

# Postgraduate Diploma Rhinofacial Surgery





## Postgraduate Diploma Rhinofacial Surgery

Course Modality: **Online**

Duration: **6 months.**

Certificate: **TECH Technological University**

**18 ECTS Credits**

Teaching Hours: **450 hours.**

Website: [www.techtute.com/medicine/postgraduate-diploma/postgraduate-diploma-rhinofacial-surgery](http://www.techtute.com/medicine/postgraduate-diploma/postgraduate-diploma-rhinofacial-surgery)

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01

# Introduction

The improvement of the physical appearance of the face is one of the great needs of patients who come to the consultations of plastic surgeons, who seek to achieve a harmonious and attractive face that allows them to improve their self-esteem. However, interventions on this part of the body must be carried out with total precision in order to maintain its characteristic features, while at the same time showing a physical improvement. With this program we want to specialize you in rhinofacial surgery so that you will be able to offer a more personalized attention to your patients.





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*Specialize in rhinofacial surgery and learn the most advanced techniques in this field of aesthetic medicine”*

The main goal of this Postgraduate Diploma in Rhinofacial Surgery TECH is to offer plastic surgeons the opportunity to learn about the main innovations in this type of interventions that allow them to improve the health and physical appearance of their patients, taking into account their needs.

The program is distributed over three modules covering periorbital and upper facial surgery; facial and cervical rejuvenation surgery; and nasal aesthetic surgery. The content has been designed by a team of professionals with extensive experience in the sector, who want to offer all their knowledge to improve the training of other professionals.

The program covers the most relevant concepts of periorbital and upper facial surgery with the recognition of the anatomical structures of the topographic area as a basis for the understanding of the medical and surgical conducts before the patient. It also provides specialized knowledge about cervicofacial surgery so that surgeons can obtain optimal results in patients who desire facial rejuvenation. Finally, cosmetic surgery of the nose represents a challenge for the surgeon, since rhinoplasty should not admit mistakes, as they would be very visible and frustrating for the patient. Therefore, these techniques are covered in depth in the syllabus.

This Postgraduate Diploma has an intense program designed to learn about the technologies, materials and treatments of this discipline and to include a complete perspective of aesthetic plastic surgery that will allow you to specialize in an ethical and responsible way. Thus, this postgraduate course provides a highly qualified specialization in the pursuit of excellence. In addition, its 100% online format will allow you to continue your studies from the place of your choice, without the need to travel or schedule obligations.

This **Postgraduate Diploma in Rhinofacial Surgery** includes the most complete and up-to-date scientific program on the market. The most important features include:

- ♦ The graphic, schematic, and eminently practical contents with which they are created, provide scientific and practical information on the disciplines that are essential for professional practice.
- ♦ The latest news on rhinofacial surgery
- ♦ Practical exercises where self-assessment can be used to improve learning.
- ♦ Special emphasis on innovative methodologies in rhinofacial surgery
- ♦ Theoretical lessons, questions to the expert, debate forums on controversial topics, and individual reflection assignments
- ♦ Content that is accessible from any fixed or portable device with an Internet connection



*Expand your knowledge through this Postgraduate Diploma, thanks to which you will be able to achieve excellence in the field of rhinofacial surgery"*

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*This Postgraduate Diploma is the best investment you can make in the selection of a refresher program for two reasons: in addition to updating your knowledge in rhinofacial surgery, you will obtain a degree from Spanish online university: TECH”*

Its teaching staff includes professionals belonging to the field of esthetic plastic surgery, who share their work experience in this specialization, as well as renowned specialists from prestigious societies and universities.

Its multimedia content, elaborated with the latest educational technology, will allow the professional a situated and contextual learning, that is to say, a simulated environment that will provide an immersive specialization programmed to train in real situations.

This program is designed around Problem Based Learning, whereby the Surgeon must try to solve the different professional practice situations that arise during the academic year. For this purpose, the professional will be assisted by an innovative interactive video system created by renowned and experienced experts in rhinofacial surgery.

*This specialisation comes with the best didactic material, providing you with a contextual approach that will facilitate your learning.*

*This Postgraduate Certificate 100% online and will enable you to combine your studies while increasing your knowledge in this field.*



# 02 Objectives

The Postgraduate Postgraduate in Rhinofacial Surgery is designed to facilitate the performance of the professional with the latest advances and newest treatments in the sector, achieving a superior training that allows him to act with total security in the cases that arise in his practice.







