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Rhinoplasty- Patient's Satisfaction After Surgery Both Functional And Cosmetic

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Abstract

Background: Rhinoplasty is one of the most challenging procedures in otorhinolaryngology and head and neck surgery. It requires a detailed understanding of nasal anatomy and careful assessment of patient expectations. Patient satisfaction depends on both functional and cosmetic outcomes.

Objective: To evaluate patient satisfaction following rhinoplasty using the Rhinoplasty Outcome Evaluation (ROE) questionnaire.

Materials and Methods: A prospective observational study was conducted on 50 patients undergoing primary septorhinoplasty in the Department of ENT, RNT Medical College, Udaipur, over a period of one year after obtaining ethical committee approval. Written informed consent was obtained from all patients. The ROE questionnaire was administered preoperatively and three months postoperatively. Data were analyzed using MS Excel and SPSS version 17.0.

Results: The mean preoperative ROE score was 7.16, which increased to 15.56 at three months postoperatively. This improvement was statistically significant ($p < 0.05$). Both male and female patients, different age groups, and open and closed rhinoplasty techniques showed significant postoperative improvement. No statistically significant difference was observed between these subgroups.

Conclusion: The ROE questionnaire is a reliable and effective tool for assessing patient satisfaction after rhinoplasty. It helps surgeons understand patient expectations and achieve improved functional and cosmetic outcomes.

Keywords: Rhinoplasty, Patient satisfaction, ROE questionnaire, Septorhinoplasty

Introduction

Rhinoplasty is considered one of the most challenging procedures in otorhinolaryngology and head and neck surgery. Over the past few decades, rhinoplasty has evolved from a standardized reduction procedure to a highly individualized, problem-oriented surgical approach involving reduction, relocation, and augmentation of nasal tissues.

One of the primary goals of rhinoplasty is to improve nasal aesthetics while maintaining or enhancing nasal function. Successful outcomes can significantly improve a patient's self-esteem, social confidence, and quality of life. However, patient satisfaction is influenced by multiple factors such as age, gender, cultural background, education level, and most importantly, patient expectations.

The Rhinoplasty Outcome Evaluation (ROE) questionnaire is a validated tool that assesses both functional and aesthetic satisfaction following rhinoplasty. This study aims to evaluate patient satisfaction after rhinoplasty using the ROE questionnaire in a cohort of patients undergoing primary septorhinoplasty.

Aim and Objectives

To assess patient satisfaction after rhinoplasty using the ROE questionnaire

To compare preoperative and postoperative ROE scores

To evaluate the influence of age, gender, and type of surgical approach on patient satisfaction

Materials and Methods

After obtaining approval from the institutional ethical committee, a prospective observational study was conducted in the Department of ENT, RNT Medical College, Udaipur. The study included 50 patients who underwent primary septorhinoplasty over a one-year period.

Inclusion Criteria:

External nasal deformities involving the dorsum with or without tip deformities

Crooked nose (C-shaped or I-shaped)

Saddle nose

Depressed nasal dorsum

Exclusion Criteria:

Age less than 17 years

Patients with sinonasal inflammatory diseases

Patients with associated systemic medical illnesses

Cleft nasal deformity or craniofacial clefts

Patients requiring secondary rhinoplasty

Methodology

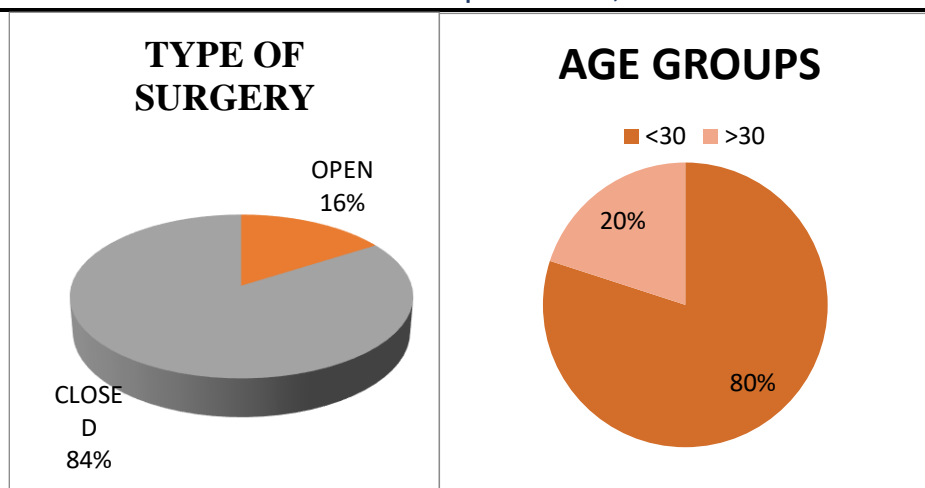
Written informed consent was obtained from all patients prior to surgery. Preoperative assessment included clinical examination and photographic documentation.

