



CONSENT FORM FOR COSMETIC RHINOPLASTY

Med Rec. No.....

Surname:.....

Forename:

DOB:.....

AFFIX LABEL HERE

PROPOSED TREATMENT

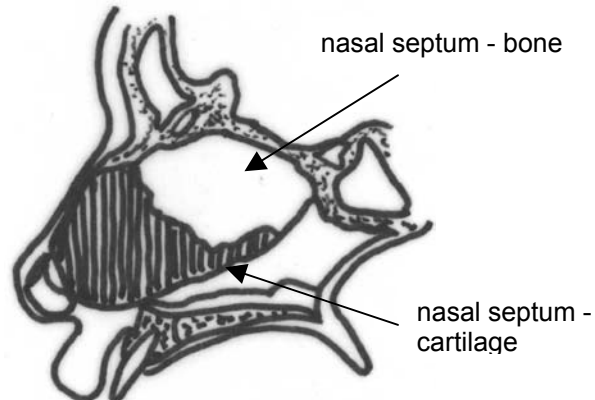
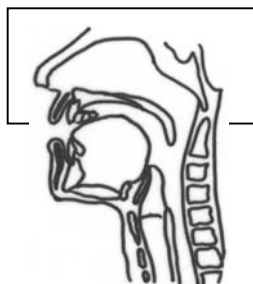
The doctor has explained that I, *(name of patient)*
have requested a **cosmetic rhinoplasty**:

This means re-shaping the nose. This is a quality of life, elective, procedure. You do not need it to live a normal life span.

The operative details depend on the nature of the problem, but may include structural surgery if there are symptoms of a blocked nose and/or I need camouflaging techniques.

The operation may be done entirely from inside the nose (endonasal approach) or from the outside (external rhinoplasty). Where necessary, the surgeon may reinforce the tissues using grafts of tissue (eg cartilage) from elsewhere in the body or implant strengthening materials (eg Goretex).

Your surgeon will advise you which would be the best techniques in your individual case.



RISKS

These are the commoner risks. There are other rarely encountered 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 have a splint around my nose for a short while to help maintain its new shape, nasal packs or soft plastic splints in nostrils to stabilise the septum. My face may feel puffy, my nose may ache, I may have a dull headache and/or swelling or bruising around my eyes
- 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. I may require antibiotics or surgical drainage for this. If I have some implanted materials there is a small chance these may also become infected. If this happens, they may need to be removed to enable the infection to be completely treated.
- Rarely, I may develop a collection of blood in the tissues, which may result in a poorer outcome.
- 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.
- The final results will not be apparent for some months as the tissue swelling settles.
- If I have an open operation, I will have a permanent scar(s) that will fade in time.
- The correction may not be perfect and occasionally I may need another small procedure to correct minor deformities.

RISKS CONTINUED OVERLEAF →

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FOR
COSMETIC RHINOPLASTY**

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RISKS CONTINUED OVERLEAF

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:

.....
.....

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 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 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.

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