



**CONSENT FORM
FOR
INTRANASAL ETHMOIDECTOMY**

Med Rec. No.....

Surname:.....

Forename:

DOB:.....

AFFIX LABEL HERE

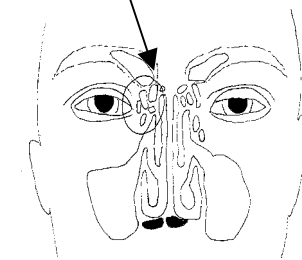
PROPOSED TREATMENT

The doctor has explained that I, (*name of patient*), haveand that an **intranasal ethmoidectomy** on theside/s is proposed:

This means removing the lining of the ethmoid sinus(es) using a small telescopic instrument, so there are no cuts on the skin.

Under a general anaesthetic, the surgeon passes the telescope (endoscope) through the nostrils and the normal opening(s) of the sinus(es). Diseased tissue can be removed using fine instruments passed along a side channel of the instrument. The normal drainage openings may also be enlarged. Bleeding is stopped, and the nose may be temporarily packed with gauze.

Ethmoid sinus



RISKS

These are the commoner risks. There may be other unusual risks that have not been listed here. Please ask your ENT surgeon if you have any general or specific concerns.

I understand there are risks associated with any **anaesthetic** (see separate *Anaesthetic Consent Form*).

I may have side effects from any of the drugs used. The commoner side effects include light-headedness, nausea, skin rash and constipation.

I understand the procedure has the following **specific risks and limitations**:

- I may not feel completely well for several weeks after the operation
- I may have an intermittent bloody discharge from my nose for a few days.
- I may develop swelling and bruising around my eye(s), which can take some days to resolve.
- I may have some dry blood, mucus and/or crusting in my nose for a few weeks afterwards, giving me symptoms like a severe cold or a sinus infection
- I may notice more headaches than usual for a few days
- Depending on the cause of my disease, the operation may not completely relieve my symptoms.
- I may still get sinus infections occasionally, but if I do, these should be less severe and improve more quickly with treatment
- My voice may sound different afterwards (the resonance may be affected).
- Rarely, there may be damage to the thin bony case of the sinus, which may result in a watery nasal discharge due to leakage of fluid from around the brain (cerebro-spinal fluid). If this occurs, I may need further surgery to repair the leak. I may also be at risk of infection of the coverings of the brain (meningitis)
- Rarely, the eye may be injured, resulting in double vision, which may be temporary or permanent. Extremely rarely, vision may be lost.

I understand some of the above risks are more likely if I smoke, am overweight, diabetic, have high blood pressure or have had previous heart disease.

INDIVIDUAL RISKS

I understand the following are possible significant **risks and complications specific to my individual circumstances**, that I have considered in deciding to have this operation:

.....
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|---|--|
| <p>CONSENT FORM FOR INTRANASAL ETHMOIDECTOMY</p> | <p>Med Rec. No.....</p> <p>Surname:.....</p> <p>Forename:</p> <p>DOB:.....</p> |
|---|--|

AFFIX LABEL HERE

DECLARATION BY PATIENT

- I acknowledge the ENT surgeon has informed me about the procedure, alternative treatments and answered my specific queries and concerns about this matter.
- I acknowledge that I have discussed with the surgeon any significant risks and complications **specific to my individual circumstances** that I have considered in deciding to have this operation.
- I agree to **any other additional procedures** considered necessary in the judgement of my ENT surgeon during this operation.
- I agree to the disposal by the hospital authorities of any tissues that may be removed during the procedure. I understand that some tissues or samples may be kept as part of my hospital records.
- I understand that a doctor other than the specialist ENT surgeon may perform the procedure.
- I have received a copy of this form to take home with me.
- If a needlestick/sharps injury occurs to staff during any operation I give my permission for blood to be taken and tested for HIV and other blood borne disorders. I understand I will be advised and counselled as soon as practicable after the operation if this has been necessary.

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|-----------------------------|-------------|
| Signature of patient | Date |
|-----------------------------|-------------|

If the patient is an adult and unable to give consent, a proxy form must be completed and attached

DECLARATION BY DOCTOR

- I declare that I have explained the nature and consequences of the operation to be performed, and discussed the risks that particularly concern the patient.
- I have given the patient an opportunity to ask questions and I have answered these.

| | |
|---|-------------|
| Doctor's signature | Date |
| Doctor's name <i>(please print)</i> | Date |

INTERPRETER'S DECLARATION - I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor

| | |
|--------------------------------|-------------|
| Interpreter's signature | Date |
| Interpreter's name | |