

Inferior turbinoplasty during cosmetic rhinoplasty: Techniques & Trends

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Abstract

Background: The sheer number of accepted inferior turbinoplasty techniques emphasizes the fact that there is no general agreement on which approach yields optimal results. Nor is there data available that describes prevalent techniques in turbinate surgery among plastic surgeons. The aim of this study is to identify practice patterns among plastic surgeons who perform inferior turbinoplasty during rhinoplasty.

Methods: Members of the American Society of Plastic Surgeons (ASPS) were invited to participate in an anonymous, internet-based survey containing questions related to personal preferences and outcomes in inferior turbinate surgery.

Results: A total of 512 ASPS members participated in the survey. The majority (71.7%) trained in an independent plastic surgery program with prerequisite training in general surgery. Over half (50.6%) had more than twenty years of operative experience; only 13.7% reported performing greater than forty rhinoplasties per year. The five most preferred inferior turbinate reduction techniques were outfracture of the turbinates (48.0%), partial turbinectomy (32.0%), submucous reduction via electrocautery (24.0%), submucous resection (21.7%), and electrocautery (21.7%). Fewer than 10% of respondents reported use of newer techniques, such as radiofrequency thermal ablation (5.1%), use of the microdebrider (2.3%), laser cautery (1.0%), or cryosurgery (0.6%). Mucosal crusting and dessication was the most frequently reported complication

Conclusions: The results of this survey provide insights into the current preferences in inferior turbinate reduction surgery. Plastic surgeons are performing more conventional methods of turbinate reduction, rather than taking advantage of the many of the more novel technology-driven methods.

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