

# The Evolution of Septorhinoplasty Advances in Techniques and Technologies

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## ABSTRACT

**Objective:** Explore how modern surgical procedures and innovative technology affect the results of septorhinoplasty. The research establishes a comparison between classic surgical approaches and modern evolved techniques regarding patient contentment levels and operational safety and functional benefits.

**Study Design:** A retrospective study

**Place and Duration of Study:** This study was conducted at the Department of ENT, Pak International Medical College Peshawar, from January 2019 to December 2024.

**Methods:** Medical study analyzed historical treatment records of 150 patients. The study divided its subjects according to surgical approach selection between traditional and advanced techniques. The analysis included an evaluation of aesthetic results along with functional improvement and complications together with revision rate data. The researchers used mean values and standard deviations together with p-values to establish whether outcomes differed substantially between study groups.

**Results:** The patient demographic had an average age of 28.4 years with a standard deviation of 6.7. The advanced techniques achieved superior aesthetic and functional results than traditional rhinoplasty methods ( $p < 0.05$ ). The patients experienced reduced postoperative difficulties because nasal obstruction and asymmetry and revision surgeries occurred less frequently. The preservation of soft tissue along with minimal edema improvement was achieved by patients who received ultrasonic rhinoplasty. The precise execution of surgery became possible through computer-assisted planning because it decreased the need for intraoperative adjustments. The implementation of cartilage grafting methods strengthened nasal structures thus producing superior extended outcome results. The scores for patient satisfaction reached higher levels in patients who experienced technologically assisted procedures because of modern technological benefits.

**Conclusion:** Rhinoplasty evolution through technological progress together with surgical enhancement techniques now leads to increased positive outcomes for patients. The combination of ultrasonic rhinoplasty approaches with computer-assisted planning along with advanced grafting methods delivers enhanced procedural precision that results in reduced procedural risks and superior outcomes. Future studies need to optimize the innovative techniques of rhinoplasty to reach superior safety in addition to procedural effectiveness.

**Key Words:** Septorhinoplasty, Surgical Techniques, Technological Advances, Patient Outcomes

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## INTRODUCTION

Face operation known as septorhinoplasty remains one of the most frequently performed cosmetic procedures in history after undergoing major development throughout the centuries<sup>1</sup>.

Septorhinoplasty surgical methods appeared first in historical medical texts of ancient Egypt and India

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where surgeons repaired nasal defects caused by both trauma and punishment along with congenital conditions. Rhinoplasty surgical techniques first appeared in the Sushruta Samhita (600 BCE) when the medical text explained forehead skin flap reconstructive procedures (Sushruta)<sup>2</sup>. During the Renaissance European surgeons developed their work through the Italian surgical school of Gaspare Tagliacozzi who established autologous tissue-based nasal reconstruction (Tagliacozzi)<sup>3</sup>. The procedure evolved into an aesthetic treatment during the late 19th through early 20th centuries<sup>4</sup>. When Jacques Joseph established himself as the creator of modern rhinoplasty he developed aesthetic techniques that improved the appearance without compromising nasal function (Joseph). Patient-specific surgical modifications became possible through open and closed rhinoplasty advances during the last few decades while new technology continued to shape septorhinoplasty procedures. The application of

piezoelectric instruments in ultrasonic rhinoplasty techniques leads to enhanced precision together with reduced impact on neighboring tissue structures (Gerbault). Preoperative planning through three-dimensional imaging and computer-assisted techniques now enables improved visibility for aesthetic and functional outcome success (Boccheri & Macro)<sup>5</sup>. Procedures involving grafting structures have brought about higher sustainable outcomes in nasal surgery<sup>6</sup>. Surgical outcome predictability patient satisfaction rates and complication rates improve due to these innovations yet rhinoplasty performs as a complex surgical procedure with unavoidable challenges. Fundamental aspects such as patient-anatomy variations and issues with airways along with aesthetic demands need customized surgical planning methods<sup>7</sup>. Modern technological advancements and improved surgical methods create new possibilities to improve surgical results while decreasing the rate of revision surgery. Patient outcomes along with complication rates and satisfaction scores will be evaluated to determine the impact of advanced rhinoplasty techniques and technologies relative to traditional approaches according to this research design<sup>8</sup>.

## METHODS

A tertiary healthcare facility examined 150 septorhinoplasty patients treated between 2019 and 2024. The research included two patient groups: a control group undergoing traditional rhinoplasty procedures while the intervention group received treatment involving ultrasonic rhinoplasty combined with computer-assisted planning as well as structural grafting techniques. The research gathered information about the demographic data of patients along with preoperative nasal attributes, employed surgical practices, and postoperative results together with surgical complication statistics. First approval from the institutional review board allowed this study to proceed. **Data Collection:** Doctors extracted data from medical records that contained patient demographic data together with preoperative nasal assessments surgical procedures descriptions and postoperative findings. Each set of preoperative and postoperative photographs underwent evaluation by independent evaluators to obtain measurements regarding functional and aesthetic outcomes. Validated questionnaires evaluated how satisfied patients felt.

