

Psychological Impact of Rhinoplasty and Satisfaction Survey of 7 Cases

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Abstract

Original Research Article

Rhinoplastic surgery leads to a change in facial morphology. The functional and aesthetic effects are well known, but the psychological repercussions are more difficult to explore. The aim of this research is to determine the evolution of patients' psychological profiles at different times, the impact of this operation on several psychological and social variables and to deduce postoperative satisfaction or dissatisfaction. This longitudinal study included 7 patients who underwent rhinoplasty between January 2021 and 31 December 2023 at the Marrakech plastic surgery department. A self-questionnaire was distributed in 2 parts. The first assesses the impact of rhinoplasty on self-esteem, body image, quality of life and personality; the second measures postoperative satisfaction.

Keywords: Rhinoplasty - Psychological impact - Postoperative satisfaction.

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INTRODUCTION

The face is our main interface with the world and with others. The cradle of communication, it allows us to express ourselves, to look, to hear, to speak and to eat. It gives us access to our emotions, our reactions, but also to our origins, our parentage "this child has his mother's nose and his father's mouth".

It is through our face that we introduce ourselves to others, that we give them a possible interpretation of our original identity. But it is also in the eyes of others that our identity is constructed and the foundations of narcissism are laid.

People whose faces are marked by a nasal deformity are brought to rhinoplasty for reasons that may be functional, aesthetic or both. It is difficult for them to breathe like other people, and the disharmony of their face already sets them apart from others from an aesthetic point of view.

Rhinoplastic surgery can be very complex, requiring the use of a wide range of surgical techniques. Patients often have mixed aesthetic and functional needs, particularly in post-traumatic cases. Resolving

functional respiratory problems is therefore as important as correcting nasal deformity.

This study gives us the opportunity to study the evolution of patients' psychological profiles, their quality of life, their self-esteem and to deduce post-operative satisfaction or dissatisfaction.

PATIENTS & METHODS

Our study took place in the Department of Restorative and Aesthetic Surgery in Marrakech and targeted all patients who underwent rhinoplasty or rhino septoplasty between January 2020 and 31 December 2023.

RESULTS

Epidemiology

Age

Age: Patients ranged in age from 16 to 43 years, with an average age of 33 years.

Sex

Sex: The majority of our patients were female (71%), giving a sex ratio (M/F) of 0.4.

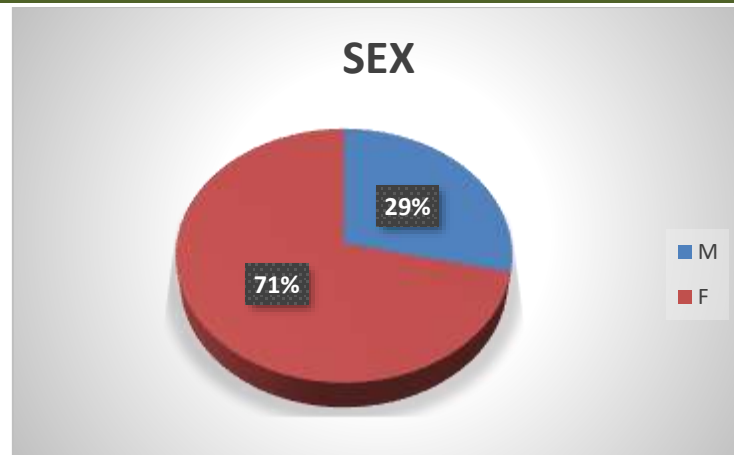


Figure 1: Breakdown of patients by gender

Reason:

We collated 07 cases (14%) i.e. 1 case of functional rhinoplasty, 3 cases (43%) of pure aesthetic rhinoplasty and 3 cases (43%) for both morphological and functional causes.

