to discuss your options and concerns. Please have as much information as possible about your previous operation, such as any operative report, preoperative photos, and any x-rays. A thorough discussion regarding your expectations and goals, along with computer imaging, will help you make the appropriate decision and obtain the best result.
Sometimes revision rhinoplasty is necessary due to an overly aggressive primary rhinoplasty, as in this case of a young man with a “saddle nose” deformity. This is a young man had a rhinoplasty performed several years ago by another surgeon. The bridge of the nose of drastically over-resected, the tip cartilages were over-projected and asymmetrical, and the bony dorsum was disproportionately too wide. Every aspect of the nose was out of balance, drawing attention to itself.

An open approach was required. A dorsal graft was utilized to raise the dorsum to a more natural height, the tip cartilages were de-projected and made symmetrical, and the sides of the nose were narrowed in proportion to the new bridge.
This case requires a revision rhinoplasty for the opposite reason of the previous case. Here the surgeon was too conservative and did not lower the nasal bridge enough, resulting in a persistent bump after the primary rhinoplasty. This is a woman a rhinoplasty several years previously by another doctor. She still has a prominent elevated bump on the nasal bridge, a 'hanging columella' too much of the side of her nose shows on the side view, there is lack of tip definition, and she still cannot breathe through her nose.

A CT scan was done revealing a persistent deviated nasal septum and sinustitis. Exam also reveals a prominent bony and cartilaginous bump on the bridge, lack of tip definition, an elongated septum between the nostrils, and an over-projected bridge and tip. Through a closed approach (no external incisions used), the bridge was lowered appropriately, the tip given more definition, the hanging columella shortened, and the deviated septum corrected. She is much happier with the appearance of her nose and it functions much better as well.
Many revision rhinoplasties are done because the results of the primary nose job in an imbalance of the cosmetic features of the nose. This young woman had a cosmetic rhinoplasty done a few years previously by another surgeon. The imbalance here was due to over projection of the bridge relative to the over-projected tip. As it healed, she noticed an enlarging bump and irregularity of the nasal bridge, over projection of the nasal tip, and a depression above the tip cartilages. She felt it looked too much like an "oversized nose job" which drew attention to itself. She wanted to fix the imperfections and to achieve a more balanced natural looking nose.

Using an open approach, the bridge of the nose was lowered and smoothed down appropriately, the tip cartilages were de-projected and given a more symmetric appearance, and a small softened cartilage graft was inserted to the depression of the bridge of the nose. As the nose healed and swelling subsided, it took on a more balanced and natural appearance.
This young man had a poorly performed rhinoplasty done in Europe which resulted in a prominent dorsal hump, droopy asymmetrical tip, nasal valve collapse, and nasal obstruction. He was unhappy with the cosmetic and functional results.

Using a close approach (no external incision), the nose was given a more balanced, natural look. The bridge was lowered appropriately, the tip and bottom of the nose lifted, and the tip cartilages softened and made symmetrical. A cartilage graft was used to repair the nasal valve collapse, thus improving his nasal obstruction. His deviated nasal septum was straightened which also improved his airway.

The final result was very positive functionally and cosmetically. He now has a tip that is lifted appropriately. His bridge is straight and natural looking. The tip cartilages are softer and more proportional to the rest of his facial features and he has an improved nasal airway.
This young man had a rhinoplasty by another doctor a year previously. A Gortex implant was inserted in the nose by the doctor, which subsequently became infected. The patient was placed on antibiotics, but the pain, redness, and swelling progressed. He was not feeling well, had fevers, nasal obstruction, and sinus infections. And he was quite upset with the shape of his nose following the cosmetic nasal surgery.

I performed a revision rhinoplasty which required removing the infected Gortex implant, irrigating the nose with antibiotic solution, and rebuilding the bone and cartilages of his nose. I was able to eliminate the infection and also give him a balanced and natural look as well as structural support to the bridge and nasal tip.

Years later, his nose continues to look very good, natural, and balanced with excellent nasal function. I was very happy to be invited to his wedding and proud of his handsome facial features as he walked down the aisle with his lovely bride.
Here is a case of a poorly performed nose job in which the bridge was not lowered enough and the tip cartilages were not given enough attention to achieve the proper result. This 20-year-old female had a rhinoplasty performed elsewhere in New York City several years previously. She was quite dissatisfied with the final cosmetic and functional result of her nose surgery. After her original rhinoplasty, she still had an exaggerated bump on the bridge of her nose, a droopy asymmetrical tip, a hanging columella, and a deviated septum.