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*Our goal is for you to specialize in rhinofacial surgery so that you will be able to offer more personalized care to your patients”*



## General Objectives

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- ◆ Knowledge concerning topographic area anatomy in order to understand the process of appearance of the different imperfections of the area.
- ◆ Examine the different basic techniques in ophthalmic plastic surgery.
- ◆ Establish the Surgical and Anesthetic Techniques of the Area, as well as the Perioperative Management of the Cosmetic Surgery Patient
- ◆ Analyze other Alternative Non-surgical Techniques that provide Improvement of the Imperfections of the Area
- ◆ Present the Latest Advances and Best Available Surgical Techniques that will give the Highest Level of Patient Satisfaction in Facial Esthetic Surgery
- ◆ Examine the anatomy of the topographical area to understand the process of appearance of the different imperfections
- ◆ Establish the Different Basic Techniques in Facial Surgery
- ◆ Identify other Alternative Non-Surgical Techniques that Provide Improvement of Facial Aging
- ◆ Generate Specialized Knowledge so that the Surgeon can apply their Knowledge in the different Clinical Cases Presented to them
- ◆ Provide the necessary tools and key points in order to facilitate the performance of rhinoplasty.





## Specific Objectives

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- ♦ Define the Anatomy of the Orbital, Periorbital, and Upper Face Region
- ♦ Develop the Esthetic Considerations of the Periorbital Region
- ♦ Examine the Changes Associated with Aging
- ♦ Determine the Different Basic Techniques in Ophthalmic Plastic Surgery
- ♦ Analyze the Steps of Preoperative Evaluation
- ♦ Establish the Specific Surgical Techniques
- ♦ Show the Complementary Procedures to Palpebral Surgery
- ♦ Examine the Anatomy of the Face and Neck
- ♦ Determine the Esthetic Considerations of the Facial and Neck Region
- ♦ Analyze the Changes Associated with Aging
- ♦ Develop the Different Surgical Techniques Used in the Management of SMAS
- ♦ Analyze the Steps of Preoperative Evaluation
- ♦ Establish the Possible Operative Complications that are Attributed to Each Procedure
- ♦ Show the Complementary Procedures Used for the Management of Cervicofacial Aging
- ♦ Reinforce the Anatomical Knowledge of the Nasal Region
- ♦ Enable the student to perform a complete analysis of the nose and relate it according to the variation of the anatomical characteristics of each patient, without forgetting that the concept of beauty is different not only between men and women but also according to the ethnic features of the subject to be treated
- ♦ Address Significant Knowledge of Photography to Carry Out a Correct Documentation of the Cases
- ♦ Provide specialized specialization in the surgical techniques used in rhinoplasty, from the simplest to the most complex, including the most innovative techniques.
- ♦ Develop the Main Fundamentals for the Plastic Surgeon to be able to Perform Cartilage Grafting, Avoiding Complications as much as Possible
- ♦ Make the Plastic Surgeon aware that Esthetic Rhinoplasty should not affect the Functions of the Nose



*A unique specialization that will allow you to acquire superior training to develop in this highly competitive field"*

03

# Course Management

This program includes in its teaching staff leading experts in esthetic plastic surgery, who bring to this specialization the experience of their work. Additionally, other recognized experts participate in its design and preparation, completing the program in an interdisciplinary manner.





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*The main experts in esthetic plastic surgery have joined forces to show you all their Knowledge in this Field"*

## Management



### Dr. Delgado Caldera, Carlos

- Plastic and Esthetic Surgeon specialized in Esthetic Breast Surgery, Body, and Facial Esthetic Procedures
- Postgraduate in Esthetic and Maxillofacial Reconstructive Plastic Surgery, General Hospital Dr. Jesus Yerena, Caracas (Venezuela) 2012-2014 Endorsed by the Ministry of People's Power for Health (MPPS) and the Venezuelan Society of Plastic, Reconstructive, Esthetic, and Maxillofacial Surgery (SVCPREM)
- Internship, Centro Médico Docente La Trinidad, Caracas (Venezuela) 2013-2015 Internship in Breast, Body, and Facial Esthetic Surgery. Microsurgical Reconstruction. Plastic and Reconstructive Surgery Service
- Internship, University Foundation of Health Sciences (FUCS), Bogotá (Colombia) 2014. Internship in Craniofacial Surgery and Post Bariatric Surgery. Plastic and Reconstructive Surgery Service
- Postgraduate of General Surgery, City Hospital Dr. Enrique Tejera, Valencia (Venezuela). 2010-2012. Endorsed by the Ministry of People's Power for Health (MPPS)
- Surgeon, Carabobo University. 2001-2006 School of Medicine
- Head of the Department of Plastic and Reconstructive Surgery, Instituto Docente de Urología (IDU) (Private Practice), Valencia (Venezuela). 2018-2020
- Esthetic Plastic Surgeon, Servicios Mediplan C.A, Caracas - Margarita (Venezuela). 2015-2017
- Esthetic Plastic Surgeon, Grupo Cil Venezuela 2015- 2016



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# Structure and Content

The contents structure has been designed by the best professionals in the Rhinofacial surgery sector, with extensive experience and recognized prestige in the profession, backed by the volume of cases reviewed, studied and intervened, and with extensive mastery of new technologies applied to teaching.