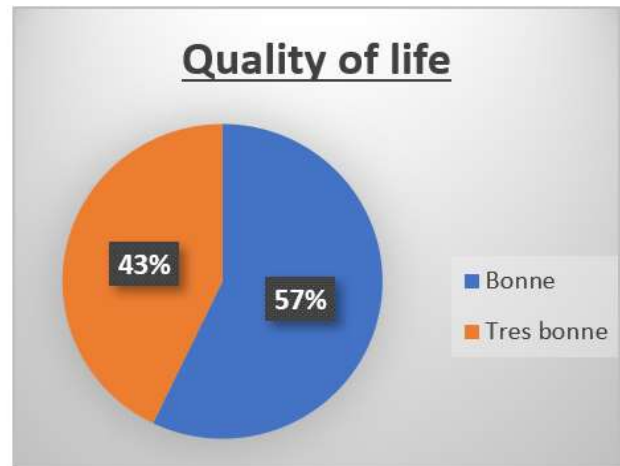
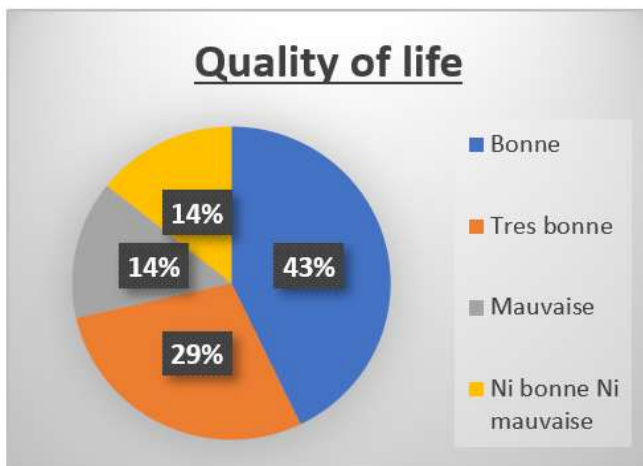
Preoperative and postoperative psychological variables**1 Quality of life:**

Figure 2: Quality of life (preoperative) Figure 2a: Quality of life (post-surgery)

We note that 100% of our patients feel that their quality of life has improved, including 4 (good) and 3 (very good).

2 Quality of sleep:

Figure 3: Quality of sleep (preoperative) Figure 3a: Quality of sleep (post-surgery)

Before the operation, 71% of our patients were dissatisfied with the quality of their sleep. Post-operatively, the dissatisfaction rate fell to 14%, meaning that 1 patient was dissatisfied compared with 6 who were satisfied or very satisfied.

3 Physical appearance and self-esteem



Figure 4: Satisfaction with physical appearance (pre-op) Figure 4: Satisfaction with physical appearance (post-op)

Before rhinoplasty, 57% of our patients were dissatisfied with their physical appearance. After rhinoplasty, the majority of patients (86%) were satisfied or very satisfied.

4 Nose-related concerns:

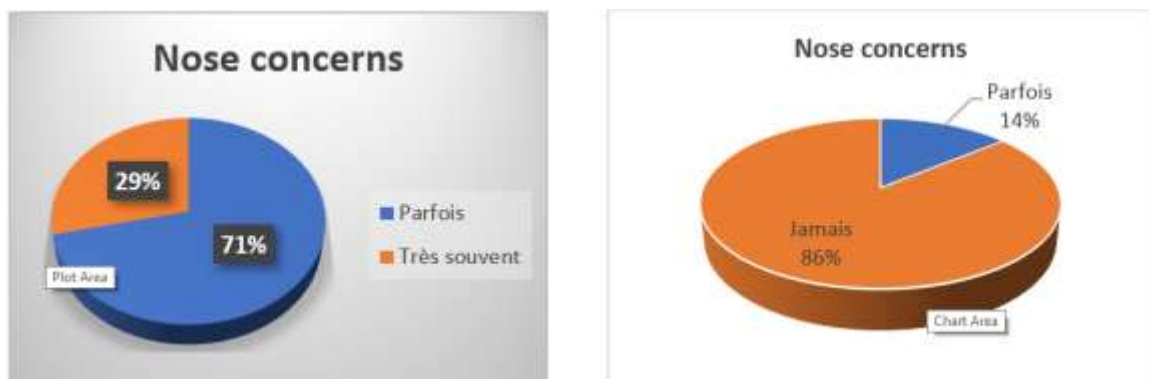


Figure 5: Degrees of concentration on the nose (pre-op) Figure 5: Degrees of concentration on the nose (post-op)

Before rhinoplasty, 5 patients (71%) sometimes concentrated on their nose. After rhinoplasty, 86% of them never concentrated on their nose and only 14% continued to pay attention to it from time to time.

