

Rhinoplasty

POSITIVELY CHANGE YOUR APPROACH

Ultrasonic piezo bone surgery
that instills confidence
in both surgeons and patients





m+

**Satisfy
expectations
of the
patients**

Today, the majority of rhinoplasty requests concern noses that are too large, too wide, or with a bump to correct. This procedure is considered to be the most complicated in facial plastic surgery. Every gesture, every millimeter has an impact on the result. For the patients, the fears are quite high and the expectation just as important!

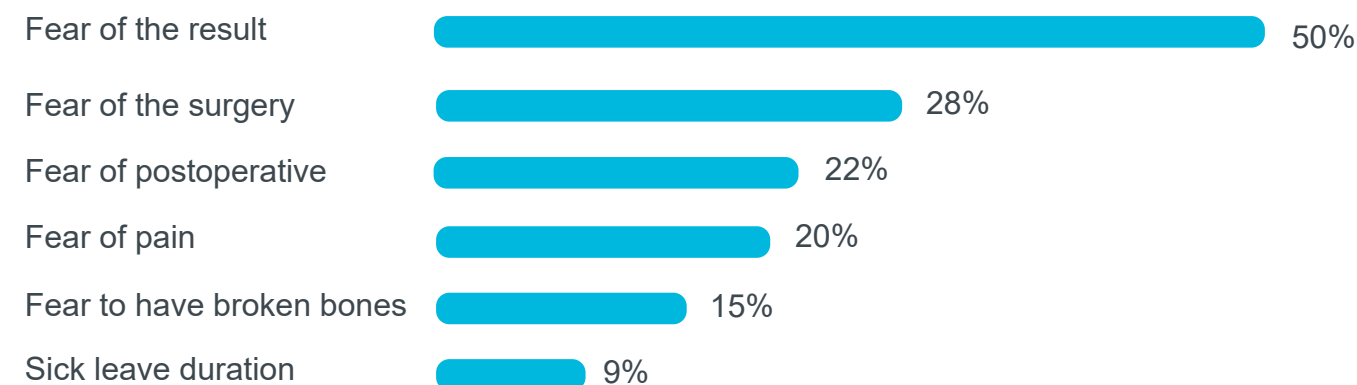
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Manufacturer: SATELEC®, a company of ACTEON Group - 17 avenue Gustave Eiffel, ZI du Phare 33700 MERIGNAC France

Read carefully the instructions for use available on www.satelec.com/documents

The patient's fears

According to an opinion poll, the main reasons patients avoid rhinoplasty surgery are:



Survey OPINIONWAY 03/2018

M+ rhinoplasty solution^{1,2}

Piezoelectric technology benefits have been proven over the years to enhance intraoperative advantages and postoperative outcomes. Operating room certified, ACTEON medical M+ piezoelectric solution is of growing interest among surgeons: safer clinical procedures, improved healing and reduction of post-surgical pain are the main benefits in using M+.

M+ devices are used for rhinoplasty surgeries where precision, safety and efficacy are a priority. The bone volume is preserved thanks to highly precise cuts, linear tip vibrations, controlled and regular tip amplitude.



In comparison, rhinoplasty with manual instruments is more invasive for the patient and less precise for the surgeon.

The bones are broken blindly. Sometimes the bones don't break where expected and this leads to aesthetic defects that not only are impossible to hide but may result in breathing issues.



After manual rhinoplasty



6 days after ultrasonic rhinoplasty

1 - The Role of Piezoelectric Instrumentation in Rhinoplasty Surgery: Olivier Gerbault, MD; Rollin K. Daniel, MD; and Aaron M. Kosi, MD - November 6 2015

2 -Piezotome rhinoplasty reduces postsurgical morbidity and enhances patient satisfaction: A multidisciplinary clinical study. A.Troedhan. YJOMS57235 J Oral Maxillofac Surg 2016

Primary rhinoplasty

Preservation high strip technique

Dr. Olivier Gerbault is board certified with the Association of Physicians in reconstructive and cosmetic plastic surgery. He entered on the roll of the order of the Val de Marne.

Dr. Gerbault is former resident of the Hospitals of Paris and former Chef de Clinique - Assistant (Fellow) at Saint-Louis Hospital (Paris).

He's professor of the International Society of Aesthetic Plastic Surgery (ISAPS) and teaches every month rhinoplasty, especially ultrasonic rhinoplasty, to surgeons coming from all over the world.