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*This Specialist program contains the most complete and up-to-date scientific program on the market”*

## Module 1. Periorbital and Upper Facial Surgery

- 1.1. Anatomy of the Orbital and Periorbital Region
  - 1.1.1. Introduction
  - 1.1.2. Bone Structure
    - 1.1.2.1. Topographic Description
  - 1.1.3. Musculature
    - 1.1.3.1. Extrinsic Musculature
  - 1.1.4. Vascularization
  - 1.1.5. Innervation
  - 1.1.6. Fatty Compartments
  - 1.1.7. Lymphatic System of the Orbit
  - 1.1.8. Lacrimal Gland
  - 1.1.9. Dangerous Areas
  - 1.1.10. Summary
- 1.2. Esthetic Considerations of the Periorbital Region
  - 1.2.1. Introduction
  - 1.2.2. Soft Tissues
    - 1.2.2.1. Skin and Annexes
    - 1.2.2.2. Esthetic Units
  - 1.2.3. Anthropometry of the Periorbital Region
  - 1.2.4. Gender Variation
  - 1.2.5. Variation According to Ethnicity
  - 1.2.6. Changes Associated with Aging
  - 1.2.7. Summary
- 1.3. Basic Techniques in Ophthalmic Plastic Surgery
  - 1.3.1. Introduction
  - 1.3.2. Incisions.
  - 1.3.3. Wound Closure
  - 1.3.4. Routine Wound Closure
  - 1.3.5. Excision and Repair of Full-thickness Palpebral Margin
  - 1.3.6. Summary



- 1.4. Properative Evaluation
  - 1.4.1. Obvious Pathology
  - 1.4.2. Eyelid Position
  - 1.4.3. Margin-reflex Distance
  - 1.4.4. Telecanthus
  - 1.4.5. Eyelid Movement
  - 1.4.6. Elevator Function
  - 1.4.7. Laxity of Lower Eyelid Retractors
  - 1.4.8. Bell's Phenomenon
  - 1.4.9. Jaw Wink
  - 1.4.10. Fatigue in Myasthenia Gravis
  - 1.4.11. Eye Position
    - 1.4.11.1. Exophthalmometry
    - 1.4.11.2. Eye Displacement
  - 1.4.12. Eye Movement
  - 1.4.13. Other Examinations
  - 1.4.14. Eyebrow Position
  - 1.4.15. Lateral Canthus and Cheek
  - 1.4.16. Upper Eyelid Skin Crease
  - 1.4.17. Horizontal Laxity of the Lower Eyelid
  - 1.4.18. Medial and Lateral Canthal Tendons
  - 1.4.19. Eye and Orbit
  - 1.4.20. Key points
- 1.5. Anesthesia
  - 1.5.1. Local Infiltration
  - 1.5.2. Subcutaneous Approach
  - 1.5.3. Subconjunctival Approach
  - 1.5.4. Local Tumescence Anesthesia
  - 1.5.5. Regional Blocks
    - 1.5.5.1. Frontal Nerve Block
    - 1.5.5.2. Infratrochlear Nerve Block
    - 1.5.5.3. Infraorbital Nerve Block
    - 1.5.5.4. Retrobulbar Nerve Block
    - 1.5.5.5. Facial Nerve Block
  - 1.5.6. Adverse Reactions to Local Anesthetics
  - 1.5.7. Summary
- 1.6. Esthetic Oculoplasty Techniques
  - 1.6.1. Introduction
  - 1.6.2. Upper Blepharoplasty
    - 1.6.2.1. Properative Evaluation
    - 1.6.2.2. Preoperative Marking
    - 1.6.2.3. Surgical Technique Step by Step
    - 1.6.2.4. Post-Operative Care
    - 1.6.2.5. Complications
  - 1.6.3. Lower Blepharoplasty
    - 1.6.3.1. Properative Evaluation
    - 1.6.3.2. Preoperative Marking
    - 1.6.3.3. Surgical Technique Step by Step
    - 1.6.3.4. Transconjunctival Approach
    - 1.6.3.5. Subciliary Approach
    - 1.6.3.6. Post-Operative Care
    - 1.6.3.7. Complications
  - 1.6.4. Summary
- 1.7. Reconstructive Oculoplastic Techniques
  - 1.7.1. Augmentation Blepharoplasty
    - 1.7.1.1. Introduction
    - 1.7.1.2. Properative Evaluation
    - 1.7.1.3. Preoperative Marking
    - 1.7.1.4. Surgical Technique
    - 1.7.1.5. Upper Eyelid
    - 1.7.1.6. Lower Eyelid
    - 1.7.1.7. Post-Operative Care
    - 1.7.1.8. Complications
  - 1.7.2. Canthopexies and Canthoplasties
    - 1.7.2.1. Properative Evaluation
    - 1.7.2.2. Preoperative Marking
    - 1.7.2.3. Surgical Technique
      - 1.7.2.3.1. Canthoplasty
      - 1.7.2.3.2. Canthopexy

