Role Of Foot Plates Reposition On Nasal Tip and Base Anatomy And Aesthetis

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Text – Photos – Video
1. Tip Surgery: Most Discussed Least Understood

2. Base Surgery: Most Complex Least Understood Anatomy

3. Fundations Of Tip And Base Surgery Are: Analysis Aesthetics And Anatomy

4. Three Step Analysis: Preoperation After Opening Per Step Of Surgery

5. We Only Discuss Effect Of Foot Plate Reposition On Nasal Tip And Base Anatomy And Aesthetics
1. Our Primary Gole Was Only An Inline Nostril Producing
2. Normal Nostril Must Be Inline In: Lateral – Frontal – Oblique Views
3. There Must Not Be Any Disossiation
4. In Normal Aesthetic Nasal Sill
   a. Alar Base Rotate Medially And Narrows
   b. Foot Plates Rotate 45 Degree Lateraly
   c. These Reach Together Without Any Void Area
   d. Caudal Border Of Foot Plats Must Be Palpated and Visible Under Skin
1. The Most Common Cause Of Uninline Nostril
   a. Foot Plates
   b. Hanging Ala:

1. Real – 2. Apparent (Retracted Columella)
   c. Alar Base
   d. Caudal Septum
   e. ANS – Premaxillae
   f. Retracted Columella
The Most Common Abnormality Is Cephalic Border Dislocation. Projection in Any direction In To The Nose Foot Plate Retraction Into The Nose So There Is No Cartilage Caudal Foot Plate Border Under Skin Of Medial Nostril Floor

Alar Base Must Have a Rolled Continues , Border, Normaly If End Abruptly Don’t Join to Foot Plate End Medially An Unineline Nostril Will Ensue. Mostly Surgical Alar Base Resection – Rarely. Natural
1. We Understood An Uninline Nostril (Abnormal Foot Plates) Affects All Base And Tip Aesthetics

2. Every Buildings Have Columns

3. New Technology Uses Two Type Columns
   \[\text{Fixed} \rightarrow \text{Mobile}\]

Against Earsquake
Nasal Tip And Base Fixed Columns And Foundations:

a. Alar Base → Second Foundation

b. Premaxilla

c. A.N.S

d. Caudal Septum → Fixed Main Column

Nasal Tip And Base Mobile Columns Are

a. Foot Plates

b. Medial and Middle Cruses And Lateral Crus

Mobile And Fixed Columns Are Attached Together By, Ligaments – Membranous Septum And Soft Tissues
1. Caudal Septum Does Not Adhere To LLc

2. Except Where Cephalic Border Of Beginning Of Foot Plates Begin To Rotate Cephalic Over The Septum

3. Yet This Is a HING not True Adhesion

4. In The Tip and Base Only %50 Posterior Caudal Septum Is Exposed And Palpable

5. All Anterior Caudal %50 Septum Is Covered By Membranous Septum And Ligaments
1. %50 Posterior Caudal Septum Begins From The Point Of Diversion Of Cephalic Border Of Foot Plates

2. So %50 Posterior Caudal Septum Is In Between Foot Plates

3. Caudal Border Of Foot Plates Must - Must Be Under The Medial Nostril Skin - Visible – Palpable – Dense

4. But Often This Part Is Abnormally Hollow Due to Cephalic Displacement Of Foot Plates
Reasons Of Foot Plates Dislocation

1. Weight- Bad Position Of LLc – Gravity – Aging
2. Atrophic Premaxilla And ANS - Heary Lobule
3. Weak Medial - Middle And Foot Plate
4. Over Rotated And Projection Tip
5. Prominent %50 Anterior Caudal Septum
6. Retracted %50 Posterior Caudal Septum
7. Long Lateral Crus – Plung Lateral Crus
8. Mal Positioned Lateral Crus (To Inner Canthus)

9. Short Middle And Medial Crus

10. Hyper Active Depressor Sept Muscle

11. Weigh Lons – Volume Loss

12. Heavy Soft Tissue In Between Foot Plates
1. Dislocate Foot Plate Can not be Solved by:

   a. Medial Sinch Suture

   b. Lateral Sinch Suture

   c. Through and Through Sutures

   d. Only by Medial Dissection Of Foot Plates

   e. Any Type Of Struts Even Fixed Struts To ANS
The Only Way Is Reintegration of Normal Anatomy

1. Complete Dissection of Foot Plates From Lateral Vestibule Skin
2. Dissection Below From Depressor Septi Muscle
3. Suture To Septum Or Strut In Cephalic Border Of Beginning Of Foot Plates (Weak – Not Freezed) Because There is HING
4. Tight Suture To Medial Nostril Skin
5. This Solve All Problems Due To Foot Plates Dislocation On Tip And Base
All Tip Landmarks That Varies With Foot Plate Reposition

Diversion Angle - 30 degree
Separation Angle – 70-90 degree
Dome Arch Width – 4mm
Caudal Dome Distance - 6-10 mm
Cephalic Dome Distance - 3mm
Tip Projection – Tip Rotation - Infratip And Supratip Break Points
Nasal Base: 8 - Component
All Varies With Foot Plates Reposition

1. Columella Base From Diversion of Foot Plates To End Of Foot Plates
2. Central Columellar Pillar Formed By Medial Crura
3. Infratiplobular Triangle – Middle Crura
4. Soft Triangle – Reflection Of Domal Notch Width
5. Lateral Wall – Cephalic Sweep Of Lateral Crus Beginning Of Alar Groove Junction Between Lobule And Alar Base
Nasal Base: 8 -Component
All Varies With Foot Plates Reposition

6. Alar Base

7. Nostril Sill (End Of Alar Base To End Of Foot Plate)

8. Nostril

9. Columellar Labial Angle

10. Alar Flare – Alar Base Width

11. Width Of Phiteral Column = Columellar Base Width = Tip Width
Suture All Above The Foot Plates Diversion Point

1. Strut  
2. Tongue Ingroove  
3. Shin Graft

4. Plumping Graft

Suture All Below The Foot Plates Diversion Point

1. Plumping Promaxillae And ANS Graft

Anterior To Foot Plates Must be Open Only Covered By Skin And Soft Tissue