5 Effect of others:

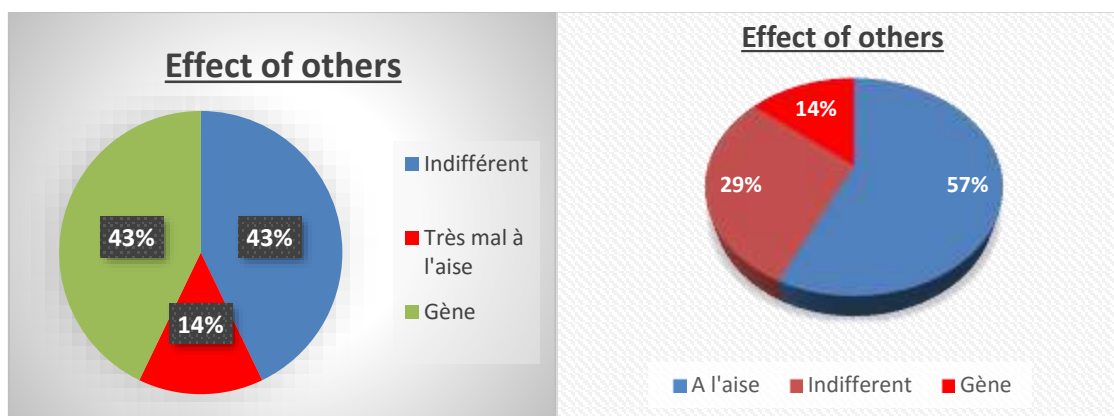


Figure 6: Reaction to people's gaze (pre-op) Figure 6: Reaction to people's gaze (post-op)

In our series, before rhinoplasty, 43% of our patients felt embarrassed or indifferent when staring at them.

Only 14% (1 patient) said they still felt embarrassed, whereas the majority (86%) felt comfortable and indifferent after rhinoplasty.

7 Perception of surgery:

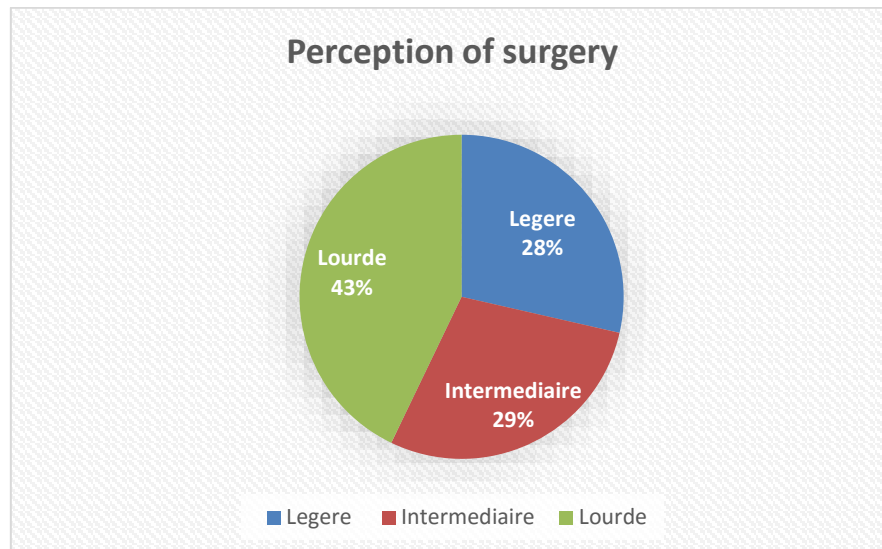


Figure 7: How would you rate the intervention?

Before the operation, the majority (43%) of our patients thought that rhinoplasty was a major operation. Post-operatively, the majority considered the operation to be light.