- 1.7.2.4. Post-Operative Care
- 1.7.2.5. Complications
- 1.7.2.6. Summary
- 1.8. Facial Upper Third
  - 1.8.1. Introduction
  - 1.8.2. Anatomy of the Upper Third
    - 1.8.2.1. Bone Structure
    - 1.8.2.2. Musculature
    - 1.8.2.3. Vascularization
    - 1.8.2.4. Innervation
    - 1.8.2.5. Fatty Compartments
  - 1.8.3. Upper Facelift
    - 1.8.3.1. Preoperative Evaluation
    - 1.8.3.2. Preoperative Marking
    - 1.8.3.3. Surgical Technique
    - 1.8.3.4. Post-Operative Care
    - 1.8.3.5. Complications
  - 1.8.4. Endoscopic Upper Third Facelift
    - 1.8.4.1. Preoperative Evaluation
    - 1.8.4.2. Preoperative Marking
    - 1.8.4.3. Surgical Technique
    - 1.8.4.4. Post-Operative Care
    - 1.8.4.5. Complications
  - 1.8.5. Forehead Reduction
    - 1.8.5.1. Preoperative Evaluation
    - 1.8.5.2. Preoperative Marking
    - 1.8.5.3. Surgical Technique Step by Step
    - 1.8.5.4. Post-Operative Care
    - 1.8.5.5. Complications
  - 1.8.6. Summary
- 1.9. Brow Lift
  - 1.9.1. Introduction
  - 1.9.2. Preoperative Evaluation
  - 1.9.3. Preoperative Marking
  - 1.9.4. Anesthesia and Surgical Position
  - 1.9.5. Surgical Technique
    - 1.9.5.1. Palpebral Approach
    - 1.9.5.2. Coronal Approach
    - 1.9.5.3. Endoscopic Technique
    - 1.9.5.4. Glidingbrow-lift
  - 1.9.6. Post-Operative Care
  - 1.9.7. Complications
    - 1.9.7.1. Lower Raised Eyebrows
  - 1.9.8. Summary
- 1.10. Complementary Procedures to Palpebral Surgery
  - 1.10.1. Introduction
  - 1.10.2. Chemical Denervation
  - 1.10.3. Use of Botulinum Toxin
  - 1.10.4. Volumization
    - 1.10.4.1. Orbital Area
    - 1.10.4.2. Upper Third
  - 1.10.5. Management of Hyperpigmentation of the Under Eye Circles
    - 1.10.5.1. Chemical Peel
    - 1.10.5.2. Use of Energy Production Equipment
  - 1.10.6. Summary

## Module 2. Facial and Cervical Rejuvenation Surgery

- 2.1. Facial Anatomy
  - 2.1.1. Introduction
  - 2.1.2. Facial Regions
  - 2.1.3. Facial Planes
  - 2.1.4. Skin
  - 2.1.5. Subcutaneous
  - 2.1.6. Aponeurotic Muscle
  - 2.1.7. Retention Ligaments
  - 2.1.8. Periosteum and Deep Fascia
  - 2.1.9. Specific Considerations According to the Anatomical Region
  - 2.1.10. Cervicofacial Analysis