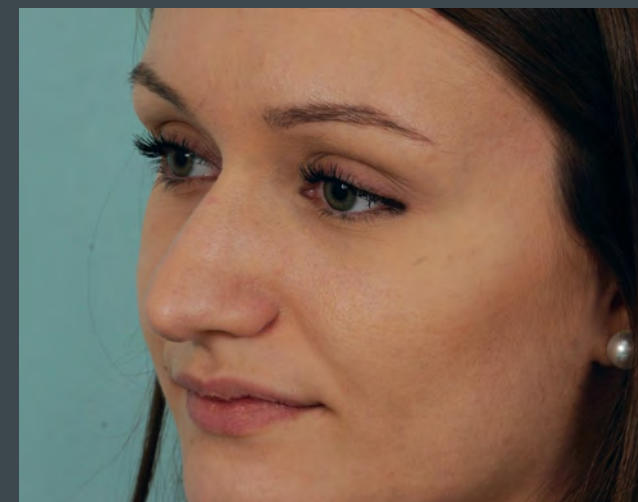
“Preservation techniques of the dorsum have become very popular in recent years, especially for correcting minor humps that are not too asymmetrical and have a favorable shape.

The principle is to avoid opening the upper lateral cartilages and to maintain the osteocartilaginous junction continuity at its central part. Long ultrasonic rhinoplasty instruments play a crucial role in these techniques to precisely control the mandatory septum resection required to lower the cartilaginous or osteocartilaginous vault. They also allow for gentle and controlled harvesting of nasal septum tissue or correction of any type of septal deviation while preserving septal stability.

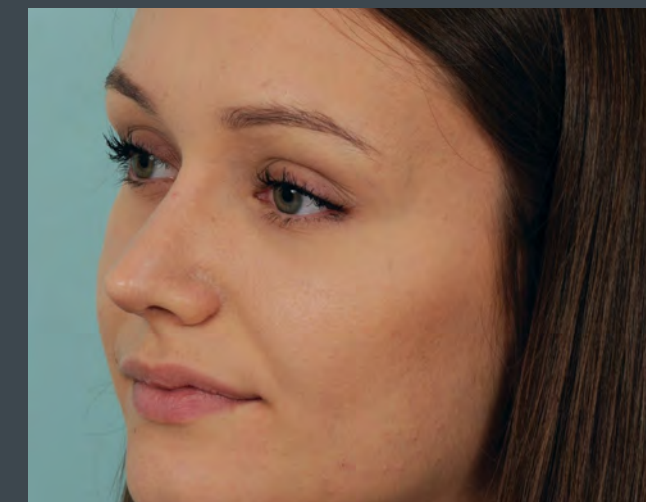
“

Piezoelectric surgery is part of the current evolution of 21st century surgery.

Dr. Olivier Gerbault, France



Before



4 months later

This patient complained of a nose that was too long, too masculine, with a moderate hump more pronounced on the left side.

She underwent an open rhinoplastic rhinoplasty combined with a preservation technique.



Before



6 days later



4 months later

The result at 6 days shows moderate swelling and minimal bruising. The result at 4 months shows the natural correction of the hump and the desired overall refinement of the nose.

Primary rhinoplasty

Feminization of the nose

Dr. Amanda Fanous is a facial plastic surgeon based in Montreal, Canada. Her practice focuses mainly on rhinoplasty (both aesthetic and functional) and facial rejuvenation. She also has a particular expertise in otoplasty.

She completed both her medical school and Otolaryngology-Head and Neck surgery residency at McGill University. She then spent her fellowship in Paris, France, learning from experts in the field including Dr. Olivier Gerbault and Dr. Françoise Firmin.

I truly believe that ultrasonic technology has revolutionized the world of rhinoplasty. For the first time in history, rhinoplasty surgeons are now armed with a tool that allows them to not only precisely perform all osteotomies, but to also sculpt the actual bony surfaces (osteoplasty).

Furthermore, given that the piezotome does not breach the inner periosteum, the work has the added advantage of being done under direct visualization for extra precision without fear of bony collapse. The applications are wide: deviated bony pyramids, wide bony vaults, brittle bones in older patients, etc... I could not imagine my practice today without it.

Thank you Dr. Olivier Gerbault for pioneering this technique and thank you ACTEON medical for engineering the perfect tool.

“

I truly believe that ultrasonic technology has revolutionized the world of rhinoplasty.

