

## Disruptive Techniques and Technology in Rhinoplasty

Tuesday 13 October 2020, 8.30am-12.00pm

Chair: Mark Izzard.

Convenors. John Clarkson & Mark Izzard.

Keynote Speaker: **Dr Sam Most MD. Chair facial plastics, Stanford University, USA.**

Guest Faculty: **Mr Stephen Floreani, ORL surgeon, Adelaide.**

Local faculty:

1: Mr Chris Thomson ORL surgeon Christchurch

2: Mr John Clarkson ORL surgeon Hamilton

3: Mr Mark Izzard ORL surgeon Auckland

**830. Welcome, learning objectives, introduction to Sam Most: Mark Izzard, John Clarkson**

**840. Keynote presentation: Preservation Rhinoplasty. The third way.**

**Dr Sam Most. Chair of facial plastics at Stanford. Virtual presentation.**

A revolution in rhinoplasty?. Learn a new technique of rhinoplasty, endonasal bottom up surgery preserving the dorsum and letting down the nasal pyramid. Dr Most takes you through the procedure from start to finish and gives his take on the rise in popularity of this approach.

**30 minute presentation Followed by 10 minutes question and answer session with Dr Most**

**930-1000 Pearls in reconstructive rhinoplasty.**

5 minute pearls from the rhinoplasty panel who share their favourite tips and tricks.

1. Mr Mark Izzard: The olecranon graft, when only bone will do.
2. Mr Chris Thompson: Superglue, a rhinoplasty surgeon's best friend
3. Mr Stephen Floreani: microcephalic trim - caudal tensioning of the upper lateral cartilage
4. Mr John Clarkson: Correction of the Crooked Nose: when it hasn't worked

1000-1030 Morning Tea

1030- 1100 **Mr Stephen Floreani: ORL Surgeon Adelaide, guest faculty. Virtual presentation** managing the nasal valve in both functional and aesthetic Rhinoplasty: new thoughts and practice.

1100-1130 **Compare and contrast session: Use of Rib cartilage in reconstructive rhinoplasty.** Presenters have 10 minutes each to present their technique and the pros and cons

**Mr Chris Thompson:** Use of *cadaveric* rib in reconstructive rhinoplasty, pitfalls and advantages

VS

**Mr John Clarkson:** Use of *autogenous* rib in reconstructive rhinoplasty , harvest technique, pitfalls and advantages. Followed by question and answers.

1130- 1200 **Case presentation:** decision making in rhinoplasty: one case from each of the panel, for discussion. Final question and answers session and wrap up.