Satisfaction survey

8 Decision-making deadline:

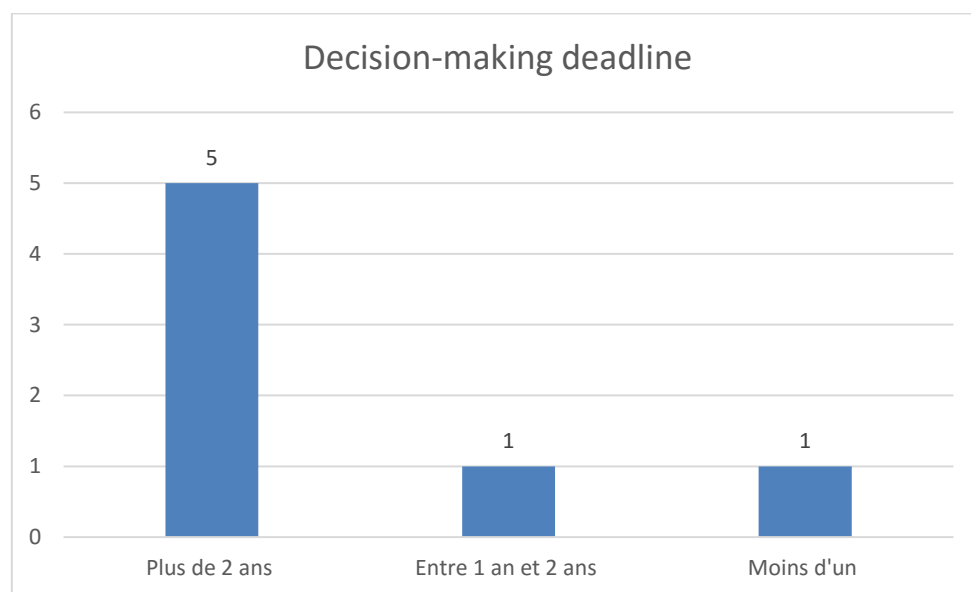


Figure 8: Decision-making time

We note that the majority (71%) of our patients took more than 2 years to finally decide to undergo the operation.

9 Imaginative Idea for the new nose:

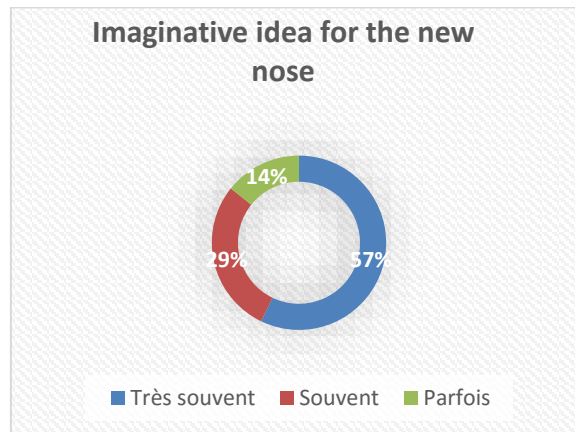


Figure 9: People with imaginative ideas

The majority of our patients 86% often to very often imagined their new noses, 14% only sometimes imagined them

10. Satisfaction with preoperative care

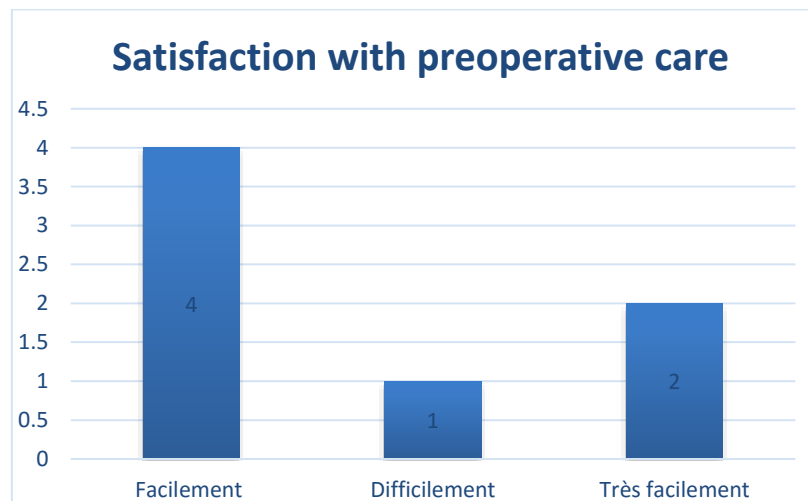


Figure 10: Access to healthcare

All of our patients said that they were able to access medical care easily, and 29% of our patients even said that it was very easy, which shows total satisfaction with access to care.

