Commentary

Commentary on: Reporting Outcomes and Outcome Measures in Open Rhinoplasty: A Systematic Review

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Critical assessment of one's surgical outcomes is what leads the surgeon to improve his or her ability to obtain a satisfying result for the both patient and the surgeon. Although many rhinoplasty studies have been published with the aim of evaluating techniques and patient satisfaction, few have consistent outcome measures that allow valid comparisons between studies. The authors report that the majority of previously published rhinoplasty studies consist largely of low-level evidence.[1] Given the fact that systemic reviews and meta analysis provide the highest levels of evidence, it would be useful if these approaches could be employed for the evaluation of rhinoplasty outcomes. Unfortunately, much of the previously published technique and outcome data are disparate and do not allow comparisons from which the investigator can reach valid conclusions.

To improve the quality of future research and allow valid comparisons between studies, the authors propose the design and future implementation of core outcome sets (COS). The authors performed an exhaustive literature search of every open rhinoplasty article in the English language since 2008 and utilized this search to identify all outcome measures and postoperative results in open rhinoplasty. The authors propose a list of outcomes to be incorporated in COS for future research, both patient-reported and objective postoperative findings.

In the discussant's experience utilizing the FACE-Q (a validated patient-reported outcome measure) in rhinoplasty, he found statistically significant patient satisfaction in rhinoplasty patients considering several demographic subsets: age, gender, income, and education.[2-5] As the data from our FACE-Q patients were evaluated, they were employed to more accurately reflect the recovery from the patient's perspective. The ability to appreciate factors impacting the patient's experience enhanced our ability to accurately convey the recovery experience to future patients. It is the discussant's opinion that the preoperative consultation has a large impact on the patient's postoperative satisfaction. In other words, the more accurate and thorough the preoperative consultation, the better prepared the patient is for the postoperative recovery. Therefore, with an improved consultation and proper patient selection, one should hope to have a high degree of patient satisfaction.

The FACE-Q obtains the impact of various aspects of recovery from the patient's perspective, and much of the data points reflect an emotional rather than physical attribute. The majority of the rhinoplasty literature reports complications and recovery from the standpoint of the surgeon, not the patient. As we published in a previous article, the postoperative issues reported as highly important to the patient are now always congruent with those of the surgeon.[6] Again, the ability to realize important issues from

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the patient's viewpoint is critical to optimally preparing them emotionally for surgery.

Patient-reported outcome measures are, by definition, reported by the patient. Although valuable, they do not critically evaluate the physical metrics of the outcome: nasal function, edema, ecchymosis, blood loss, skin thickness, pain, scarring, level of sedation, and objective aesthetic dimensional analysis. The COS proposed by the authors incorporates both the patient-reported outcomes and the objective postoperative changes. This data set would be consistent and allow accurate comparison between studies. The ability to accurately compare and assimilate data from multiple studies would provide large numbers of patients and increase future investigators' ability to evaluate outcomes. A reliable method to compare various rhinoplasty techniques and their outcomes would improve the surgeon's ability to adopt successful techniques and reduce complications. Facilitating combinations of patient groups, COS would be especially helpful in assessing medical variables with low prevalence such as body dysmorphic disorder.

The concept of the development of a COS proposed by the authors would be a valuable tool to allow surgeons to accurately compare techniques within large data sets. The data could then be used to improve the accuracy of consultations, giving the patient a more accurate prediction of the emotional and physical recovery from surgery. If one assumes an improved consultation leads to increased patient satisfaction, it is plausible to assume surgeon satisfaction improves as well. I applaud the authors for taking the lead in the implementation of COS for open rhinoplasty and look forward to seeing these improved assessment tools utilized in many areas of our specialty.

Disclosures

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