



INFORMED CONSENT RHINOPLASTY SURGERY

INSTRUCTIONS – This is an informed-consent document that has been prepared to help your plastic surgeon inform you concerning rhinoplasty, its risks, and alternative treatment.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by your plastic surgeon.

INTRODUCTION – Rhinoplasty is a surgical procedure that can produce changes in the appearance and structure of the tip of the nose. Rhinoplasty can reduce or increase the size of the nasal tip, change the size of the tip, narrow the width of the nostrils, or change the angle between the nose and the upper lip. This operation can also help correct birth defects and nasal injuries.

There is not a universal type of rhinoplasty surgery that will meet the needs of every patient. Rhinoplasty surgery is customized for each patient, depending on his or her needs. Incisions may be made within the nose or concealed in inconspicuous locations of the nose in the open rhinoplasty procedure. Some techniques of rhinoplasty use cartilage grafts or other man-made materials to enhance the projection of the nasal tip. Internal nasal surgery to improve nasal breathing can be performed at the time of the rhinoplasty.

The best candidates for this type of surgery are individuals who are looking for improvement, not perfection, in the appearance of their nose. In addition to realistic expectations, good health, and psychological stability are important qualities for a patient considering rhinoplasty surgery. Rhinoplasty can be performed in conjunction with other surgeries.

ALTERNATIVE TREATMENTS – Alternative forms of management consist of not undergoing the rhinoplasty surgery. Risks and potential complications are associated with alternative forms of treatment that involve surgery such as standard rhinoplasty that changes the appearance of the nasal region.

RISKS OF RHINOPLASTY SURGERY – With any type of surgery there is an inherent risk. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications and consequences of rhinoplasty.

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BLEEDING – It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to stop the bleeding, or require a blood transfusion. Do not take any aspirin or anti-inflammatory medications for ten days before surgery. Accumulations of blood under the skin may delay healing and cause scarring.

INFECTION – Infection is unusual after surgery. Should an infection occur, additional treatment including antibiotics or additional surgery may be necessary.

SKIN SCARRING – Although good wound healing after a surgical procedure is expected, abnormal scars may occur both within the skin and the deeper tissues. Scars may be unattractive and of different color than the surrounding skin. There is the possibility that scars may limit motion and function. Additional treatments including surgery may be needed to treat abnormal scarring.

DAMAGE TO DEEPER STRUCTURES – Deeper structures such as nerves, blood vessels, and muscles may be damaged during the course of surgery. The potential for this to occur varies with the type of rhinoplasty procedure performed. Injury to deeper structures may be temporary or permanent.

UNSATISFACTORY RESULT – There is the possibility of an unsatisfactory result from the rhinoplasty surgery. The surgery may result in unacceptable visible deformities, loss of function, or structural malposition after rhinoplasty surgery. You may be disappointed with the results of surgery. Additional surgery may be necessary should the result from the rhinoplasty be unsatisfactory.

NUMBNESS – There is the potential of permanent numbness within the nasal skin after rhinoplasty. The occurrence of this is not predictable. Diminished (or loss of skin sensation) in the nasal area may not totally resolve after rhinoplasty.

ASYMMETRY – The human face is normally asymmetrical. There can be a variation from one side to the other in the results obtained from a rhinoplasty surgery.

SKIN DISORDERS/SKIN CANCER – Skin disorders and skin cancer may occur independently of a rhinoplasty.

SKIN SENSITIVITY: Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this resolves during healing, but in rare situations it may be chronic.

ALLERGIC REACTIONS – In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions which are more serious may result from drugs used during surgery and prescriptions medicines. Allergic reactions may require additional treatment.

DELAYED HEALING – Wound disruption or delayed wound healing is possible. Some areas of the face may not heal normally and may take a long time to heal. Areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue.

LONG TERM EFFECTS – Subsequent alterations in nasal appearance may occur as the result of aging, sun exposure, or other circumstances not related to rhinoplasty surgery. Future surgery or other treatments may be necessary to maintain the results of a rhinoplasty operation.

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NASAL SEPTAL PERFORATION – There is the possibility that surgery will cause a hole in the nasal septum to develop. The occurrence of this is rare. However, if it occurs, additional surgical treatment may be necessary to repair the hole in the nasal septum. In some cases, it may be impossible to correct.

CHRONIC PAIN – Chronic pain may occur very infrequently after rhinoplasty.

NASAL AIRWAY ALTERATIONS – Changes may occur after a rhinoplasty or septoplasty operation that may interfere with normal passage of air through the nose.

MENTAL HEALTH DISORDERS AND ELECTIVE SURGERY: It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery and often are stressful. Please openly discuss with your surgeon, prior to surgery, any history that you may have of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

CARDIAC AND PULMONARY COMPLICATIONS: Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. Pulmonary emboli can be life-threatening or fatal in some circumstances. Inactivity and other conditions may increase the incidence of blood clots traveling to the lungs causing a major blood clot that may result in death. It is important to discuss with your physician any history of swelling in your legs or blood clots that may contribute to this condition. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pain, or unusual heart beats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment. Although rare, an acute form of pulmonary swelling or edema may occur immediately after surgery necessitating a longer hospitalization and added risk.

SURGICAL ANESTHESIA – Both local and general anesthesia involves risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

HEALTH INSURANCE- Most health insurance companies exclude coverage for cosmetic surgical operations or any complications that might occur from cosmetic surgery. If the procedure corrects a breathing problem or marked deformity after a nasal fracture, a portion may be covered. Please carefully review your health insurance subscriber information pamphlet.

ADDITIONAL SURGERY NECESSARY – There are many variable conditions in addition to risk and potential surgical complications that may influence the long-term result from tip-rhinoplasty surgery. Even though risks and complications occur frequently. The risks cited are particularly associated with rhinoplasty surgery. Other complications and risks can occur but are even more uncommon. Should complications occur additional surgery or other treatments may be necessary. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, as to the results that may be obtained. Infrequently, it is necessary to perform additional surgery to improve your results.

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FINANCIAL RESPONSIBILITIES – The cost of surgery involves several charges for the services provided. The total includes fees charged by your doctor, the cost of surgical supplies, laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day surgery charges involved with the revisionary surgery would also be your responsibility.

DISCLAIMER – Informed consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed consent process attempts to define principles of risk disclosures that should generally meet the needs of most patients in most circumstances.

However, informed consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the state of medical knowledge.

Informed consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance as practice patterns evolve.

IT IS IMPORTANT THAT YOU READ THE ABOVE INFORMATION CAREFULLY AND HAVE ALL OF YOUR QUESTIONS ANSWERED BEFORE SIGNING THE CONSENT ON THE NEXT PAGE

PATIENT INITIALS _____

CONSENT FOR SURGERY/PROCEDURE OR TREATMENT

1. I hereby authorize Dr.'s Hall/Wrye and such assistants as may be selected to perform the following procedure on treatment.

RHINOPLASTY

I have received the following information sheet:

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2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in exercise of his or her professional judgement necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes even death.
4. I acknowledge that no guarantee has been given by anyone as to the result that may be obtained.
5. I consent to the photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific, or educational purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical device registration, if applicable.
9. **IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:**
 - a. **THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN**
 - b. **THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT**
 - c. **THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED**

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9).

I AM SATISFIED WITH THE EXPLANATION.

PATIENT OR PERSON AUTHORIZED TO SIGN FOR PATIENT

DATE

WITNESS