- 2.1.11. Facial Aging
  - 2.1.11.1. Theories of Aging
  - 2.1.11.2. Structural Changes
- 2.1.12. Dangerous Areas
- 2.1.13. Summary
- 2.2. Subperiosteal Middle Third Facelift
  - 2.2.1. Introduction
  - 2.2.2. Preoperative Evaluation
  - 2.2.3. Surgical Technique
  - 2.2.4. Post-Operative Care
  - 2.2.5. Complications
  - 2.2.6. Summary
- 2.3. Cervicofacial Rhytidoplasty
  - 2.3.1. Introduction
  - 2.3.2. Patient Selection
  - 2.3.3. Preoperative Marking
  - 2.3.4. Surgical Technique
  - 2.3.5. Post-Operative Care
  - 2.3.6. Complications
  - 2.3.7. Summary
- 2.4. Cervicoplasty
  - 2.4.1. Introduction
  - 2.4.2. Classification of the Cervicofacial Alterations
  - 2.4.3. Treatment
    - 2.4.3.1. Submental Liposuction
    - 2.4.3.2. Submentoplasty with Platysmaplasty
    - 2.4.3.3. Excision of the Submandibular Glands
  - 2.4.4. Post-Operative Care
  - 2.4.5. Complications
  - 2.4.6. Summary
- 2.5. Facelift with SMAS Flaps
  - 2.5.1. Introduction
  - 2.5.2. Patient Evaluation
  - 2.5.3. Preoperative Marking
  - 2.5.4. SMAS Flaps
    - 2.5.4.1. SMAS Plication
    - 2.5.4.2. Smassectomy
    - 2.5.4.3. Extended SMAS
    - 2.5.4.4. MACS Lift
    - 2.5.4.5. High SMAS
  - 2.5.5. Suspension Sutures
  - 2.5.6. Mini Lift
  - 2.5.7. Post-Operative Care
  - 2.5.8. Complications
  - 2.5.9. Summary
- 2.6. Perioral Rejuvenation
  - 2.6.1. Introduction
  - 2.6.2. Anatomy and Anthropometry of the Lip
  - 2.6.3. Ideal Appearance
  - 2.6.4. Gender and Ethnic Variations
  - 2.6.5. Aging Process
    - 2.6.5.1. Chemical Peel
    - 2.6.5.2. Laser Resurfacing
    - 2.6.5.3. Botulinum toxin
    - 2.6.5.4. Facial Fillers
  - 2.6.6. Subnasal Lift
  - 2.6.7. Preoperative Marking
  - 2.6.8. Surgical Technique
  - 2.6.9. Complications
  - 2.6.10. Summary
- 2.7. Esthetic Management of the Chin
  - 2.7.1. Introduction
  - 2.7.2. Esthetic Analysis
  - 2.7.3. Osteotomies

- 2.7.3.1. Sliding
    - 2.7.3.2. Step
    - 2.7.3.3. Wedge
    - 2.7.3.4. Graft
    - 2.7.3.5. Complications
  - 2.7.4. Genioplasty with Prosthesis
    - 2.7.4.1. Types of Prosthesis and Choice
    - 2.7.4.2. Intraoral Approach
    - 2.7.4.3. External Approach
  - 2.7.5. Complications
  - 2.7.6. Summary
- 2.8. Rejuvenation with Facial Lipoinjection
  - 2.8.1. Fat Grafting: Principles and Generalities
  - 2.8.2. Fat Harvesting
    - 2.8.2.1. Donor Site Selection
    - 2.8.2.2. Tumescent Solution
    - 2.8.2.3. Cannula Selection
    - 2.8.2.4. Liposuction
    - 2.8.2.5. Fat Processing Techniques
      - 2.8.2.5.1. Centrifugation
      - 2.8.2.5.2. Washing and Filtration
      - 2.8.2.5.3. Washing and Decanting
      - 2.8.2.5.4. Telfarolling
  - 2.8.3. Fat infiltration
  - 2.8.4. Complications
  - 2.8.5. Summary
- 2.9. Facial Fillers and Botulinum Toxin
  - 2.9.1. Introduction
  - 2.9.2. Facial Fillers
    - 2.9.2.1. Features
    - 2.9.2.2. Treatment Areas
    - 2.9.2.3. Application Techniques
    - 2.9.2.4. Complications
  - 2.9.3. Botulinum toxin
    - 2.9.3.1. Features
    - 2.9.3.2. Treatment Areas
    - 2.9.3.3. Application Techniques
    - 2.9.3.4. Complications
  - 2.9.4. Summary
- 2.10. Other Rejuvenation Techniques. Peelings, Energy Generating Equipment
  - 2.10.1. Introduction
  - 2.10.2. Anatomy and Physiology of the Skin
  - 2.10.3. Phototypes
  - 2.10.4. Classification of Facial Estheticism
  - 2.10.5. Peelings
    - 2.10.5.1. Generalities and Basic Principles
    - 2.10.5.2. Classification
    - 2.10.5.3. Application Techniques
    - 2.10.5.4. Complications
  - 2.10.6. Energy-Generating Equipment
    - 2.10.6.1. Classification
    - 2.10.6.2. Application and Effect
    - 2.10.6.3. Complications
    - 2.10.6.4. Summary

