



Informed Consent-Rhinoplasty

INSTRUCTIONS

This is an informed consent document that has been prepared to help your plastic surgeon inform you concerning rhinoplasty surgery, 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.

GENERAL INFORMATION

Surgery of the nose (rhinoplasty) is an operation frequently performed by plastic surgeons, which can produce changes in the appearance, structure, and function of the nose. Rhinoplasty can reduce or increase the size of the nose, change the shape of the tip, narrow the width of the nostrils, or change the angle between the nose and the upper lip.

There is not a universal type of rhinoplasty surgery that will meet the needs of every patient, and this surgery is customized for each patient. Incisions may be made within the nasal passage or concealed in inconspicuous locations on the outside. Internal nasal surgery to improve nasal breathing can be performed at the time of the rhinoplasty. Cartilage grafting is sometimes necessary.

ALTERNATIVE TREATMENTS

Alternative forms of management consist of not undergoing the rhinoplasty surgery.

RISKS OF RHINOPLASTY SURGERY

With any type of activity there is 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.

Specific Risks of Rhinoplasty Surgery

Bleeding: It is possible, though unusual, that you may have problems with bleeding during or after surgery. Do not take any aspirin or anti-inflammatory medications for 14 days before surgery, as this contributes to a greater risk of bleeding. Hypertension (high blood pressure) that is not under good medical control may cause bleeding during or after surgery. Accumulations of blood under the skin may delay healing and cause scarring.

Infection: Infection is quite unusual after surgery. Should an infection occur, additional treatment including antibiotics might be necessary.

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. Additional treatments including surgery may be needed to treat scarring.

Unsatisfactory result: There is the possibility of an unsatisfactory result from the rhinoplasty surgery, and you may be disappointed that the results do not meet your expectations. Additional surgery may be necessary should the result of rhinoplasty be unsatisfactory.

Numbness: There is the potential for permanent numbness within the nasal skin after rhinoplasty. The occurrence of this is not predictable.

Asymmetry: The human face is normally asymmetrical, and one nostril is slightly different from the other. There can be a variation from one side to the other in the results obtained from a rhinoplasty procedure.

Skin disorders and skin cancer: Skin disorders and skin cancer may occur independently of a rhinoplasty.

Allergic reactions: In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions, which are more serious, may occur to drugs used during surgery and prescription medicines.

Delayed healing: Wound disruption or delayed wound healing is possible. Smoking is known to increase the risk of wound healing problems and can lead to skin necrosis (dead skin). Please stop smoking before surgery and for two weeks after.

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.

Nasal airway alterations: Changes may occur after a rhinoplasty or septoplasty operation that may interfere with normal passage of air through the nose.

Surgical anesthesia: Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

Sense of smell: There may be temporary change in your ability to sense odors.

ADDITIONAL SURGERY NECESSARY

Should complications occur, additional surgery or other treatments may be necessary at additional expense. 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.

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.

Consent for Surgery

1. I hereby authorize Dr. Thompson and such assistants as may be selected to perform the following procedure or treatment: **rhinoplasty**
2. I have received the following information sheet: Informed Consent for Rhinoplasty
3. 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 the exercise of his or her professional judgment 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.
4. 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 death.
5. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
6. I consent to the photographing of the operation or procedure to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided the pictures do not reveal my identity.
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.
I AM SATISFIED WITH THE EXPLANATION.**

Patient or Person Authorized to Sign for Patient

Date

Witness

**I CONSENT TO THE USE OF MY BEFORE AND AFTER PHOTOGRAPHS FOR THE PURPOSES OF
EDUCATING FUTURE PERSPECTIVE PATIENTS, PROVIDED MY IDENTITY IS NOT DISCLOSED.**

Patient or Person Authorized to Sign for Patient

Date