



ISAPS® PATIENT SAFETY

RHINOPLASTY RECOMMENDATIONS / EVALUATION CHECKLIST

October 4, 2025

DOMAIN	PREOPERATIVE	TRANSOPERATIVE	POSTOPERATIVE
Patient Selection	Screen for history of trauma, fillers, prior surgery, connective tissue disorders, allergic problems and psychological profile. Evaluate comorbidities. Treat active skin condition.	Confirm suitability for plan; adjust based on intra-op findings.	Assess satisfaction, revise risk-benefit balance for revisions.
Informed Consent	Align expectations. Discuss risks in detail (scar formation, infection, need for revision, healing, edema and functional disturbances). Record these.	Document intraoperative variations and critical decisions.	Reinforce expected timeline, manage expectations about edema and tip firmness. Giving recommendation sheet.
Imaging & Documentation	Use CT/CBCT for airway, standard pre-op photos. Use US for fillers assessment.	Capture intraoperative deviations when feasible.	Photographic follow-up at 1, 3, 6 and 12 months.
Airway & Anesthesia	Evaluate airway, identify OSA, plan for intubation.	Head elevation, careful intubation, induced hypotension, vasoconstrictors with caution. Possible use of tranexamic acid.	Monitor for obstruction, bleeding or delayed respiratory events. Possible using internal splint. Medication for decreasing edema and bruising.
Tissue Handling	Pre-plan incisions and access points based on anatomy.	Minimize trauma, preserve keystone/scroll (if possible), avoid overresection.	Evaluate for necrosis or delayed healing signs. Consider necessary manipulation.
Grafts & Implants	Plan graft source, prepare backup options.	Shape and fix grafts securely; avoid warping/overcorrection.	Watch for warping, resorption, infection or displacement and visibility.

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Infection Prevention	Assess sinusitis, smoking, plan prophylaxis.	Aseptic technique, single shot AB, minimize operative time.	Early signs of infection tailored antibiotic regimen.
Psychological Support	Screen for Body Dysmorphic Disorder (BDD); set realistic outcome goals.	Reinforce intra-op realism if unexpected findings arise.	Ensure long-term support, refer if distress, social withdrawal or regret occurs.
Team & Facility	Certified facility, trained team on rhinoplasty-specific, use M&M rounds, maintain EMR documentation, safety and backup protocols.	Ensure role clarity, communication in critical phases.	Debrief complications, involve full team in learning.

RHINOPLASTY RECOMMENDATIONS (Short Version)

TEAM	RECOMMENDATION
Psychology	<ul style="list-style-type: none"> Assess for BDD and psychological readiness. Align surgical goals with realistic expectations. Offer support in case of postoperative dissatisfaction or anxiety.
Internal Medicine	<ul style="list-style-type: none"> Evaluate comorbidities (e.g., hypertension, diabetes, smoking). Manage anticoagulants and systemic risks preoperatively. Ensure patient is fit for elective surgery.
Radiology	<ul style="list-style-type: none"> Provide preoperative imaging when indicated (e.g., CBCT or CT for airway assessment, US for fillers). Assist in identifying nasal septum deviation, sinus pathology or turbinate hypertrophy.
Dermatologist	<ul style="list-style-type: none"> Diagnose and treat active skin conditions (e.g., acne, rosacea). Evaluate filler history or scar tendencies. Collaborate on management of vascular compromise if fillers were previously used.
Anesthesiology	<ul style="list-style-type: none"> Plan for airway management and optimize intubation strategy. Monitor intraoperative vitals and vasoconstrictor use. Prepare for potential complications in patients with OSA or airway obstruction.
Plastic Surgery	<ul style="list-style-type: none"> Preserve key anatomical structures (keystone, scroll, valves). Use grafts appropriately and avoid over-resection. Provide complete documentation and photographic follow-up. Educate patients on healing timeline and warning signs. Ensure procedures are performed in accredited facilities with trained staff.

This resource was developed by members of the ISAPS Patient Safety Advisory Focus Group - Nose and Ear Surgery: Geraldo Capuchinho, Babak Nikoumaram, Enrico Robotti, Mohammadhossein Hesamirostami, Nazim Cerkes, Sylvie Poignonec.