11. Satisfaction with the surgeon's explanations:

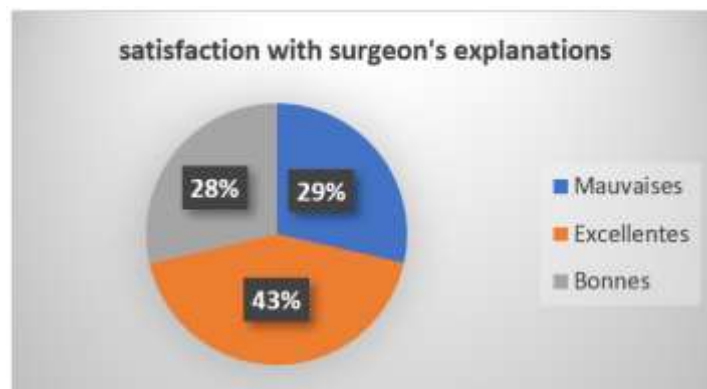


Figure 11: Quality of explanations provided by the surgeon

The majority of patients in our series (71%) considered the explanations provided by our surgeons to be good or even excellent.

12. Satisfaction with post-operative care

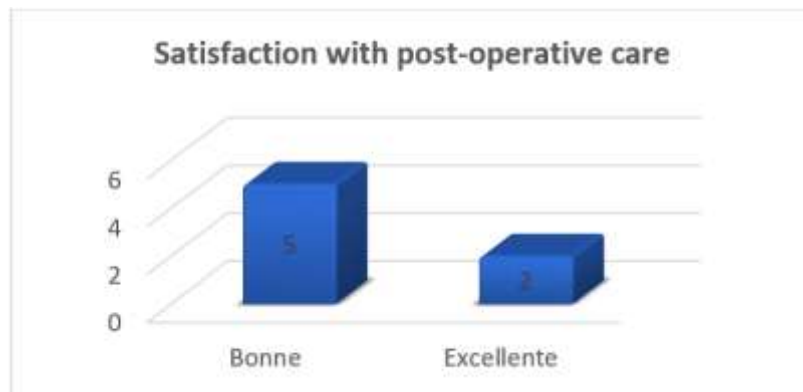


Figure 12: Quality of post-operative care and pain management

In our series, 100% of our patients are satisfied with post-operative care and pain management.

13.satisfaction with the success of rhinoplasty:

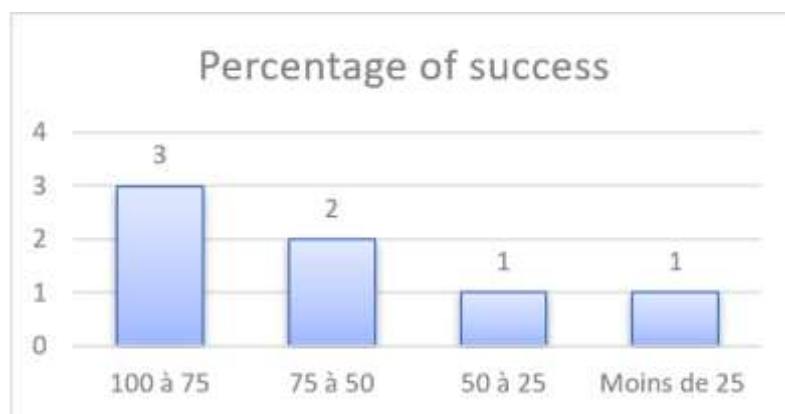


Figure 13: Estimated percentage of intervention success

71% of our patients judge the percentage of success to be over 50%, of whom 5 are satisfied, while a minority of 2 patients are moderately satisfied.

14. satisfaction or regret about the intervention:

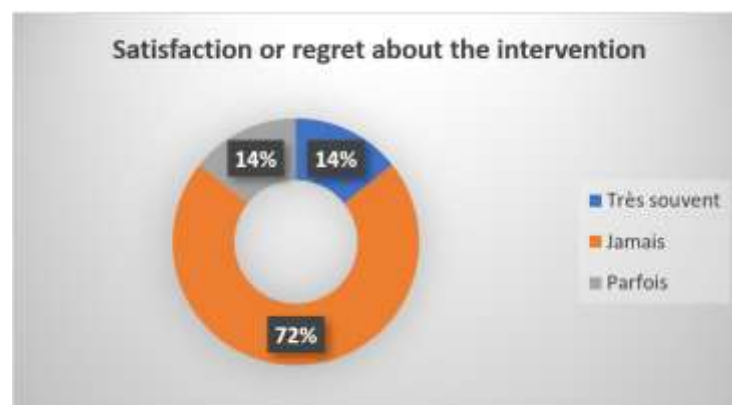


Figure 14: Regret about rhinoplasty

72% or 5 cases of our patients have never regretted their rhinoplasty, while only 2 cases have sometimes regretted it. This shows that the majority are satisfied.

