



**CONSENT FORM
FOR
REDUCTION OF FRACTURED
NOSE**

Med Rec. No.....

Surname:.....

Forename:

DOB:.....

AFFIX LABEL HERE

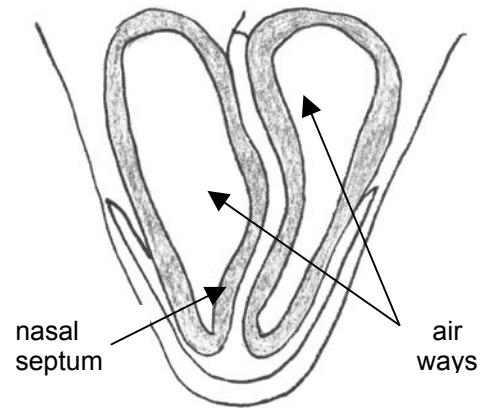
PROPOSED TREATMENT

The doctor has explained that I, *(name of patient)*
have a **broken nose** and that a **reduction** is proposed:

This means correcting the deformities after a broken nose.

In most cases, moving the bones without opening the skin is enough to correct the problem. The bones are then splinted in position while the break heals. Occasionally, the break is more severe and the bones must be held in position using internal screws, wire, stitches or plates.

Your surgeon will advise you which procedure is best in your case and whether a general or local anesthetic will be needed.



RISKS

These are the commoner risks. There may be other unusual risks that have not been listed here. Please ask your 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 have a nosebleed after the operation. Although this is unlikely to be serious, occasionally, further treatment and/or a transfusion may be necessary.
- My wound may become infected, particularly if there is an associated skin wound. I may require antibiotics for this.
- If I have needed a bigger operation, including some implanted materials (such as screws or plates) there is a small chance these may become infected. If this happens, they may need to be removed to enable the infection to be completely treated.
- I may notice some tiny burst blood vessels (small red spots) on the skin after the operation. These may disappear spontaneously or may be permanent.
- If I need an open operation, I will have a permanent scar(s), which should fade in time.
- The correction may not be perfect and occasionally I may need a second procedure to correct deformities.
- I may still have some breathing difficulties.

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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DECLARATION BY PATIENT

- I acknowledge the 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 surgeon during this operation.
- I consent to a **blood transfusion**, if needed (*patient to circle and initial choice*) **YES NO**
- 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 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.

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 _____

Doctor's name _____ Date _____
(please print)

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 _____
(please print)