



**CONSENT FORM
FOR
SEPTOPLASTY
(SUBMUCOUS RESECTION)**

Med Rec. No.....

Surname:.....

Forename:

DOB:.....

AFFIX LABEL HERE

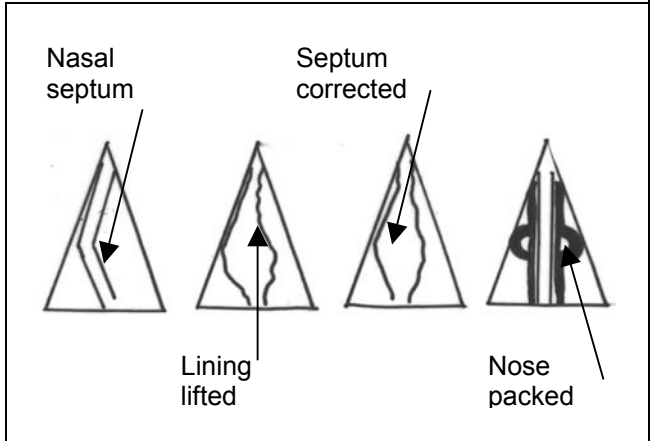
PROPOSED TREATMENT

The doctor has explained that I, (*name of patient*)
haveand that a **septoplasty** is proposed:

This means improving airflow in the nose by correcting a crooked partition (nasal septum) between the two nasal chambers (nostrils). The operation is usually done from inside the nose, under a local or general anaesthetic.

A small cut is made in the lining of the septum and this is lifted away from the cartilage and bone. The crooked parts of the septum are straightened or removed and any bony spurs are also removed. Any bleeding is stopped and the nasal lining is replaced.

The nose is usually packed to control minor bleeding and may be splinted. A straw in the packing allows the patient to breathe and improves swallowing. The packs are removed after a day or two.



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 have some bleeding up to ten days after the operation. This may require my nose to be packed temporarily.
- I may have some swelling or bruising, but this usually settles over a week or two.
- I may have some nasal crusting (scabs) afterwards that will resolve over time.
- The operation may not completely restore my breathing to normal.
- Uncommonly, a hole may develop in the septum of my nose, which may cause nasal crusting or interfere with breathing and may need to be corrected.
- Rarely, I may develop infection in my nose, with pain, redness and possibly a discharge. I should alert my doctors quickly if this happens as I may require antibiotics. In some cases, when the infection settles, I may be left with a further nasal deformity, which may require surgical treatment.
- Very rarely, the appearance of my nose may be changed.

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 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.

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)