Invited Response on: The Importance of Multiple, Different Rhinoplasty Consultations in Patient Selection

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Dear Editor,

First, we would like to thank the commenters for their letter regarding our article and the editor giving this opportunity to respond [1]. Our answer was delayed for months due to the shocking SARS-CoV-2 pandemic that affected the entire world.

We determined the cut-off value statistically because the statistical median value was 3.5. Since our study was designed as a comparative case series, we thought that it was evidence level 4.

An honest and detail-oriented discussion is necessary as the cornerstone of the patient encounter [2]. We believed that our patients behaved more honestly in this regard because our method of learning the number of preoperative consultations was remotely by phone. And we are working in a specialized clinic that we can spare a lot of time from the first sight.

We surgeons have to be objective in assessing our results, so we agree with the authors that we should wait for

a year. However, in our study, we asked the patients to evaluate their noses themselves. Patients cannot evaluate their noses from an expert point of view because their evaluation is far from objective, as patients are guided by their environment. If there is a dissatisfaction, this can start very early. Therefore, if the dissatisfaction in the first few months continued in the 6th month, we evaluated the results in the 6th month because we thought that the dissatisfaction would continue in the 1st year. In the literature, the ROE questionnaire was filled out 6 months postoperation [3, 4].

Yes, some patients had challenging noses (such as severely damaged, undergoing a few revisions, having a very large nose, having very thick skin) and they may have visited many physicians. However, we think that such extreme noses do not constitute a large proportion of the general rhinoplasty patient population.

The value of 3.5 may be higher for certain populations and normal for certain populations. We also believe that this value may change. What matters here is the result of increased dissatisfaction with the increase in the number of consultations rather than the average value. This value may be less than 3.5 because the values will vary according to the cultures and populations as well as according to the design of the study (such as asking before or after surgery). We believe that this value can be changed by studies using multiple parameters such as the physician's fee, social media advertisements, the experience of the surgeon or the technique used and the popularity of this technique, the questionnaire and its application method. However, regardless of the average value, we believe that there will be significant differences in terms of satisfaction between patients with values above or below this value in large groups of patients.

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Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest to disclose.

Ethical Approval This article does not contain any studies with human participants or animals performed by any of the authors.

Informed Consent For this type of study, informed consent is not required.

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