### Module 3. Esthetic Nasal Surgery

- 3.1. Nasal Anatomy and Physiology
  - 3.1.1. Introduction
  - 3.1.2. Skin and Subcutaneous
  - 3.1.3. Muscles and Bone Structures
  - 3.1.4. Cartilaginous Structures
  - 3.1.5. Nasal Valve
    - 3.1.5.1. Internal
    - 3.1.5.2. External
  - 3.1.6. Nostrils.
  - 3.1.7. Nasal Septum
  - 3.1.8. Nasal Turbinates and Meatus
  - 3.1.9. Irrigation
  - 3.1.10. Innervation

- 3.1.11. Lymphatic Drainage
- 3.1.12. Nasal Physiology
- 3.1.13. Summary
- 3.2. Nasal Esthetics. Profilometry. Surgical Planning. Photographic Documentation
  - 3.2.1. Introduction
  - 3.2.2. Esthetic Units of the Nose
  - 3.2.3. Facial Analysis
  - 3.2.4. Anatomical Differences of the Nose According to Race
    - 3.2.4.1. Black
    - 3.2.4.2. Asian
    - 3.2.4.3. Latino
  - 3.2.5. Anatomical Differences of the Nose According to Gender
    - 3.2.5.1. Male Features
    - 3.2.5.2. Female Features
  - 3.2.6. Profilometry
    - 3.2.6.1. Facial Angles
  - 3.2.7. Preoperative Evaluation
  - 3.2.8. Photographic Documentation
    - 3.2.8.1. Minimum Equipment Requirements for Medical Photography
    - 3.2.8.2. Lighting and Background
    - 3.2.8.3. Projections
  - 3.2.9. Summary
- 3.3. Primary Structural Rhinoplasty
  - 3.3.1. Patient Preparation
  - 3.3.2. Anesthesia and Surgical Position
  - 3.3.3. Surgical Instruments
  - 3.3.4. Surgical Defects:
    - 3.3.4.1. Open Rhinoplasty
    - 3.3.4.2. Closed Rhinoplasty
    - 3.3.4.3. Semi-open Rhinoplasty
  - 3.3.5. Post-Operative Care
  - 3.3.6. Complications
  - 3.3.7. Summary
- 3.4. Cartilage Grafts and Septoplasty
  - 3.4.1. Cartilaginous Grafts
    - 3.4.1.1. Graft Selection
    - 3.4.1.2. Graft Harvesting
    - 3.4.1.3. Cartilaginous Graft Carving
  - 3.4.2. Septoplasty
    - 3.4.2.1. Definition
    - 3.4.2.2. Surgical Technique
      - 3.4.2.2.1. Septoplasty Open Approach
      - 3.4.2.2.2. Septoplasty Closed Approach
  - 3.4.3. Post-Operative Care
  - 3.4.4. Complications
  - 3.4.5. Summary
- 3.5. Reshaping of the Nasal Tip and Alar Cartilages
  - 3.5.1. Plan
    - 3.5.1.1. Structures Determining Tip Projection and Tip Appearance
  - 3.5.2. Anesthesia and Surgical Position
  - 3.5.3. Tip Treatment
    - 3.5.3.1. Default
      - 3.5.3.1.1. Grafts
      - 3.5.3.1.2. Strutgraft
      - 3.5.3.1.3. Tipgraft
    - 3.5.3.2. Sutures
      - 3.5.3.2.1. Crurales
      - 3.5.3.2.2. Interdomal
      - 3.5.3.2.3. Transdomal
      - 3.5.3.2.4. Tip
    - 3.5.3.3. Excess
      - 3.5.3.3.1. Bulbous Tip
      - 3.5.3.3.2. Supra Tip
  - 3.5.4. Treatment of the Nasal Base
    - 3.5.4.1. Diminution of the Base
    - 3.5.4.2. Treatment of Nasal Wing Collapse

