A challenging and frustrating aspect of rhinoplasty is the difficulty in controlling the curvature (e.g., the convexity and/or concavity) of nasal cartilages. Use of mattress sutures to control cartilage shape is not new, but success depends on the refined execution of updated technique. The first article focuses on three crucial technical elements: (1) finding the optimum spacing when applying a mattress suture to cartilage of various thicknesses; (2) noting whether the mattress suture has any beneficial effect on cartilage in terms of the resultant strength or stiffness; and (3) comparing the results of suture techniques to those of scoring procedures, which have long been associated with an unfavorable reduction in the stiffness of cartilage. The senior author of this study returns to this important topic and provides a personal, 7-year update.

A second essential element for the rhinoplasty surgeon to master is the effective harvesting of cartilage, which is discussed in the second article. Reconstruction of the nasal ossecartilaginous framework is the foundation of successful secondary rhinoplasty, which often requires large quantities of cartilage to correct both contour deformities and functional problems caused by previous procedures. Even though there are five potential donor sites for autologous grafts in secondary rhinoplasty, the rib provides the most abundance source of cartilage for graft fabrication. The discussant reviews and updates the relevant aspects of harvesting rib cartilage, and the article provides videos on rib cartilage harvest and also a complete procedure of secondary rhinoplasty.

**REFERENCES**


**Video.** See video in which Dr. Gruber discusses the rhinoplasty articles featured in this special collection of *Plastic and Reconstructive Surgery* articles, http://links.lww.com/PRS/A585.

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