Dr. Amanda Fanous, Canada



Before



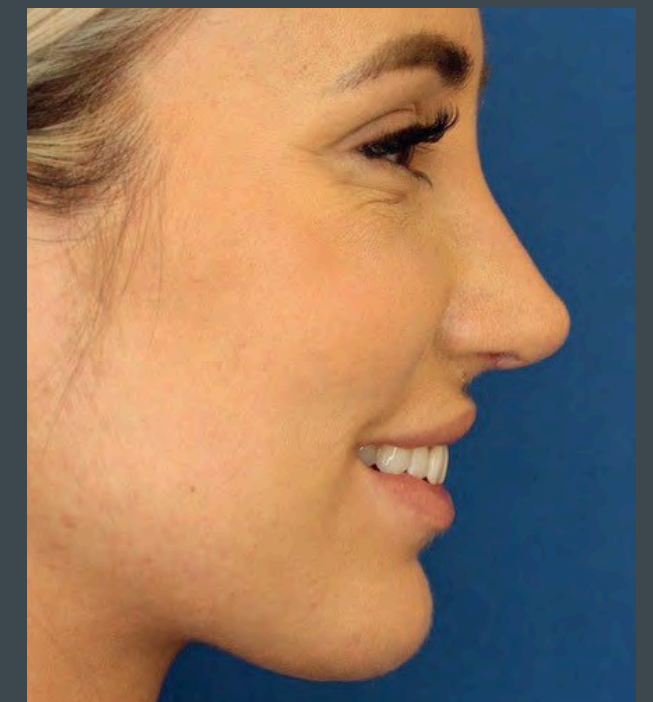
3 months later

This is a 25 year old woman who presented requesting a primary rhinoplasty to feminize her nose. She is a model and felt that her nose was too imposing for her otherwise delicate facial features. She had a large dorsal hump, a deviated and asymmetric bony pyramid, a concurrent septal deviation and a droopy slightly bulbous tip.

The ACTEON medical Piezotome® M+ was used to precisely remove the bony hump and to narrow, straighten and even out her nasal bones. Furthermore, a complex septal reconstruction as well as tip refining and supporting techniques were undertaken to lift and refine her nasal tip.



Before



3 months later

Primary rhinoplasty

Structured ultrasonicrhinoplasty with costal graft

After graduating in medicine from the Pontifical Catholic University of Campinas (PUC-Camp), Dr Lessandro Martins did his internship at the Federal University of Uberlândia (UFU).

After specializing in otorhinolaryngology, he spent over three months in Bogotá, Colombia, learning from the best nose surgeon at the time, Dr Fernando Pedroza.

He returned to Brazil and worked for two years at the Federal University of Uberlândia as an assistant professor, putting into practice all the experience he had gained during his years of study.

He also has developed techniques that have attracted doctors from all over the world to come and learn from him.

**FISH
BONE
technique**

I used ACTEON medical's Piezotome M+ for remodeling and narrowing the bony upper third.

Dr. Lessandro Martins, Brazil



Before



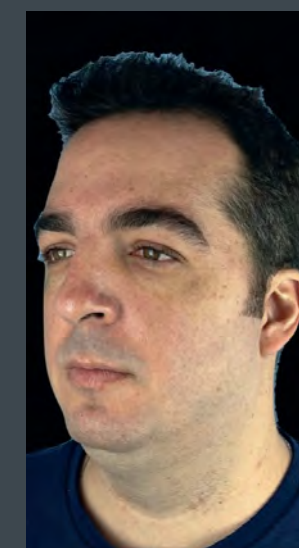
Just after the surgery

This patient underwent rhinoplasty to correct a dorsal hump, droopy tip and crooked nose.

We've applied the Martins' Rhinoplasty concept, which consists of a structured ultrasonic rhinoplasty with costal graft.

In this case we used the double spreader and double septal extension graft for structure, osteoplasty and fish bone osteotomies with piezotome for remodeling and narrowing the bony pyramid and the upper third, sutures for nose tip reshaping.

You can see that the nose is no longer dropped and he has a natural and straight appearing nasal profile and three quarters.



Before

After

M+ rhinoplasty Tips

developped in collaboration with Dr Olivier Gerbault

We offer a wide range of tips specially designed for rhinoplasty surgery.

We first launched two kits of short tips aimed for the open approach:

- the **"Gerbault Essential"** kit composed of the main tips necessary for an efficient ultrasonic rhinoplasty

Ref: F87681

- the **"Gerbault Expert"** kit composed of the six tips from the "essential" kit and three additional tips allowing a more thorough and precise surgery.

