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To My Wife Liliane,
My Beloved Secondary Case
This book is the third great volume describing reconstructive and aesthetic surgery of the nose, written by the world-famous Dr. Rodolphe Meyer of Lausanne, Switzerland, in the last third of the 20th Century. There are only a few surgeons in the world who can match the skill, imagination, originality, and the wealth of experience of Rodolphe Meyer, known affectionately to many of his colleagues as “Rudi”. Whenever a major symposium on corrective nasal surgery is held anywhere in the world, one would literally find it surprising if Rudi were not a member of the symposium’s panel of distinguished senior surgeons.

In 1967, a book on corrective and reconstructive rhinoplasty was published, whose authors were Hans Joachim Denecke of Heidelberg, Germany, and a younger Rodolphe Meyer of Lausanne. This first book is still a remarkable collection of chapters with extremely handsome illustrations describing a multitude of various aspects of reconstructive nasal surgery as well as primary corrective or “aesthetic” surgery of the nose. In this 1967 publication, however, there is very little written about secondary nasoplastic operations as we know them today in the year 2001, 34 years later.

In writing the Foreword to Denecke and Meyer’s book, the late, highly respected Gustavo Sanvenero-Rosselli of Milan, accurately described it as follows:

“At last a book of splendid format has been published in which the authors, although they are very talented surgeons, almost everywhere abstain from their ability through photography reproduction, and instead, with a modesty comparable to that of the classic poet, expose every most obscure detail of basic and less known procedures using meticulously accurate illustrations which are of unsurpassed artistic efficacy. This work is destined to find its place and retain it because it deserves the rare praise of being truly a tool to which many surgeons will have cause to resort in order to refine their own experience, in the same manner in which Horace thought his works should be used.”

In contrast to what Sanvenero-Rosselli wrote in his Foreword to Dr. Meyer’s first book, his second book, Secondary and Functional Rhinoplasty: The Difficult Nose, published in 1988, was entirely different, especially since it was such a photographic pleasure for the eyes of any serious surgeon and clinician, containing for the first time a wealth of pre- and postoperative photographs, as well as excellent accompanying illustrations of the corrective surgical procedures employed by Dr. Meyer and his colleagues. This book, therefore, was and is an outstanding major treatise, describing every conceivable sort of problem that the surgeon who performs secondary rhinoplasty might encounter and presenting clearly demonstrable, logical solutions. One might even say that this was truly the first major book devoted almost entirely to secondary rhinoplasty. Dr. Meyer’s name is one of the very few that dominates the field of secondary rhinoplasty today, and this is certainly understandable to any of us in the speciality who are familiar with the skill and refinement of his work and have heard him give one of his many colorful and instructive lectures on this subject.

Dr. Meyer’s interest in secondary rhinoplasty has been historically one of the earliest in the modern post-World War II era of the development of plastic and reconstructive surgery. Today in 2001, there are, relatively speaking, a greater number of papers describing secondary nasoplasty in the medical literature as a whole, but they are small in number compared to the huge volume of corrective nasoplastic operations which are performed daily throughout the world and compared to the greater number of articles written about these primary nasoplasties. The first book that dealt to any extent whatsoever with secondary nasoplasties was that published by James Barrett Brown and Frank McDowell in 1951, in which only ten pages at the end of the book presented the reader with cases requiring secondary nasal correction. In the 1950s, 1960s, and up to the middle of the 1970s, only a very few authors had confined themselves to reporting the specific problems of secondary nasoplasty and their correction, including Brown and McDowell (1951), O’Connor and McGregor (1955), Denecke and Meyer (1967), Rogers (1967; 1972), Millard (1969); Rees and Wood-Smith (1970), Meyer (1974-1977, etc.), Sheen (1975, 1976, and 1978), and Walter (1978). In the 1980s, 1990s, and in 2000, additional papers and books dealing with secondary rhinoplasty were published by Juri (1980), Gunter (1981), Vogt (1983), Nicolle (1986), Burget and Menick (1994), and again in the year 2000 by Sheen.

A mere referral to the very extensive bibliography in this third book of Meyer, with more than 2,000 papers...
listed, will give the reader a very good idea of the num-
ber of important secondary nasoplasty articles dealing
with highly difficult cases that were written by Dr. Meyer
and others from 1951 up to the present time.

As a young man with training in both otolaryngol-
ogy and plastic surgery techniques, Dr. Meyer had
already shown an interest in plastic surgery of the nose
in his very paper on nasoplasty published in 1951, as
well in a paper discussing the treatment of septal per-
forations. From 1956 onward, numerous papers by Dr.
Meyer appeared up to and including the publication of
his first book in 1967 dealing with corrective and recon-
structive rhinoplasty operations.