- 3.5.5. Complications
- 3.5.6. Summary
- 3.6. Nasal Dorsum Reshaping and Osteotomies
  - 3.6.1. Plan
  - 3.6.2. Approach Selection
  - 3.6.3. Bone and Cartilaginous Dorsum Reduction
  - 3.6.4. Spreadergrafts
  - 3.6.5. Osteotomies
    - 3.6.5.1. Internal, External, and Medial
    - 3.6.5.2. Modifications (Medals, Open Approach)
    - 3.6.5.3. Dorsal Augmentation
      - 3.6.5.3.1. Autologous Tissue
      - 3.6.5.3.2. Septal Cartilage
      - 3.6.5.3.3. Conchal Cartilage
      - 3.6.5.3.4. Costal Cartilage
      - 3.6.5.3.5. Temporal Fascia
      - 3.6.5.3.6. Other Materials
  - 3.6.6. Complications
  - 3.6.7. Summary
- 3.7. Secondary Rhinoplasty I
  - 3.7.1. Preoperative Analysis
    - 3.7.1.1. Evaluation of Esthetic Deformities
    - 3.7.1.2. Evaluation of Functional Deformities
    - 3.7.1.3. Most Frequent Causes
  - 3.7.2. Anesthesia and Surgical Position
  - 3.7.3. Surgical Technique
  - 3.7.4. Boarding Routes
- 3.8. Secondary Rhinoplasty II
  - 3.8.1. Changes Secondary to Primary Rhinoplasty
    - 3.8.1.1. Bone Alterations
      - 3.8.1.1.1. Defects due to Bone Excess or Deficit
      - 3.8.1.1.2. Irregularities
      - 3.8.1.1.3. Deviations
      - 3.8.1.1.4. Narrowing







- 3.8.1.2. Cartilaginous Alterations
  - 3.8.1.2.1. Inverted V Deformity
  - 3.8.1.2.2. Deviations
  - 3.8.1.2.3. Saddle Deformity
- 3.8.1.3. Defects in Nasal Tip, Wings, and Columella.
- 3.8.1.4. Ventilatory Problems
- 3.8.2. Post-Operative Care
- 3.8.3. Complications
- 3.8.4. Summary
- 3.9. New Rhinoplasty Techniques
  - 3.9.1. Plan
  - 3.9.2. Surgical Technique
    - 3.9.2.1. Preservation Rhinoplasty (Preservation Rhinoplasty)
    - 3.9.2.2. Ultrasonic Rhinoplasty
  - 3.9.3. Post-Operative Care
  - 3.9.4. Complications
  - 3.9.5. Summary
- 3.10. Rhinomodeling with Injectables
  - 3.10.1. Introduction
  - 3.10.2. Safety Considerations in Rhinomodeling
  - 3.10.3. Treatment of the Nasal Dorsum
  - 3.10.4. Treatment of the Nasal Tip
  - 3.10.5. Complications
  - 3.10.6. Hyaluronidase
  - 3.10.7. Summary

05

# Methodology

This training program provides you with a different way of learning. Our methodology uses a cyclical learning approach: ***Re-learning***.

This teaching system is used, for example, in the most prestigious medical schools in the world, and major publications such as the ***New England Journal of Medicine*** have considered it to be one of the most effective.



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*Discover Re-learning, a system that abandons conventional linear learning, to take you through cyclical teaching systems: a way of learning that has proven to be extremely effective, especially in subjects that require memorization"*

## At TECH we use the Case Method

What should a professional do in a given situation? Throughout the program, students will face multiple simulated clinical cases, based on real patients, in which they will have to do research, establish hypotheses, and ultimately resolve the situation. There is abundant scientific evidence on the effectiveness of the method. Specialists learn better, faster, and more sustainably over time.

*With TECH you will experience a way of learning that is shaking the foundations of traditional universities around the world.*



According to Dr. Gervas, the clinical case is the annotated presentation of a patient, or group of patients, which becomes a "case", an example or model that illustrates some peculiar clinical component, either because of its teaching power or because of its uniqueness or rarity. It is essential that the case is based on current professional life, trying to recreate the real conditions in the physician's professional practice.

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*Did you know that this method was developed in 1912, at Harvard, for law students? The case method consisted of presenting students with real-life, complex situations for them to make decisions and justify their decisions on how to solve them. In 1924, Harvard adopted it as a standard teaching method”*

The effectiveness of the method is justified by four fundamental achievements:

1. Students who follow this method not only achieve the assimilation of concepts, but also a development of their mental capacity, through exercises that evaluate real situations and the application of knowledge.
2. Learning is solidly translated into practical skills that allow the student to better integrate into the real world.
3. Ideas and concepts are understood more efficiently, given that the example situations are based on real-life.
4. Students like to feel that the effort they put into their studies is worthwhile. This then translates into a greater interest in learning and more time dedicated to working on the course.