Ref: F87689



Gerbault essential *Kit*

Gerbault expert *Kit*



RHS2Hb

Hard rasp

For thick skin or dense bone

*Fine remodeling of the nose pyramid.
Removal of the bony hump and lateral convexity.
Smoothing of bone irregularities.
Smoothing of bone and hard cartilaginous graft.*

Tip length: 33.7 mm
D1 - 60 ml/min - 3*

•Ref: F87686



RHS2Fb

Fine rasp

For thin skin or thin bone

*Fine remodeling of the nose pyramid.
Removal of the bony hump and lateral convexity.
Smoothing of bone irregularities.
Smoothing of bone and hard cartilaginous graft.*

Tip length: 33.7 mm
D1 - 60 ml/min - 3*

•Ref: F87687



RHS6

Diamond coated drill

Nasal bone or nasal spine drilling

*Septal suture to bone.
Bone suture.*

Tip length: 27 mm
D1 - 80 ml/min - 3*

•Ref: F87680



RHS5

Straight thin saw

Median oblique osteotomy

*Low osteotomy.
Medial oblique osteotomy to connect the transverse osteotomy to the external part of the hump resection.
Costal bone harvesting.*

Tip length: 34 mm
D1 - 60 ml/min - 3*

•Ref: F87679



RHS3L/RHS3R

Left and Right angled saws

Lateral and transverse osteotomies

*Lateral osteotomies:
From the pyriform aperture to the top of the nasofacial groove.
Transverse osteotomy.*

Tip length: 30 mm
D1 - 60 ml/min - 3*

•Ref: F87677 / F87678



RHS4L/RHS4R

Left and Right angled saws

Transverse osteotomies

*Transverse osteotomy:
After the lateral osteotomy to reach the medial part of the bony vault.
Costal bone harvesting.*

Tip length: 31.5 mm
D1 - 60 ml/min - 3*

•Ref: F87683 / F87682



RHS1

Scraper

Remove important bone excess
*Remodeling of the nose pyramid.
Ostectomy of the dorsal hump and lateral convexity.*

Tip length: 28 mm
D1 - 60 ml/min - 3*

•Ref: F87688

NEW

M+ RHINOPLASTY

Long Tips

developped in collaboration
with Dr Olivier Gerbault



As rhinoplasty techniques evolve, our range of tips also changes with the introduction of long tips.

All kinds of ultrasonic rhinoplasty surgeries can now be performed thanks to the most complete and wide range of tips from ACTEON Medical.



BS6 XXL

Extra long scraper

Remove important bone excess.

*Remodeling of the nose pyramid:
Smoothing of bone irregularities.
Ostectomy of the dorsal hump and lateral convexity.*

Tip length: 103 mm

D1 - 80 ml/min - 3*

•Ref: F87604



RHL2**

Long hardrasp

Fine remodeling of the nose pyramid.

*Removal of the bony hump and lateral convexity.
Smoothing of bone irregularities.
Fast rasping to create bone abrasion and better adhesion with the skin.*

Tip length: 61 mm

D1 - 60 ml/min - 3*

•Ref: F87694



RHL4L/RHL4R**

Extra long angled saws

Transverse osteotomies

*Transverse osteotomies.
Longitudinal osteotomy of the perpendicular blade of the ethmoid.*

Tip length: 91.7 mm

D1 - 60 ml/min - 3*

•Ref: F87692 / F87691



RHL5**

Long thinsaw

Median oblique, cephalic and caudal osteotomies

*Medial oblique osteotomy.
Dorsal resection of the bony and cartilaginous septum.
High osteotomy of the perpendicular ethmoidal plate.
Anterior nasal spine osteotomy.*