This present third book by Meyer contains so many
fascinating case histories and the means by which to
treat them that it would be redundant here to discuss
any one of them. One of the most valuable portions of
this book, however, is Chap. 2, in which Meyer describes
in detail the many factors that have brought about the
current need for performing skillful secondary nasal
surgery by properly trained and experienced plastic
surgeons. Meyer emphasizes in Chap. 2:

"...A certain number of rhinoplasties become imper-
fect and unsatisfactory for the patient, or perhaps only
for the operator, even if the result on the operating
room table was perfect. Thus, no rhinoplastic surgeon
will ever be free from cases requiring secondary inter-
vention, which will occur in about 5% of the cases seen
by an experienced operator and reaching probably up
to 15% of all rhinoplasties. Artistic judgment is an
intangible concept and postoperative healing is unpre-
dictable. No matter how well trained, experienced, care-
ful, artistic, or lucky a surgeon may be, there will still be
some secondary deformities."

With the quotation of these few lines of sage advice
and understanding which demonstrate Dr. Meyer’s
humility, it should merely be further emphasized that
secondary nasoplasties are being performed with
greater frequency with each passing year. Unfortunate-
ly, many of these would be unnecessary if the surgeons
who performed the primary rhinoplasty either had pre-
viously obtained better training in rhinoplastic proce-
dures or, at least, knew their own limitations. It goes
without saying, therefore, because of the difficulty in
performing secondary rhinoplasties, it would probably
be wise for the young or novice plastic surgeon to refer
any postrhinoplastic deformities as a result of surgery
by himself or others to senior surgeons such as Meyer
who are known throughout the world for having the
necessary expertise in performing highly successful
secondary nasoplastic surgery.

With this having been said, I shall bring this Fore-
word to an end and let the reader hear directly in the
next 36 chapters from the master himself – Rodolphe
"Rudi" Meyer!!

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A common truism about rhinoplasty surgery states that “it is an easy operation to perform, but very difficult to achieve ideal results.” In this monumental, unparalleled treatise by Rudolphe Meyer, a lifetime of experience dealing with this surgical conundrum is addressed logically, clearly and philosophically. Perhaps no other rhinoplasty surgeon in the world today possesses the experience to present and evaluate this comprehensive examination of the causes, prevention, and secondary treatment of revision rhinoplasty.

All successful, experienced rhinoplasty surgeons encounter numerous patients seeking secondary correction of problems encountered after primary rhinoplasty. Most understand that the surgical principles involved in revision surgery bear little relationship to those time-honored principles extant in primary rhinoplasty. Clearly, exacting diagnosis is usually more difficult. Scarring, skin contraction, and skeletal aberrations limit the useful information ordinarily gained by careful inspection, analysis, and palpation. Exploration by lifting the skin-subcutaneous canopy commonly unveils unsuspected abnormalities created by scarring of the initial surgeon. Revision surgery frequently requires more emphasis on reconstruction with grafting, a technically more challenging operation, requiring refinements in skill, experience, and judgment. In point of fact, the increasing popularity of open approaches to primary rhinoplasty by less-experienced surgeons is spawning a whole new set of revisional problems for those willing to undertake the challenges of secondary surgery. Understandably, patients unfulfilled by their first operation are almost always disenchanted, often angry and disillusioned, and harbor illusions of expected perfection to be achieved by the anointed “expert” who undertakes the responsibility for their care.

Fortunately, the past two decades have witnessed a veritable explosion and refinement in teaching and learning in rhinoplasty. Comprehensive textbooks, sophisticated postgraduate courses including anatomical dissection, surgical videotapes and fellowship experiences with top surgeons have all contributed to providing a much greater understanding of fundamental nasal anatomy and the innumerable variants of that anatomy to produce surgeons with highly developed skills in nasal surgery. Clearly, the steep learning curve to excellence in rhinoplasty has been diminished for those dedicated students of rhinoplasty. Moreover, the virtues of keeping sophisticated graphic records of surgical events and ability and resolve to carefully analyze those graphic records during the long-term follow-up of patients have become apparent to all dedicated rhinoplasty surgeons. Only in this way can the surgeon favorably modify his chosen approaches and techniques. The patient is the beneficiary of this compulsive dedication.

Perhaps the most memorable and invaluable contribution to rhinoplasty surgeons from this exhaustive treatise derives from Rudolphe Meyer’s perspective and evaluation of surgical techniques advocated by not only himself but also by many other surgeons. The knowledge of “what works” and “what doesn’t work,” as discussed through Professor Meyer’s lifetime of surgical experiences, constitutes a debt all of us owe to this pioneering surgeon.

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