

## CONSENT FOR OTOPLASTY SURGERY



I am requesting that Dr. Bourget perform Otoplasty surgery.

- Otoplasty is a form of ear surgery performed to change the appearance of disproportionately large or prominent ears by positioning them closer to the head.
- Ear surgery may be performed under local anesthesia (numbing of the area), often in conjunction with pre-operative sedation, intravenous sedation or general anesthesia to help relieve anxiety.
- I have been advised and I understand that there is no guarantee that ear surgery will improve my appearance or correct any pre-existing condition(s).
- I have been completely honest with my doctor regarding my motivation for undergoing ear surgery and realize that a new appearance to my ears does not guarantee an improved life.
- If I use tobacco, **I understand that this could complicate surgery**, anesthesia, healing, result and longevity.

### Surgical Considerations

- Incisions will be made in the back of the ear and the skin opened to expose the ear cartilage, which shapes the ear. The cartilage will then be surgically repositioned or reshaped in an attempt to improve appearance and function. The skin incisions will be closed with stitches. I have been told and understand that a residual scar behind the ear can be expected. In most cases, especially in children, the scar fades with time. However, the scar line may be permanent and, due to individual healing differences, may require an additional procedure (scar revision) to attempt to minimize its visibility.

### Post - Operative Considerations

- After surgery the ear will be covered with a bulky pressure dressing. Some surgical discomfort can be expected and is usually controlled with medication. In rare cases, discomfort may be prolonged for several weeks.
- In a few days the bulky dressing will usually be removed, after which a light head dressing will be required for several weeks. The area may exhibit some swelling and bruising.
- Patients should refrain from excessive or strenuous physical activity such as lifting, heavy labor, swimming or sports activity for several weeks.

### Risks and Complications

- Bruising, swelling and discomfort for an indeterminate time.
- Residual or permanent scarring behind the ear.
- Infection which may require antibiotics. In cases of severe infection, hospitalization and additional treatment may be required.
- Bleeding is usually slight, but may occasionally be excessive, in which case additional treatment may be required.
- Asymmetry of the ears - one side may appear different from the other.

- The operated ears may tend to return to their original position (relapse) requiring additional corrective surgery. This is a particular risk when careful attention is not paid to prescribed post-operative instructions.
- In rare cases, a blood clot may occur at the site of surgery requiring drainage or a follow-up procedure.
- Failure to follow post-operative instructions may increase the risk of any of the foregoing.
- Some numbness of the skin of the ear may result. Usually it is temporary, but may rarely be permanent.

### No Guarantee of Treatment Results

- No guarantee or assurance has been given to me that the proposed treatment will be curative and/or successful to my complete satisfaction. Due to individual patient differences, there is a risk of failure or relapse, my condition may worsen, and selective retreatment may be required in spite of the care provided.
- I have had an opportunity to discuss my past medical and social history, including drug and alcohol use, with my surgeon and I have fully informed him/her of all aspects of my health history, **recognizing that withholding information may jeopardize the planned goals of surgery.**
- I agree to cooperate fully with my surgeon's recommendations while under treatment, **realizing that any lack of cooperation can result in a less-than-optimal result, or may be life-threatening.**
- Revision surgery, although rare, is a possibility with any cosmetic procedure. Post-operative touch ups are usually minor and most often performed with local anesthesia. A surgical fee will be charged commensurate with the extent of the revision.

### Consent

- I agree to have preoperative and postoperative photos taken for my records as well as for use in medical, scientific, educational and promotional purposes. My name will not be used on any such photographs.
- No guarantee or assurance has been given to me that the proposed treatment will be curative and/or successful to my complete satisfaction. Due to individual patient differences, there exists a risk of failure, relapse, selective re-treatment, or worsening of my present condition despite the care provided.
- I am aware this procedure will take place at the Atlantic Oral Surgery clinic in Dartmouth NS.

I certify that I have had an opportunity to read and fully understand the terms within the above consent and the explanation made, and that all blanks or statements requiring completion were filled in and any non-applicable paragraphs were stricken before I signed.

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

\_\_\_\_\_  
Patient's (or Legal Guardian's) Signature

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

\_\_\_\_\_  
Witness' Signature