Tip length: 59.6 mm

D1 - 60 ml/min - 3*

•Ref: F87684



RHL6**

Extra long rounded saw

Anterior osteotomy

*Lateral osteotomies.
Codal resection of the bony and cartilaginous septum.*

Tip length: 101.4 mm

D1 - 80 ml/min - 3*

•Ref: F87693

PROTOCOLS

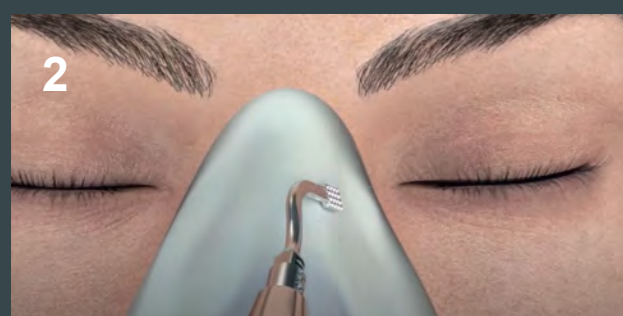
Open technique

with Rhinoplasty Expert kit



Osteotomy of the dorsal hump and lateral convexity

• RHS1



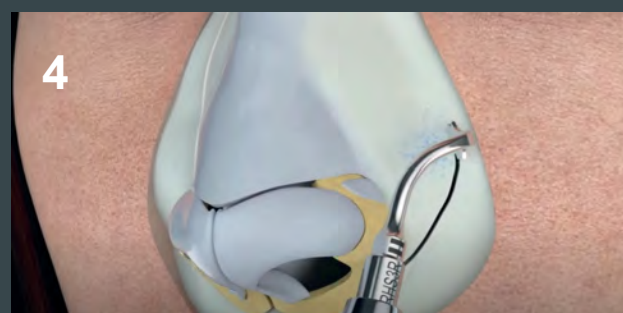
Rasping of the dorsal hump and lateral convexity

• RHS2Hb



Smoothing of the bones with the fine rasp

• RHS2Fb



Lateral osteotomy from the pyriform aperture to the cephalic part of the naso facial groove

• RHS3R



Bone mobility assessment

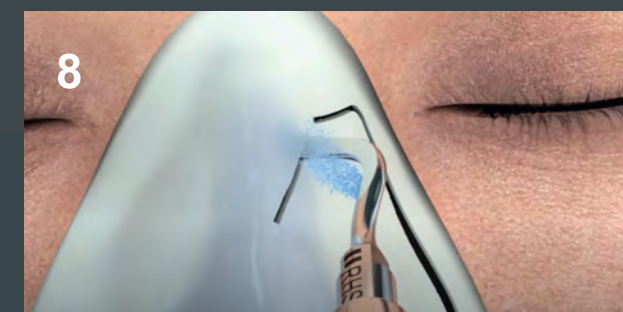


Transverse osteotomy

• RHS4R

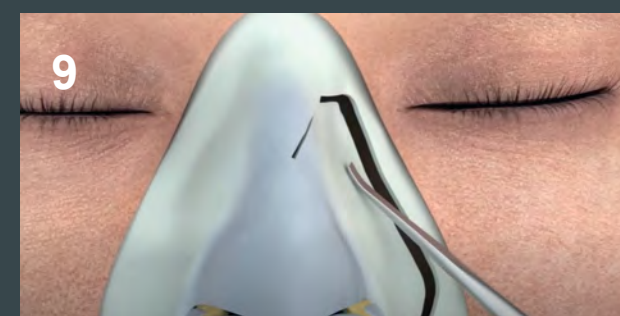


Bone mobility assessment



Median oblique osteotomy if mobility is not achieved

• RHS5



Bone mobility assessment



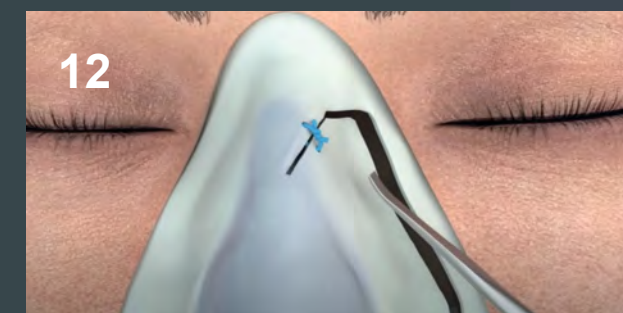
Rasping bones edges

• RHS2Fb



Holes drilled if there is a significant gap between the two sides of the osteotomy line or a lack of bone stability

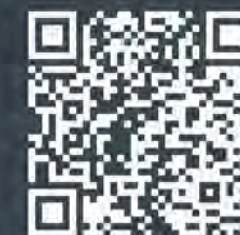
• RHS6



Final bones positioning

Replicate the complete protocol on the other side.

3D tutorial
on our
YouTube page



NEW

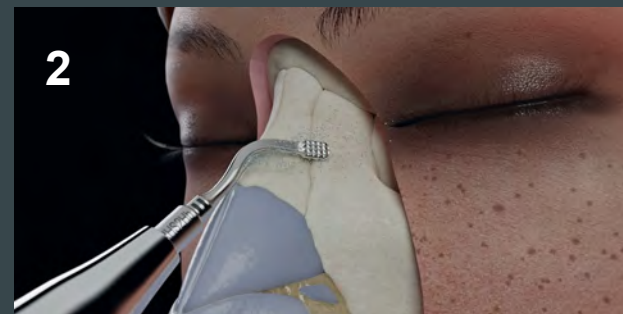
Protocols

Preservation rhinoplasty High strip Open approach



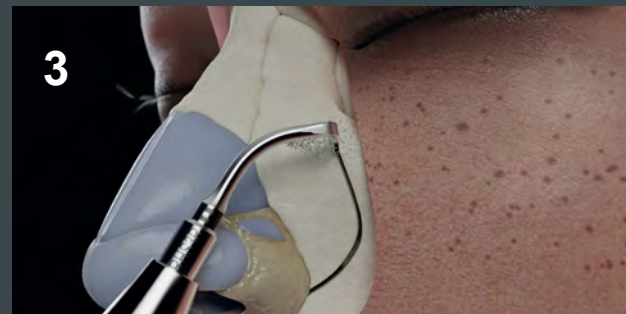
Abrasion of the bony vault for better skin adhesion

• RHS2Hb



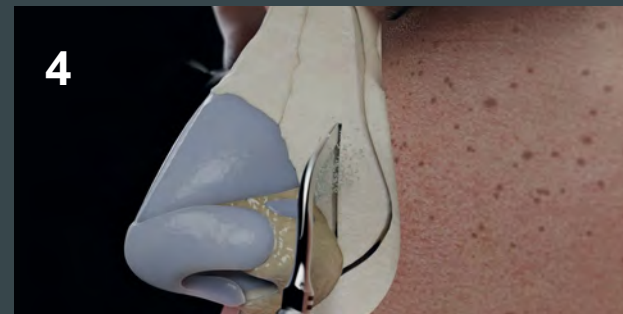
Rasping of the hump and the lateral convexity

• RHS2Hb



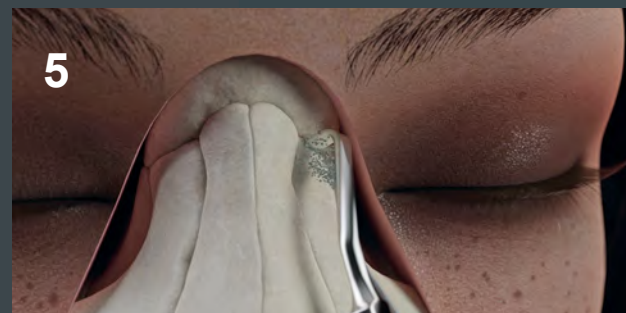
Lateral osteotomy from the pyriform aperture till the highest part of the ascending branch of the maxilla*