Patient satisfaction was assessed using the Rhinoplasty Outcome Evaluation (ROE) questionnaire consisting of six questions scored on a Likert scale from 0 to 4. The questionnaire was administered preoperatively and at three months postoperatively. The collected data were analyzed using MS Excel and SPSS version 17.0. A p-value of less than 0.05 was considered statistically significant.

Results

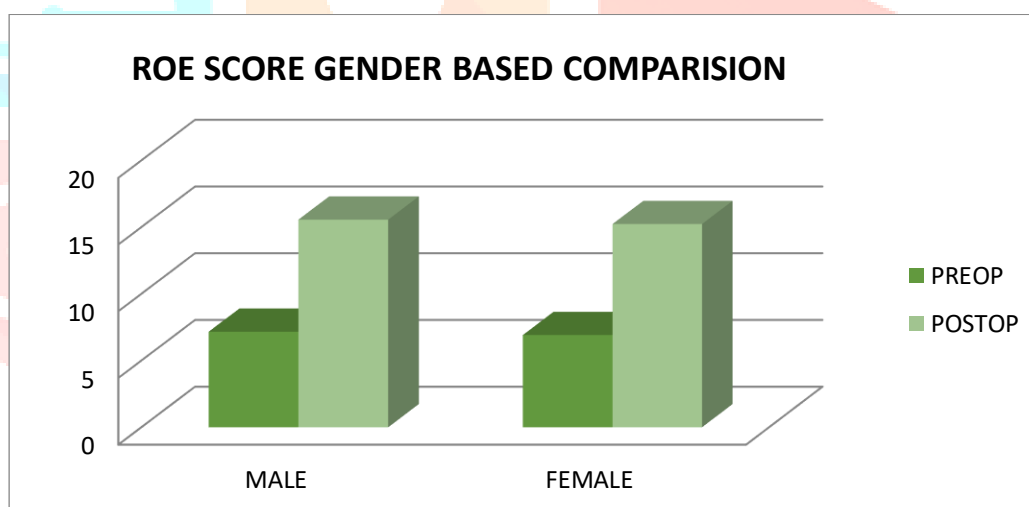
All 50 patients underwent rhinoplasty for both aesthetic and functional indications. The mean preoperative ROE score was 7.16, which improved to 15.56 at three months postoperatively. This improvement was statistically significant ($p = 0.000$).

Both male and female patients demonstrated significant postoperative improvement in ROE scores ($p < 0.05$). Similarly, patients aged 30 years or below and those above 30 years showed significant improvement in satisfaction scores. Both open and closed rhinoplasty techniques resulted in statistically significant postoperative improvement. However, no statistically significant difference in ROE score improvement was observed when comparing gender, age groups, or surgical techniques.



MEAN SCORE	PREOP	ROE	MEAN SCORE	POSTOP	ROE	P VALUE
7.16± 3.38			15.56±2.57			0.000

AGE	MEAN DIFFERENCE OF PRE AND POSTOP SCORE	P VALUE
≤30 YEARS	8.409 ± 3.37	0.958
>30YEARS	8.333 ±2.33	



Discussion

Patient satisfaction is a critical determinant of success in rhinoplasty surgery. The findings of this study demonstrate a significant improvement in both functional and cosmetic satisfaction following rhinoplasty, as measured by the ROE questionnaire.

The significant increase in postoperative ROE scores is consistent with previously published studies, supporting the reliability of the ROE questionnaire as an outcome assessment tool. The absence of significant differences between age groups, gender, and surgical techniques suggests that careful patient selection and appropriate surgical planning are more important than demographic factors in achieving satisfactory outcomes.

PREOPERATIVE

POSTOPERATIVE



Conclusion

The Rhinoplasty Outcome Evaluation questionnaire is a simple, reliable, and effective tool for assessing patient satisfaction following rhinoplasty. Its use helps surgeons better understand patient concerns preoperatively and evaluate surgical outcomes postoperatively, leading to improved patient satisfaction and clinical results.

Ethical Approval

Ethical committee approval was obtained prior to commencement of the study.

Informed Consent

Written informed consent was obtained from all patients included in the study.

Conflict of Interest

The author declares no conflict of interest.

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