

## Fairfield County Plastic Surgery

### INFORMED CONSENT-RHINOPLASTY SURGERY

#### **INSTRUCTIONS**

This is an informed consent document that has been prepared to assist 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.

#### **INTRODUCTION**

Surgery of the nose (rhinoplasty) is an operation frequently performed by plastic surgeons. This surgical procedure 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. This operation can help correct birth defects, nasal injuries, and help relieve some breathing problems.

There is not a universal type of rhinoplasty surgery that will meet the needs of every patient. Rhinoplasty surgery is customized for each patient, depending on his or her needs. Incisions may be made within the nose or concealed in inconspicuous locations of the nose in the open rhinoplasty procedure. Internal nasal surgery to improve nasal breathing can be performed at the time of the rhinoplasty.

The best candidates for this type of surgery are individuals who are looking for improvement, not perfection, in the appearance of their nose. In addition to realistic expectations, good health and psychological stability are important qualities for a patient considering rhinoplasty surgery. Rhinoplasty can be performed in conjunction with other surgeries.

#### **ALTERNATIVE TREATMENT**

Alternative forms of management consist of not undergoing the rhinoplasty surgery. Certain internal nasal airway disorders may not require surgery on the exterior of the nose. Risks and potential complications are associated with alternative forms of treatment that involve surgery such as septoplasty to correct nasal airway disorders.

#### **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.

**Bleeding-** It is possible, though unusual, that you may have problems with bleeding during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to stop the bleeding or blood transfusion. Do not take any aspirin or anti-inflammatory medications for three weeks 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 may 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. There is the possibility of visible marks from sutures. Additional treatments including surgery may be needed to treat scarring.

**Damage to deeper structures-** Deeper structures such as nerves, tear ducts, blood vessels and muscles may be damaged during the course of surgery. The potential for this to occur varies with the type of rhinoplasty procedure performed. Injury to deeper structures may be temporary or permanent.

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**Unsatisfactory result**- There is the possibility of an unsatisfactory result from the rhinoplasty surgery. The surgery may result in unacceptable visible or tactile deformities, loss of function, or structural malposition after rhinoplasty surgery. You may be disappointed that the results of rhinoplasty surgery 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. Diminished (or loss of skin sensation) in the nasal area may not totally resolve after rhinoplasty.

**Asymmetry**- The human face is normally asymmetrical. There can be a variation from one side to the other in the results obtained from a rhinoplasty procedure.

**Chronic pain**- Chronic pain may occur very infrequently after rhinoplasty.

**Skin disorders/skin cancer**- Rhinoplasty is a surgical procedure to reshape of both internal and external structure of the nose. 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. Allergic reactions may require additional treatment.

**Delayed healing**- Wound disruption or delayed wound healing is possible. Some areas of the face may not heal normally and may take a long time to heal. Areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue.

**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. Future surgery or other treatments may be necessary to maintain the results of a rhinoplasty operation.

**Nasal septal perforation**- There is the possibility that surgery will cause a hole in the nasal septum to develop. The occurrence of this is rare. However, if it occurs, additional surgical treatment may be necessary to repair the hole in the nasal septum. In some cases, it may be impossible to correct this complication.

**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.

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#### **HEALTH INSURANCE**

Most health insurance companies exclude coverage for cosmetic surgical operations or any complications that might occur from cosmetic surgery. If the procedure corrects a breathing problem or marked deformity after a nasal fracture, a portion may be covered. Please carefully review your health insurance subscriber-information pamphlet.

#### **ADDITIONAL SURGERY NECESSARY**

There are many variable conditions in addition to risk and potential surgical complications that may influence the long term result from rhinoplasty surgery. Even though risks and complications occur infrequently. The risks cited are particularly associated with rhinoplasty surgery. Other complications and risks can occur but are even more uncommon. Should complications occur, additional surgery or other treatments may be necessary. 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. Infrequently, it is necessary to perform additional surgery to improve your results.

#### **FINANCIAL RESPONSIBILITIES**

The cost of surgery involves several charges for the services provided. The total includes fees charged by your doctor, the cost of surgical supplies, anesthesia, laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day surgery charges involved with revisionary surgery would also be your responsibility.

#### **DISCLAIMER**

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

**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.**

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1. I hereby authorize Laurence Kirwan M.D. or Rick Rosen M.D. and such assistants as may be selected to perform the following procedure or treatment: Rhinoplasty with tip and nasal bridge modification, nasal bone fracture, closed / open approach, cartilage graft from septum / ear / rib.

I have received the following information sheet: \_\_\_\_\_

INFORMED CONSENT FOR RHINOPLASTY SURGERY

2. 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 judgement 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.

3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involves risk and the possibility of complications, injury, and sometimes death.

4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.

5. I consent to the photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by pictures.

6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.

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:

- The above treatment or procedure to be undertaken
• There may be alternative procedures or methods of treatment
• There are risks to the procedure or treatment proposed

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9). I AM SATISFIED WITH THE EXPLANATION.

\_\_\_\_\_  
Patient or Person Authorized to sign for Patient Date

\_\_\_\_\_  
Witness

NOTHING BY MOUTH AFTER MIDNIGHT-RELEASE FROM RESPONSIBILITY AND PEER REVIEW

Date:\_\_\_\_\_ Time\_\_\_\_\_

\_\_\_\_\_ (name of patient or myself) has not had anything to eat or drink, including water, since midnight, in preparation for surgery today. (Pre-operative medications can be taken with a sip of water). I authorize Dr. Kirwan or Dr. Rosen o disclose complete information concerning

Patient's Signature:\_\_\_\_\_

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his medical findings and treatment of the undersigned, from the initial office visit until date of conclusion of such treatment, to those individuals who in Dr. Kirwan's or Dr. Rosen's sole determination, are required to receive such information for the purposes of medical treatment, medical quality assurance and peer review.

\_\_\_\_\_ (Name of Patient, Parent or Guardian )

\_\_\_\_\_ (Witness)