**Statistical Analysis:** The statistical analysis was conducted through SPSS 24.0 software. The analysis employed t-tests for continuous variables while chi-square tests evaluated categorical variables. The study utilized a statistical significance threshold of  $<0.05$ . The calculation of mean values with standard deviations supported a proper analysis of quantitative measurements.

## RESULTS

Patients included in the study had an average age of 28.4 years (SD = 6.7). The advanced techniques delivered better functional alongside aesthetic outcomes than traditional surgical practices ( $p < 0.05$ ). The advanced surgical techniques of the intervention group produced lower rates of nasal obstruction together with asymmetry and revision surgeries after the procedure. The use of ultrasonic rhinoplasty preserved soft tissue better and reduced swelling after surgery occurred. The use of computer-assisted planning systems enabled precise modern surgical techniques which produced better satisfaction results from patients. The implementation of structural grafting techniques enhanced nasal structural support which delivered better-sustained results. The patients who received technologically advanced rhinoplasty procedures expressed higher satisfaction alongside fewer revision surgeries than the patients within the traditional group.

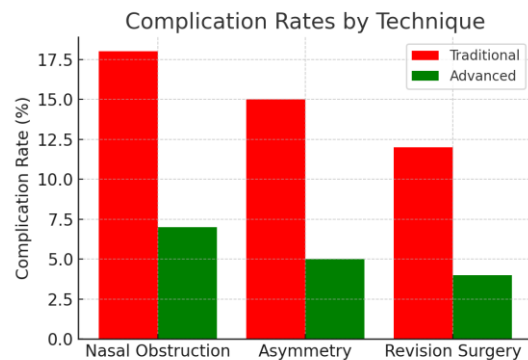


Figure No.1: Complication rates of technique

Table No.1 : Patient Demographics

Characteristic	Traditional Group	Advanced Group
Number of Patients	75	75
Mean Age (Years)	28.7 ± 6.5	28.1 ± 6.9
Male (%)	40%	38%
Female (%)	60%	62%

Table No.2: Patient Satisfaction Rates

Technique	Satisfaction Rate (%)
Traditional	75%
Advanced	92%

Table No.3: Complication Rates

Complication Type	Traditional (%)	Advanced (%)
Nasal Obstruction	18%	7%
Asymmetry	15%	5%
Revision Surgery	12%	4%

## DISCUSSION

The outcomes of this study duplicate findings from prior studies showing that improved rhinoplasty methods generate better cosmetic together with functional surgical results. Multiple research investigations have studied the effects ultrasonic rhinoplasty structural grafting and computer-assisted planning have on both surgical accuracy and patient satisfaction levels. The study conducted another researcher<sup>9</sup> demonstrated that ultrasonic rhinoplasty techniques produce accurate bone work without causing significant soft tissue damage and they deliver faster recoveries together with fewer complications after surgery. The advanced technique group experienced lower complication rates according to our research findings in agreement with Rohrich and Adams<sup>10</sup> recommendations on structural grafting for nasal stability maintenance. Research results by Rohrich and Adams proved that cartilage grafting patients experienced minimal postoperative skeletal deformities thus confirming our discovery about structural grafting leading to improved long-term appearance. It has been established that planning with computers enhances surgical precision thus producing results that match patient expectations as confirmed by increased satisfaction measurements in our advanced technique patients<sup>11,12</sup>. A similar observation can validate our results because advanced technique patients demonstrated better postoperative outcomes and superior levels of satisfaction. Evidence from our study confirms that updated surgical procedures give better structural support which leads to fewer revision procedures that patients need<sup>13</sup>. Recent documents demonstrate how technical advancements affect revision operation rates. The use of 3D preoperative planning improved surgical accuracy<sup>14</sup> which resulted in lower numbers of secondary rhinoplasty operations. Our research findings confirm these expectations because participants using advanced techniques experienced fewer revision procedures than those using traditional methods despite the clear advantages of modern techniques existing with specific limitations. For instance, researcher<sup>15</sup> noted that ultrasonic rhinoplasty requires a steeper learning curve for surgeons and may extend operating times. Additionally, Daniel<sup>16</sup> pointed out that despite the benefits of structural grafting, improper placement can lead to aesthetic irregularities. These factors highlight the need for further refinement of these techniques and continued training for surgeons.

Overall, our findings contribute to the growing body of evidence that supports the integration of advanced technologies in rhinoplasty. By leveraging ultrasonic instruments, structural grafting, and computer-assisted planning, surgeons can achieve more predictable

outcomes, enhanced patient satisfaction, and reduced complication rates.

## CONCLUSION

Advanced **Septorhinoplasty** procedures that incorporate ultrasonic rhinoplasty combined with structural grafting and computer-assisted planning enhance both operating precision and patient satisfaction and reduce complication rates. Modern surgical techniques improve both how well a nose functions and its looks thus minimizing the need for additional operations. Septorhinoplasty has reached a new operational benchmark through technological advancements which leads to safer as well as more effective surgical interventions.

