MEETING ABSTRACTS



the Sixth Bergamo Open Rhinoplasty Course

Precise Spreader Grafts Fixation: An Innovative and Easy Technique Feasible during Both Open and Closed Rhinoplasty

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OBJECTIVES

Spreader grafts represent a useful tool to reconstruct a more natural nasal roof after hump removal, to widen internal valve and to correct some primary rhinoplasty sequelae. They must be inset precisely, along the superior part of the nasal septum, between the upper lateral cartilages and the septum. The main problem is the complexity of fixating these grafts, symmetrically, in the correct position. The author presents his technique to facilitate spreader graft placement and fixation and to maximize aesthetic results.

PATIENTS AND METHODS

This method has been used in 367 patients undergoing primary (58%) or secondary (42%) rhinoplasty. Spreader grafts were always harvested from septal cartilage and were as long as the distance between the caudal edge of the bony vault and the caudal end of the upper lateral cartilages. According to the technique presented, a point next to the cephalic edge of the cartilage strips is marked symmetrically on both grafts. With the grafts still outside of the nose, a mattress suture of 5-0 poliglecaprone is passed from lateral to medial in the marked point of the cephalic edge of the graft for the right nasal cavity, then in the cephalic point of fixation in the septal cartilage, from right to left, and in the marked point of the second graft, first from medial to lateral, then from lateral to medial creating a loop. The suture is then passed again in the cephalic point of the septal cartilage, from left to right, and finally in the first graft, from medial to lateral. Tightening this stitch, the 2 grafts are at the same time carried in the correct place and fixed in their cephalic edge. Another stitch is placed between the caudal end of the grafts and the septum.

RESULTS

In all the cases, this technique allowed for an easy placement and fixation of the spreader grafts, reducing operative time compared with standard methods. None of the cases presented displacement of the grafts.

CONCLUSIONS

The technique presented is a safe and effective method to facilitate spreader grafts placement and fixation. The advantage of this technique is that it can be employed during both open and closed rhinoplasty, allowing easy and fast fixation of spreader grafts, in the correct position, even without the wide exposure of the underlying nasal structure typical of an open approach.

This technique also avoids the complications typical of other methods, such as glue (2-cyanobutylacrylate), tightfitting tunnel, transcutaneous, and transseptal sutures.

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