Using a closed approach, the above problems were corrected giving her a gently sloped, feminine profile, a balanced tip, no columellar show and a nasal airway that functions well. She is very pleased with the results of her revision rhinoplasty.
This young woman had a rhinoplasty by another doctor several years ago resulting in an irregular and protruding nasal dorsum and nasal bridge. The bones and cartilages were quite elevated out of their normal position and very irregular.

Through a closed approach, the nasal bones and cartilages were lowered appropriately and smoothed out nicely. Scar tissue in the supratip and tip area was removed. She now has a more balanced and very pretty nose that balances nicely with the rest of her well-proportioned facial features.
This case demonstrates nasal features out of balance due to over resection of the bridge of the nose. An augmentation revision rhinoplasty was necessary. This young man had a rhinoplasty in a major academic medical center in another state. As the nose continued to heal over several months, the bridge began to sink inward (saddle nose deformity), the tip cartilages became over-projected and asymmetrical, and the nose developed a very unnatural “nose-job” look. He wanted a balanced, masculine looking nose that did not draw attention to itself.

Using a closed approach and a cartilage graft from the ear, the saddle nose deformity was corrected, the tip cartilages were made symmetrical and set back into a more normal position, and the droopy tip and columella were lifted and supported with the columellar cartilage strut. He now has a more balanced, masculine, and natural appearing nose that blends in nicely with the rest of his facial features.
As seen in this case, most revision rhinoplasties are necessary because of distortion of the tip cartilages. The tip cartilages can be the most challenging part of rhinoplasty surgery. This young woman had a previous rhinoplasty performed several years ago by another physician. As it healed, the tip cartilages became more pronounced, boxy, and asymmetrical. The septum shifted more to one side causing nasal obstruction and the bridge of the nose was irregular.

An open approach was necessary to obtain direct vision of the tip cartilages and bottom of the septum. This helps ensure stability to the shape of the tip long term and helps to secure the septum to the midline. The tip and bridge have a smoother, natural appearing look and the scar of the bottom of the nose has healed nicely. This type of result can only be accomplished with an open approach. This gives the best visualization of the entire anatomy of the tip, columella and lower nose.
Another common reason for a revision rhinoplasty is because not enough cartilage was removed in the area of the lower cartilaginous bridge, right above the tip. This is known as a “polly-beak deformity,” and is demonstrated in this case. A cosmetic nose surgery was performed by another physician several years prior. The bridge of her nose is still quite high, irregular, and wide. The tip is “chunky”, asymmetrical, and crooked due to a deviated nasal septum.

A revision rhinoplasty was done to lower the bridge appropriately giving a subtle, feminine slope and a narrower bridge. The tip cartilages were brought together for a more defined and delicate tip which is elevated nicely. The nose doesn’t droop when she smiles anymore and is more proportionate to her facial features.
This patient had a rhinoplasty by another doctor many years ago. The tip cartilages were over resected laterally resulting in a “pinched look” on the side of her nose. The cartilages were over-projected and bony with a noticeable shift between the bottom part of the tip cartilages (medial crura). The bridge looked and felt irregular.

An open approach was required for direct visualization of the medial crura on the bottom of the nose, as well as the entire tip cartilages. The tip is softer and more natural looking. The bridge is smoother and the pinched look to the sides of her nose is gone.
This case demonstrates the most common reason for revision rhinoplasty – asymmetry, pinching, and buckling of the tip cartilages resulting in unsightly sharp angles reflecting points of light which highlights the asymmetry. This patient has nose surgery by another doctor resulting in a bony, pointy, pinched, asymmetrical and over projected tip. The rest of the nose was off balance because of the tip appearance.

An open approach was needed to stabilize the tip and to de-project the cartilages. The domes of the tip cartilages were softened and sewn together to eliminate the pinched look and give a softer, natural appearance to the tip.
Revision rhinoplasty is necessary when the nasal features are imbalanced and exaggerated. Here we see an over resected bridge with very strong, over-projected tip cartilages from a primary rhinoplasty done elsewhere years previously. Additionally, the elongated nasal septum tethered and pulled the upper lip and nose outward.

An open approach was needed for direct vision of the lower septum and the entire anatomy of the tip cartilages. The bridge was lowered appropriately, the septum shortened, and the tip de-projected. The end result was a more balanced and attractive nose appropriate for her nasal features.
This case demonstrates a primary rhinoplasty done resulting in nasal features which are out of balance and best seen on the 3/4 views. A bump is left on the bridge and the tip cartilages are wide, separated and lack support. This nose surgery was done elsewhere several years previously.

An open approach was needed to obtain full view of the medial crura and entire tip anatomy. Tip support was added under direct vision, the bridge lowered appropriately, and the nasal bones reset in the midline achieving a masculine, balanced appearance.
Revision rhinoplasty is often needed to correct the “polly-beak” deformity. This deformity is due to an overly high cartilaginous dorsum, which is a combination of the upper part of the nasal septum and upper lateral cartilages, as well as from lack of tip support. This man had a rhinoplasty elsewhere resulting in the lower part of the bridge being too high along with a tip which lacked support, causing the tip to “funk under” the bridge, especially when he smiled.

Correction is best done with an open approach to add tip support under direct vision, allowing for as much control on the final result as possible. Less variability helps ensure a positive outcome. The bridge was lowered appropriately, and the tip refined and supported. He now has a balanced, natural masculine appearing nose.
This revision rhinoplasty required finesse and conservatism to fix the boxy, asymmetric tip and adding height and support to the tip while maintaining a masculine and natural appearance.

The tip required reconstruction with an open approach and the bridge height adjusted slightly. The end result of a carefully performed revision rhinoplasty gives the nose a natural slenderness appearance with no evidence of prior surgery.
This is a classic case of a primary nose operation resulting in a “polly-beak” deformity due to over resection of the bony bridge (the flat red area on the top of the bridge) and an under resection of the lower cartilaginous bridge, causing the excess height of the lower 2/3 of the nose.

An open approach was needed to to bring the nose into balance under direct vision. The end result is a nose that looks appropriate for this patient’s facial features and achieving a natural, masculine appearance.
This gentleman needs a revision for the opposite reason of the previous case. Here too much bone and cartilage were resected from the bridge of the nose resulting in a “saddle nose” deformity and an over projected tip.

A close approach with ear cartilage grafting was necessary to bring the nose back into proper balance. The ear cartilage graft augmented the nasal bridge, the tip was de-projected and the columna was lifted slightly giving a natural appearance to the nose.
This is another example of an overresected bump from a rhinoplasty performed elsewhere many years ago. This resulted in an over rotation of the tip, a “scooped out” appearing bridge, and an over-projected tip.

Using the patient’s own septal cartilage for grafting was needed to give appropriate height to the bridge and lower the rotation of the tip. This resulted in a more natural appearing nose and balance with her facial features.
This patient had a rhinoplasty elsewhere resulting in a bifid tip that lacked support and definition. Because too much cartilage was removed on the primary nose operation, she now has a pinched look to the sides of the tip. Additionally, she has a wide nasal dorsum with irregular bony edges.

An open approach was needed to reconstruct the bifid tip and to add support and definition. The bony bridge was smoothed out and narrowed. Small cartilage grafts were used to correct the pinched look of the sides of the tip. The nose now has a much improved and natural appearance.
This is another example of over-resection of the bridge, a lack of proper support and definition of the tip cartilages, and an off-centered nasal dorsum from a nose job performed elsewhere several years previously.

The patient’s own cartilage from the septum was used to reconstruct and elevate the bridge. The tip cartilages were secured in the midline to provide support and definition as well as de-projected. The nasal bridge was centered appropriately. The appearance of his nose is much more appropriate for his facial features.
This gentleman had nose surgery elsewhere resulting in collapse and asymmetry of the tip as well as a droopy, irregular nasal bridge. Too much cartilage was removed at the first operation resulting in the pinched, collapsed look to the sides of the tip.

An open approach was needed to reconstruct the tip, repair the nasal valve collapse and pinching, and to properly reset the nasal bridge. An open approach was necessary to obtain a complete view of his collapsed tip cartilages and to reconstruct them properly. The tip and bridge were lifted and centered to bring the nose back into balance and improve the appearance of the nose.
This gentleman had significant trauma to his nose, which was inadequately reset resulting in a “saddle nose” deformity and lack of tip support.

The nasal bridge required reconstruction with ear cartilage grafting. Proper realignment of the nasal bones was necessary. The bridge and tip now have appropriate support allowing the patient to breathe better and have a natural appearance to his nose.
This is a subtle revision requiring lowering of the slightly elevated lower nasal dorsum, adding projection and support to the tip, and smoothing out the bony nasal bridge.

By lowering the cartilaginous dorsum, or bridge, appropriately and adding tip support, rotation, and projection, she now has an attractive, youthful and balanced appearance to her nose. Often adding a “suora tip break”, or a slight depression of the bridge just above the tip gives the nose a feminine and delicate look.
This case demonstrates tip asymmetry as well as imbalance of the nasal anatomy. The bridge was too high and irregular and the tip cartilages over-projected and asymmetrical. This patient had previous nose surgery performed elsewhere years ago. As time went on, the tip cartilages became more asymmetrical and over-projected. The bridge appeared too high and irregular.

An open approach was needed for this revision to appropriately lower the bridge, de-project the tip, and achieve symmetry with a natural roundness to the tip.
Selected Publications
by Robert A. Guida, MD


Book Chapters


