Surgical improvement of the broad nasal tip presents a formidable challenge to the rhinoplasty surgeon. The variety of deformities that fall under this category (i.e., boxy, bifid, bulbous, trapezoid, amorphous) are generally characterized by excessive width of the alar cartilage complex. In many cases, this excess width is the result of an inherent convexity of the lower lateral cartilages, an overly obtuse domal or interdomal angle, cephalic positioning of the lower lateral cartilages, or a combination of these characteristics. The ultimate goal for surgical correction of this type of deformity is to narrow the tip contour without compromising nasal function (i.e., airway compromise secondary to internal recurrature of the lower lateral cartilage) (Box 1).

Nasal tip-shaping approaches and techniques have evolved significantly in the last few decades. Earlier philosophies favored an excision-based style that supported aggressive scoring and resection of alar cartilages. Unfortunately, excessive resection frequently resulted in a loss of nasal tip support, with the subsequent risk for contour deformities and functional compromise. Such observation has underlined the importance of respecting the major and minor tip support mechanisms in surgical planning.

The era of open structure rhinoplasty that subsequently followed has focused more on cartilage preservation and has emphasized the use of various grafts for contouring. Grafting techniques used to improve lobular definition have come to play an important role in more advanced nasal surgery. These techniques, however, also carry an inherent set of risks by introducing an additional variable to the healing process, and thus the ultimate aesthetic outcome. Graft visibility or migration, particularly in thin-skinned patients, is a potential complication that increases the risk for secondary deformity.

Cartilage suturing techniques, on the other hand, provide a reliable alternative for tip modification. Various sutures can be used to reshape the alar cartilage complex by

- Narrowing inherent convexities to reduce tip width
- Repositioning its spatial relationship to the caudal septum, thereby modifying rotation and projection
- Controlling which areas project into the skin-soft tissue envelope for balancing tip highlights and shadows

Such modifications are made using the existing tip anatomy while still preserving the key structural support mechanisms.

The senior author has found the single- and double-dome suture techniques to be extremely versatile for correction of the broad nasal tip. The soft, pliable character of the native alar cartilages reduces the need for camouflaging maneuvers that may otherwise be required when cartilage contour grafts are used exclusively. The reversible nature of the double-dome technique further