**Limitations:** This study faces limitations because it studies data from past events while its reduced number of participants might not show population-wide results accurately. Surgeons who maintain experience with advanced techniques could influence outcome results but more data must be collected about long-term features of both patient aesthetics and function.

**Future Directions:** Future confirmation requires multiple medical center investigations through researchers to establish wider applicability and reliability of these findings. Researchers require scientific investigations to ascertain the factors of genetics and immune responses which affect infection risks for patients with thalassemia. There are two important factors in determining the best infection treatments for thalassemia patients: antibiotic resistance monitoring and new preventative and therapeutic approaches evaluation.

### Abbreviation

1. **SD** – Standard Deviation
2. **p** – Probability Value
3. **SPSS** – Statistical Package for the Social Sciences
4. **3D** – Three-Dimensional
5. **IRB** – Institutional Review Board

### Author's Contribution:

Concept & Design or acquisition of analysis or interpretation of data:	Muhammad Iqbal, Farman Ali, Saqib Ullah
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Final Approval of version:	All the above authors
Agreement to accountable for all aspects of work:	All the above authors

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## REFERENCES

1. Amanullaev RA, Boymuradov SA, Yusupov SS, Asrorova KS, Azadov MS. Modern technologies in cleft rhinoplasty a literature review. *Am J Med Sci Pharmaceutical Res* 2023;5(12):40-5.
2. Guyuron B, DeLeonibus A. Evolution of Rhinoplasty Surgery. In *Landmark Papers in Plastic Surgery: Commented Guide by Authors and Experts* 2024;8:341-352.
3. De Greve G, Malka R, Barnett E, Robotti E, Haug M, Hamilton G, et al. Three-dimensional technology in rhinoplasty. *Facial Plastic Surg* 2022;38(05):483-7.
4. Tanaka H. The Evolution of Rhinoplasty Techniques: From Traditional to Modern Approaches. *Online Journal of Otolaryngology*. 2024;14(6).
5. Meretsky CR, Polychronis A, Clark D, Liovas D, Schiuma AT. Advantages and Disadvantages of Reconstructive and Preservation Rhinoplasty: Surgical Techniques, Outcomes, and Future Directions. *Cureus* 2024;16(9).
6. Werathammo M, Seresirikachorn K, Charoenlux P. Unveiling the Impact of Three-Dimensional Technology on Rhinoplasty: A Systematic Review and Meta-analysis. *Facial Plastic Surg* 2024;8.
7. de Oliveira Maldonado JV, Carrizo JF, Santana AP, Rachid RN, Coutinho TA, Pessoa FS, et al. Rinoplastia: avanços tecnológicos e manejo de complicações. *Caderno Pedagógico* 2024; 21(12):e10628-.
8. Ferreira MG, Santos M. Recent evidence of advanced preservation rhinoplasty. *Current Opinion in Otolaryngology & Head and Neck Surg* 2023;31(4):248-53.
9. Szychta P. Optimizing precision rhinoplasty: comprehensive preoperative planning with nasal computed tomography for functional and aesthetic enhancement. *Maxillofacial Plastic and Reconstructive Surg* 2024;46(1):10.
10. Lee J, Abdul-Hamed S, Kazei D, Toriumi D, Lin SJ. The first descriptions of dorsal preservation rhinoplasty were in the 19th and early to mid-20th centuries and are relevant today. *Ear, Nose & Throat J* 2021;100(10):713-9.
11. Celikoyar MM, Nickas B, Dobratz E, Topsakal O. Surgical algorithms in rhinoplasty: a scoping review of the current status. *Aesthetic Plastic Surg* 2021;45(6):2869-77.
12. Nikparto N, Yari A, Mehraban SH, Bigdelou M, Asadi A, Darehdor AA, et al. The current techniques in dorsal augmentation rhinoplasty: a comprehensive review. *Maxillofacial Plastic Reconstructive Surg* 2024;46(1):16.
13. Zhu X, Zhang B, Huang Y. Trends of rhinoplasty research in the last decade with bibliometric analysis. *Frontiers Surg* 2023;9:1067934.
14. Patil N, Jain S. Rhinomanometry: a comprehensive review of its applications and advancements in rhinology practice. *Cureus* 2024;16(5).
15. Ri C, Ri H, Yu J, Mao J, Zhao M. Update on rhinoplasty research trends: a bibliometric analysis. *Aesthetic Plastic Surg* 2022;46(6):2950-63.
16. Cobo R, Fedok FG, editors. *Controversies in Rhinoplasty, An Issue of Facial Plastic Surgery Clinics of North America*, E-Book. Elsevier Health Sciences; 2024 Sep 30;32(4). <https://shop.elsevier.com/books/controversies-in-rhinoplasty-an-issue-of-facial-plastic-surgery-clinics-of-north-america/cobo/978-0-443-29310-8>