15. rhinoplasty: to be recommended or avoided:

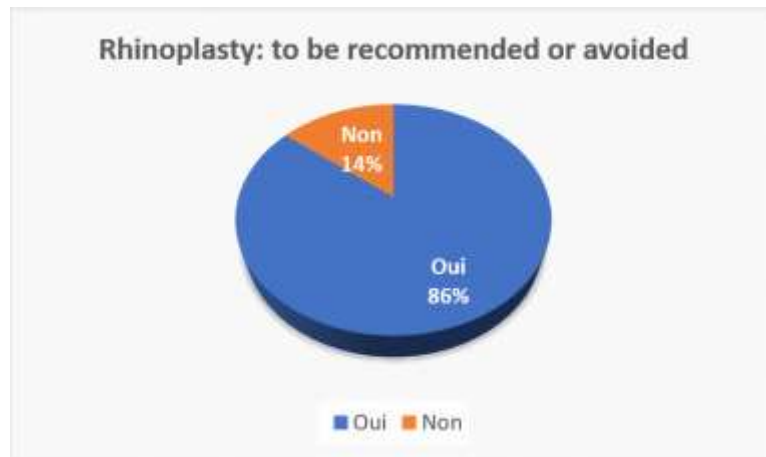


Figure 15: Would you recommend rhinoplasty to someone close to you who is suffering?

DISCUSSION

The patient's motivations and requests will have been analysed. A careful study of the nasal pyramid and its relationship with the rest of the face will have been carried out, as well as an endonasal examination.

The aim is to define the "ideal" result, adapted to the rest of the face and to the patient's wishes and personality.

The surgeon, having fully understood the patient's request, becomes his or her guide in choosing the future result and the technique to be used.

We recruited a young population with an average age of 33 years (ranging from 16 to 43 years). This average is fairly similar to other series in the literature [1, 2].

The scandinave series [3] reports a female predominance with a M/F ratio of 0.45 among the 64 patients analysed, the same result for the Elsevier study [4]. Carried out on a series of 79 with a ratio of 0.46 comparable to our study (sex ratio 0.4).

The request for rhinoplasty is often expressed by the patient. It may be functional, purely aesthetic or both (post-traumatic). In the majority of cases, the reason for consultation included aesthetic and functional considerations at the same time, in line with the predominance of post-traumatic aetiology.

In the study carried out at the Marrakech University Hospital involving 180 patients, only 33% of cases were post-traumatic compared with 67% of aesthetic indications. [2], This is also the case for the Bagheri SC series [5] which mentions 80% cosmetic rhinoplasty.

It has been shown that satisfaction with one's own appearance (positive body image) and self-esteem are relatively strongly correlated, particularly in women [6].

In our series, 86% of our patients judged a significant improvement in self-esteem. In self-esteem after rhinoplasty.

Our results are consistent with other studies which have shown that cosmetic surgery can statistically improve self-esteem, depression and anxiety [7, 8, 9].

In our study, 71% of cases focused on their nose often or very often before the operation, which is almost identical to the Kraft study, which describes 88% of cases as having concerns about their nose. This relatively high rate can be explained by the pressures exerted by society and the media.

Post-op, the majority of our patients were no longer as preoccupied with their noses as before and proved to have a healthier and more stable quality of life, with only 14% still worrying about their noses from time to time. As in the case of the Kraft series, which reports 22% of patients who still have these preoccupations but in a less attenuated form [10].

In the Scandinavian series, over 90% of patients said they were happy with the results, although some noticed a less patent nose with or without rhinitis symptoms [3].

This final result is the sum of several factors, including: 71% satisfaction with the pre-operative explanations provided by the surgeon; 71% satisfaction with the surgical procedure; 100% satisfaction with the quality of post-operative care.

Finally, we asked our patients if they would recommend rhinoplasty to someone else, and 86% of them answered positively. This score is consistent with that of the Scandinavian study, which reported 89% favourable responses [3].