• RHS3R



Let down option: Controlled osteotomy of the sidewalls removing a wedge of bone*

• RHS5



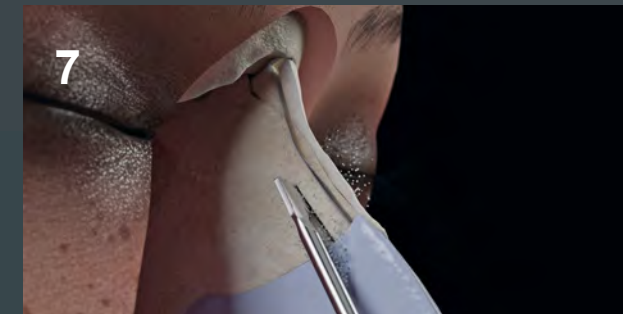
Transverse osteotomy*

• RHS4R



Radix osteotomy left side*

• RHS4R

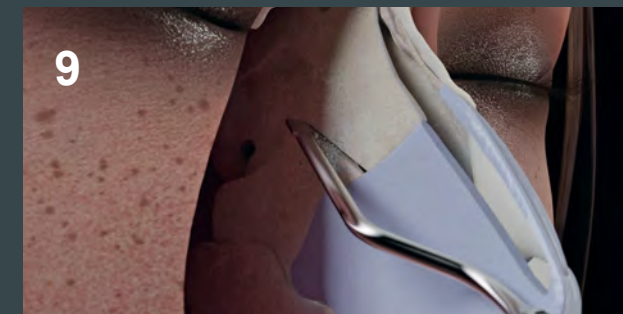


Osteotomy of the perpendicular plate of the ethmoid joining the radix osteotomy

• RHL5



Septal strip trimming continued with a knife



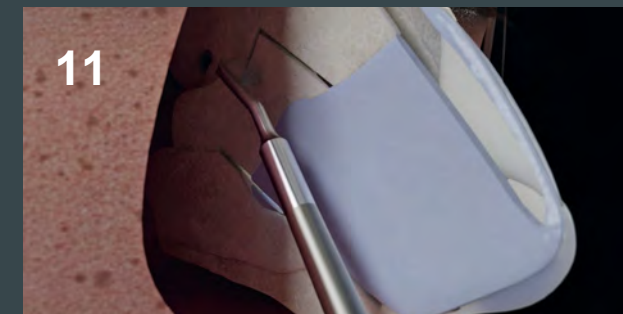
When graft harvesting is necessary for tip support: bone and cartilage septum harvesting

• RHL5



Continue the bone and cartilage septum harvesting

• RHL6



Continue the bone and cartilage septum harvesting

• RHL4L



Continue the cartilaginous septal trimming with a knife

**Same protocol on the other side of the patient*

3D tutorial
on our
YouTube page



NEW

Protocols

Preservation rhinoplasty Low strip Closed approach



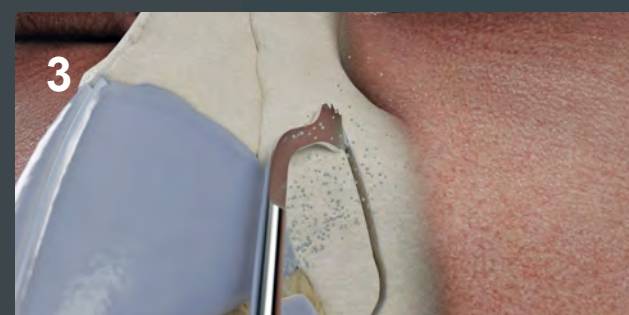
1
Abrasion of the bony vault for better skin adhesion

• RHL2



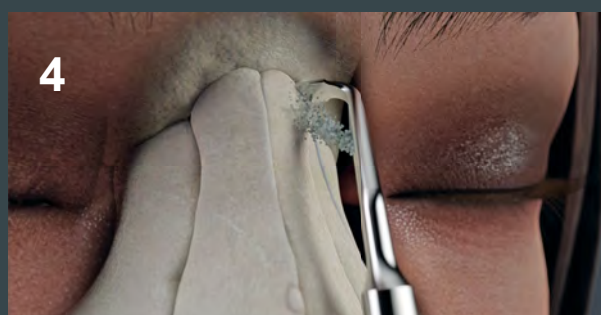
2
Lateral osteotomy from the pyriform aperture*

• RHS5



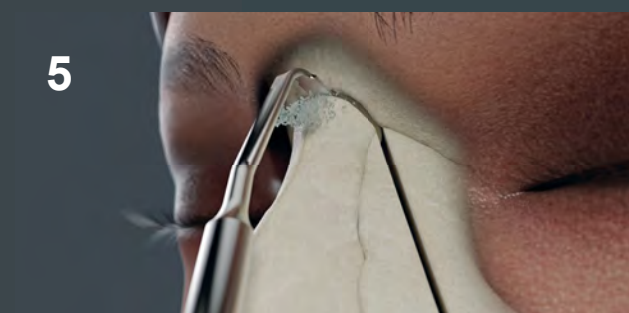
3
Continue till the highest part of the ascending branch of the maxilla*

