

Fairfield County Plastic Surgery

INFORMED CONSENT-SEPTOPLASTY SURGERY

INSTRUCTIONS

This is an informed consent document that has been prepared to help inform you concerning septoplasty 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 nasal septum (septoplasty) is an operation frequently performed by plastic surgeons. This surgical procedure is performed to correct breathing problems caused by a distorted (deviated) nasal septum, which divides the nostrils. Septal deviation can interfere with the passage of air through the nose. Distorted cartilage and bone is selectively removed beneath the mucous membranes of the septum in order to improve nasal breathing. There are a number of techniques and approaches for septoplasty. Septoplasty can be performed in conjunction with other nasal surgeries (rhinoplasty) that reshape the external appearance of the nose.

A variety of conditions such as allergies, sinus disorders, nasal polyps, snoring problems, and breathing disorders from other causes may co-exist with a deviated nasal septum.

ALTERNATIVE TREATMENT

Alternative forms of treatment consist of not undergoing the septoplasty surgery. Certain internal nasal airway disorders may not require surgery and can be treated medically. Other forms of surgery may be indicated to treat breathing problems caused by other conditions. Risks and potential complications are associated with alternative forms of treatment that involve surgery to correct nasal-airway disorders.

RISKS of SEPTOPLASTY SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with septoplasty surgery. 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 the following complications, you should discuss each of them with your plastic surgeon to make sure you understand all possible consequences of septoplasty surgery.

Bleeding- It is possible, though unusual, to have problems with bleeding during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to stop the bleeding or remove an accumulation of blood(hematoma). Do not take any aspirin or anti-inflammatory medications for ten days 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 mucous membrane of the septum may delay healing and cause complications.

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 septum and nasal tissues. Additional treatments including surgery may be needed to treat scarring.

Damage to deeper structures- Deeper structures such as nerves, mucous membranes, bones and blood vessels may be damaged during surgery. Injury to deeper structures may be temporary or permanent.

Nasal septal perforation- Rarely, a hole in the nasal septum will develop. Additional surgical treatment may be necessary to repair the nasal septum. In some cases, it may be impossible to correct this complication.

Numbness- There is the potential for permanent numbness within the upper mouth and teeth after septoplasty. The occurrence of this is not predictable. Diminished (or loss) of skin sensation in the nasal area may not totally resolve after septoplasty.

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Delayed healing- Wound disruption or delayed wound healing is possible. Some areas of the septum may heal abnormally and slowly.

Distortion in external nasal appearance- Distortion in the projection of the nose may result from a septoplasty. If this occurs, additional surgery would be necessary to correct this problem.

Residual septal distortion- It may not be possible to completely resolve distortions within the nasal septum with surgery.

Chronic pain- Very infrequently, chronic pain may occur after septoplasty.

Allergic reactions- In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions which are more serious may result from drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

Long term effects- Subsequent alterations in nasal function may occur as the result of aging, environmental allergies, or other circumstances not related to septoplasty surgery. Future surgery or other treatments may be necessary to maintain the results of a septoplasty operation.

Substance abuse disorders- Individuals with substance abuse problems that involve the inhalation of vasoconstrictive drugs such as cocaine are at risk for major complications including poor healing and nasal septal perforation.

Snoring disorders- Snoring disorders may be caused by a variety of factors. Septoplasty may not relieve the propensity of some individuals to snore.

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.

Unsatisfactory result- There is the possibility of an unsatisfactory result from the septoplasty surgery. The surgery may not improve your nasal breathing. The procedure may also interfere with normal nasal physiology, or result in structural malposition of the nasal septum. You may be disappointed that the results of septoplasty surgery do not meet your expectations. Additional surgery or medical treatments may be necessary should the result of septoplasty be unsatisfactory.

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HEALTH INSURANCE

If the septoplasty procedure corrects a breathing problem or marked septal deformity after a nasal injury, the procedure may be considered medically necessary by your health insurance company. Most health insurance companies exclude coverage for cosmetic surgical operations or any complications that might occur from cosmetic surgery. Please carefully review your health insurance subscriber-information pamphlet or contact your health insurance company if you have questions concerning insurance coverage for the septoplasty surgery.

ADDITIONAL SURGERY NECESSARY

There are many variable conditions in addition to risk and potential surgical complications that may influence the long term result from septoplasty surgery. Even though risks and complications occur infrequently, the risks cited are particularly associated with septoplasty 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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INFORMED CONSENT-SEPTOPLASTY SURGERY

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: Septoplasty, cautery / out Fracture of inferior Turbinates I have received the following information sheet: _____

INFORMED CONSENT FOR SEPTOPLASTY 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 to disclose complete information concerning 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.

Patient's Signature: _____

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_____ (Name of Patient, Parent or Guardian)

_____ (Witness)