CONCLUSION

The nose is a central feature of the face and is difficult to conceal. Consequently, even minor morphological anomalies are visible and may be considered unsightly and difficult for the patient to accept. The indication for rhinoplasty surgery can only be given once the patient is aware of the various morpho-anatomical, technical and psychological aspects of the project.

BIBLIOGRAPHY

1. Foda HMT. External rhinoplasty: a critical analysis of 500 cases. *J Laryngol Otol*. juin 2003;117(6):473-7.
2. Rhinoplastie par voie externe: Etude rétrospective de 180 cas These N104. 2011 - Recherche Google [Internet]. [cité 2 mars 2024]. Disponible sur: [https://www.google.fr/search?q=Rhinoplastie+par+voie+externe%3A+Etude+r%C3%A9trospective+de+180+cas+These+N104.+2011&sca_esv=1f5e430b30aa07bd&ei=wCXjZfSRKMDh7_UPmvGOuAs&ved=0ahUKEwj08bv209WEAxXA8LsIHZq4A7cQ4dUDCBA&uact=5&oq=Rhinoplastie+par+voie+externe%3A+Etude+r%C3%A9trospective+de+180+cas+These+N104.+2011&gs_lp=Egxnd3Mtd2l6LXNlcnAiT1JoaW5vcGxhc3RpZSBwYXlgdm9pZSBleHRlcm5lOiBFdHVkZSB5w6l0cm9zcGVjdGl2ZSBkZSAxODAgY2FzIFRoZXNIIE4](https://www.google.fr/search?q=Rhinoplastie+par+voie+externe%3A+Etude+r%C3%A9trospective+de+180+cas+These+N104.+2011&sca_esv=1f5e430b30aa07bd&ei=wCXjZfSRKMDh7_UPmvGOuAs&ved=0ahUKEwj08bv209WEAxXA8LsIHZq4A7cQ4dUDCBA&uact=5&oq=Rhinoplastie+par+voie+externe%3A+Etude+r%C3%A9trospective+de+180+cas+These+N104.+2011&gs_lp=Egxnd3Mtd2l6LXNlcnAiT1JoaW5vcGxhc3RpZSBwYXlgdm9pZSBleHRlcm5lOiBFdHVkZSB5w6l0cm9zcGVjdGl2ZSBkZSAxODAgY2FzIFRoZXNIIE4xMDQuIDIwMTFIAFAAWABwAHgAkAEAmAEAoAEAqgEAuAEDyAEA-AEC-AEBmAIAoAIAmAMakgcAoAcA&scient=gws-wiz-serp)
3. Niechajev I. Noses of the Middle East: Variety of Phenotypes and Surgical Approaches. *J Craniofac Surg*. oct 2016;27(7):1700-6.
4. Journal of Psychosomatic Research 1999: Vol 47 Table of Contents [Internet]. ELSEVIER LTD.; 1999 [cité 2 mars 2024]. 7 p. Disponible sur: http://archive.org/details/sim_journal-of-psychosomatic-research_1999_47_contents_0
5. Bagheri SC, Khan HA, Jahangirnia A, Rad SS, Mortazavi H. An analysis of 101 primary cosmetic rhinoplasties. *J Oral Maxillofac Surg Off J Am Assoc Oral Maxillofac Surg*. avr 2012;70(4):902-9.
6. Good-looking People Are Not What We Think [Internet]. [cité 2 mars 2024]. Disponible sur: https://www.researchgate.net/publication/232517183_Good-looking_People_Are_Not_What_We_Think
7. Moss TP, Harris DL. Psychological change after aesthetic plastic surgery: a prospective controlled outcome study. *Psychol Health Med*. 1 oct 2009;14(5):567-72.
8. Haraldsson PO. Psychosocial Impact of Cosmetic Rhinoplasty. *Aesthetic Plast Surg*. 1 mai 1999;23(3):170-4.
9. Margraf J, Meyer AH, Lavalley KL. Well-Being From the Knife? Psychological Effects of Aesthetic Surgery. *Clin Psychol Sci*. 1 juil 2013;1(3):239-52.
10. Goin MK, Rees TD. A Prospective Study of Patients' Psychological Reactions to Rhinoplasty. *Ann Plast Surg*. sept 1991;27(3):210.