• RHL6



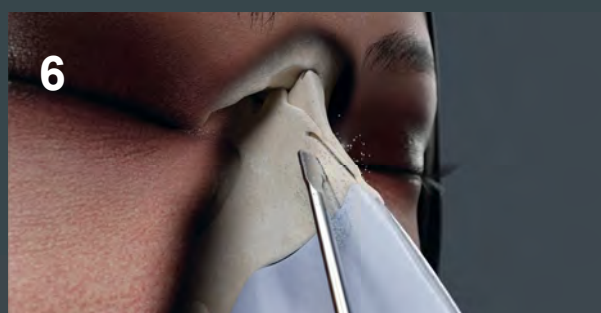
4
Transverse osteotomy*

• RHL4R



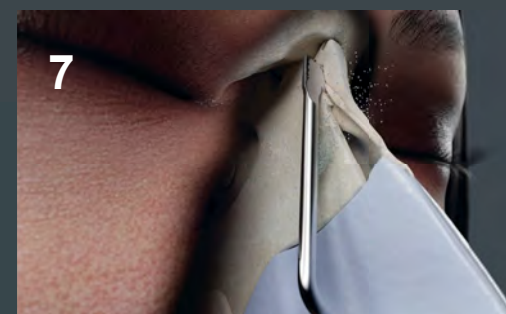
5
Radix osteotomy left side*

• RHL4R



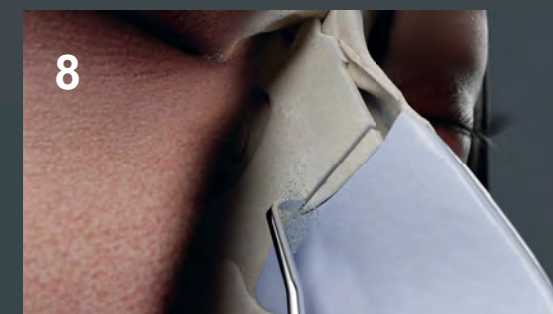
6
Dorsal resection of the bony and cartilaginous septum

• RHL5 + RHL4L



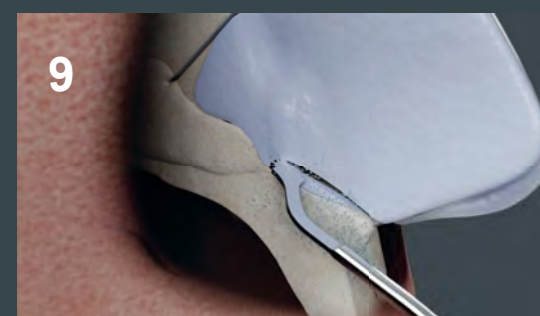
7
Join the radix osteotomy

• RHL5



8
Longitudinal osteotomy of the perpendicular plate of the ethmoid

• RHL4L



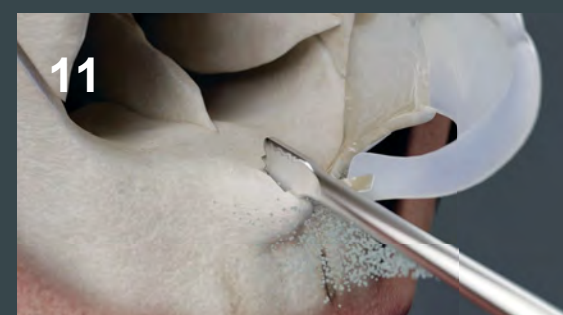
9
Codal resection of the bony and cartilaginous septum

• RHL6



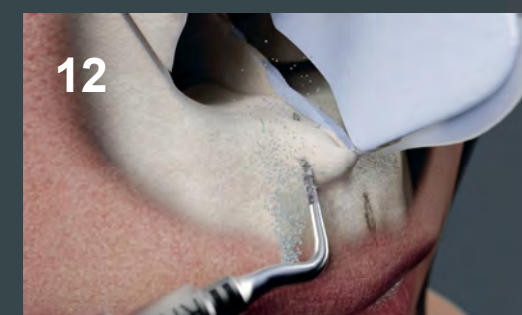
10
Continue the cartilaginous septal trimming with a knife

Lowering of the bone pyramid.



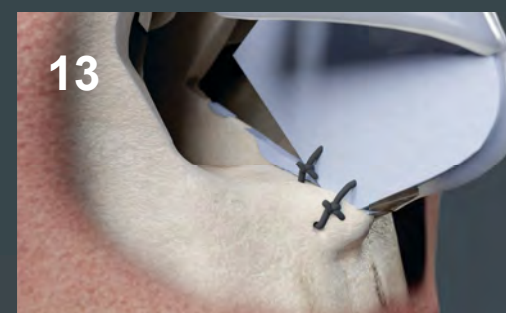
11
Anterior nasal spine osteotomy

• RHL5



12
Holes drilled on both sides of the nasal spine

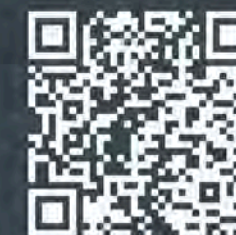
• RHS6



13
Suture the septum and pull on the threads to stabilize it

**Same protocol on the other side of the patient*

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**CARING
PEOPLE,
IMPROVING
LIVES.**



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