## Re-Learning Methodology

At TECH we enhance the Harvard case method with the best 100% online teaching methodology available: Re-learning.

This university is the first in the world to combine the study of clinical cases with a 100% online learning system based on repetition, combining a minimum of 8 different elements in each lesson, a real revolution with respect to the mere study and analysis of cases.



*Professionals will learn through real cases and by resolving complex situations in simulated learning environments. These simulations are developed using state-of-the-art software to facilitate immersive learning.*

At the forefront of world teaching, the Re-learning method has managed to improve the overall satisfaction levels of professionals who complete their studies, with respect to the quality indicators of the best Spanish-speaking online university (Columbia University).

With this methodology, more than 250,000 physicians have been trained with unprecedented success in all clinical specialties regardless of surgical load. Our pedagogical methodology is developed in a highly competitive environment, with a university student body with a high socioeconomic profile and an average age of 43.5 years old.

*Re-learning will allow you to learn with less effort and better performance, involving you more in your specialization, developing a critical mindset, defending arguments, and contrasting opinions: a direct equation to success.*

In our program, learning is not a linear process, but rather a spiral (learn, unlearn, forget, and re-learn). Therefore, we combine each of these elements concentrically.

The overall score obtained by TECH's learning system is 8.01, according to the highest international standards.



This program offers the best educational material, prepared with professionals in mind:



#### Study Material

All teaching material is produced by the specialists who teach the course, specifically for the course, so that the teaching content is highly specific and precise.

These contents are then applied to the audiovisual format, to create the TECH online working method. All this, with the latest techniques that offer high quality pieces in each and every one of the materials that are made available to the student.



#### Surgical Techniques and Procedures on Video

TECH introduces students to the latest techniques, the latest educational advances and to the forefront of current medical techniques. All of this in direct contact with students and explained in detail so as to aid their assimilation and understanding. And best of all, you can watch the videos as many times as you like.



#### Interactive Summaries

The TECH team presents the contents attractively and dynamically in multimedia lessons that include audio, videos, images, diagrams, and concept maps in order to reinforce knowledge.

This exclusive multimedia content presentation training Exclusive system was awarded by Microsoft as a "European Success Story".



#### Additional Reading

Recent articles, consensus documents and international guidelines, among others. In TECH's virtual library, students will have access to everything they need to complete their course.







#### Expert-Led Case Studies and Case Analysis

Effective learning ought to be contextual. Therefore, TECH presents real cases in which the expert will guide students, focusing on and solving the different situations: a clear and direct way to achieve the highest degree of understanding.



#### Testing & Re-testing

We periodically evaluate and re-evaluate students' knowledge throughout the program, through assessment and self-assessment activities and exercises: so that they can see how they are achieving your goals.



#### Classes

There is scientific evidence on the usefulness of learning by observing experts: The system termed Learning from an Expert strengthens knowledge and recall capacity, and generates confidence in the face of difficult decisions in the future.



#### Quick Action Guides

TECH offers the most relevant contents of the course in the form of worksheets or quick action guides. A synthetic, practical, and effective way to help students progress in their learning.



06

# Certificate

This course in Rhinofacial Surgery guarantees, in addition to the most rigorous and up-to-date training, access to a Postgraduate Diploma qualification issued by TECH Technological University.



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*Include in your specialization the skills of a Postgraduate Diploma in Rhinofacial Surgery: a highly qualified added value for any medical professional"*

This **Postgraduate Diploma in Rhinofacial Surgery** includes the most complete and up-to-date scientific program on the market.

After the student has passed the assessments, they will receive their corresponding **Postgraduate Diploma** issued by **TECH Technological University** via **tracked delivery**.

This certificate contributes to the academic development of the professional and adds a high university curricular value to their training. It is 100% valid in all competitive examinations, labour exchanges and professional career evaluation committees.

Title: **Postgraduate Diploma in Rhinofacial Surgery**

ECTS: **18**

Official Number of Hours: **450 hours**.



\*Apostille Convention. In the event that the student wishes to have their paper certificate issued with an apostille, TECH EDUCATION will make the necessary arrangements to obtain it, at an additional cost.

future  
health confidence people  
education information tutors  
guarantee accreditation teaching  
institutions technology learning  
community commitment  
personalized service innovation  
knowledge present quality  
development language  
virtual classroom



**Postgraduate Diploma**  
**Rhinofacial Surgery**

Course Modality: Online

Duration: 6 months.

Certificate: TECH Technological University

18 ECTS Credits

Teaching Hours: 450 hours.

# Postgraduate Diploma Rhinofacial Surgery

