

Rhinoplasty Consent



I voluntarily request Dr. Bourget as my surgeon, and such associates, technical assistants and other health care providers as they may deem necessary, to treat my condition which has been explained to me as:

NASAL DEFORMITIES, EXTERNAL AND/OR INTERNAL WITH OR WITHOUT FUNCTIONAL AIRWAY OBSTRUCTION

I understand that the following surgical, medical, and /or diagnostic procedures are planned for me and I voluntarily consent and authorize these procedures:

RHINOPLASTY OR NASAL RECONSTRUCTION WITH OR WITHOUT SEPTOPLASTY OR SUBMUCOUS RESECTION (modification of internal and/or external nasal structures)

Section A: Acknowledgments

I understand that Dr. Bourget may discover other or different conditions which require additional or different procedures than those planned. I authorize Dr. Bourget, and such associates, technical assistants and other health care providers to perform such other procedures which are advisable in their professional judgment.

I understand that no warranty or guarantee has been made to me regarding result or cure.

1. Surgery of the nose (rhinoplasty) that can produce changes in your 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.
2. 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.
3. Internal nasal surgery to improve nasal breathing can be performed at the time of the rhinoplasty.

Alternative Treatment: Alternative forms of management consist of not having 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.

Section B: Risks and Hazards

1. **Bleeding** – Postoperative bleeding that may require drainage or reoperation.

Do not take any aspirin or anti-inflammatory medication for ten days before surgery, as this contributes to a greater risk of bleeding.

2. **Hypertension** (high blood pressure) that is not under good medical control may cause bleeding during or after surgery.
3. **Infection** – antibiotics may be necessary.

4. **Scarring** – although good healing is expected, abnormal scars may occur. Altered pigment in the skin may occur in the scar. The skin may be lighter or darker than the surrounding skin.
5. **Numbness** – there is the potential for diminished or permanent numbness within the nasal skin after rhinoplasty. The occurrence of this is not predictable.
6. **Asymmetry** can occur after surgery, deformity of skin, bone or cartilage (internal or external).
7. **Chronic Pain** may occur though this is an infrequent occurrence.
8. **Delayed healing** – some areas of the face may not heal normally and may take a long time to heal. Areas of the skin may die.
9. **Long term effects** – subsequent alternations in nasal appearance may occur as the result of aging, sun exposure, or other circumstances not related to rhinoplasty surgery.
10. **Nasal septal perforation** – Creation of new problems, such as septal perforation (hole in septum) or breathing difficulty.
11. **Unsatisfactory cosmetic results.**

Section C: Anesthesia

The anesthetic I have chosen for my surgery is: (a) Local Anesthesia ___ (b) Local Anesthesia with Oral Premedication ___ (c) Local Anesthesia with Intravenous Sedation ___ (d) General Anesthesia ___

Anesthesia Risks include: discomfort, swelling, bruising, infection, prolonged numbness and allergic reactions. There may be inflammation at the site of an intravenous injection (phlebitis), which may cause prolonged discomfort and/or disability and may require special care. Nausea and vomiting, although rare, may be unfortunate side effects of IV anesthesia. Intravenous anesthesia is a serious medical procedure and, although considered safe, carries with it the risk of heart irregularities, heart attack, stroke, brain damage or death.

Your Obligations if IV Anesthesia is Used:

- Because anesthetic medications cause prolonged drowsiness, you **MUST** be accompanied by a responsible adult who will drive you home and stay with you until you are sufficiently recovered to care for yourself. This may be up to 24 hours.
- During recovery time (24 hours) you should not drive, operate complicated machinery or devices, or make important decisions such as signing documents, etc.
- You must have a completely empty stomach. **IT IS VITAL THAT YOU HAVE NOTHING TO EAT OR DRINK FOR SIX (6) HOURS PRIOR TO YOUR ANESTHETIC. TO DO OTHERWISE MAY BE LIFE-THREATENING!**
- **However**, it is important that you take any regular medication (high blood pressure, antibiotics, etc.) or any medications provided by this office, **using only a small sip of water.**

Section D: No Guarantee of Treatment Results

1. No guarantee or assurance has been given to me that the proposed treatment will be curative and/or meet every expectation. Due to individual patient differences, there is a risk of failure or relapse, my condition may worsen, and selective re-treatment may be required in spite of the care provided.
2. I have had an opportunity to discuss my medical and social history, including drug and alcohol use, with my surgeon. I have informed my surgeon of all aspects of my health history, **recognizing that withholding information may jeopardize the planned goals of surgery.**
3. I agree to cooperate fully with my doctor's recommendations while under treatment, realizing that any lack of cooperation can result in a less than optimal result, or may be life threatening.

4. If any unforeseen condition should arise during surgery which may call for additional or different procedures from those planned, I authorize my doctor to use surgical judgment to provide the appropriate care.

5. I agree to have preoperative and postoperative photos taken for my records as well as for use in medical, educational and promotional purposes. My name will not be used on any such photographs.

6. **I understand that the surgeon's fees are separate** from the anesthesia and facility charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.

7. This facility is a member of the Canadian Association for Accreditation of Ambulatory Surgical Facilities and as part of the requirements your chart will be retained and may be subject to peer review for quality control by the Canadian Association for Accreditation of Ambulatory Surgical Facilities.

CONSENT

I have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of nontreatment, the procedures to be used, and the risks and hazards involved, and I believe that I have sufficient information to give this informed consent.

I certify that I have had an opportunity to fully read the terms of this consent, and that all blanks or statements requiring insertions were filled before my signing. I also certify that I speak, read and write English. My signature below indicates my understanding of my proposed treatment and I hereby give my willing consent to the surgery.

Patient's (or Legal Guardian's) Signature Date:

Witness' Signature Date: