



RHINOPLASTY CONSENT

I. INSTRUCTIONS

This is an informed consent document that has been prepared to help inform you of rhinoplasty surgery, its risks and alternative treatments. 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 and agreed upon by you.**

II. INTRODUCTION

Surgery of the nose (rhinoplasty) can produce changes in the appearance, structure, and function of the nose. 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. In some situations, cartilage grafts, taken from within the nose or from other areas of the body may be recommended in order to help reshape the structure of the nose. 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.

III. ALTERNATIVE TREATMENTS

Alternative forms of treatment include not treating the nasal deformity or using less invasive procedures. The results of these options are generally less successful and carry their own risks. If grafts are being considered, alternative implants include silastic, porous polyethylene or cadaver tissue. These tissues are generally less biocompatible and associated with a high rate of infection or extrusion than host tissue grafts.

IV. RISKS OF RHINOPLASTY SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. 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 the risks, potential complications, and consequences of rhinoplasty. The risks and complications of rhinoplasty can be divided into two categories: Early and Late. **Early** complications occur either at the time of surgery or within 1-2 weeks of surgery. **Late** risks and complications usually emerge 1 or more months after surgery.

Early Risks and Complications

- 1) Bleeding-** During rhinoplasty surgery a small amount of bleeding is usually encountered. This usually does not amount to more than 50 to 100 ml of blood loss. In rare circumstances, particularly in prolonged difficult cases, the amount of bleeding can be greater and in very rare cases blood transfusion may be required.
- 2) Infection-** Infection is unusual after surgery. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary.
- 3) Delayed Healing-** Fracture disruption or delayed wound healing is possible. Some areas of the nose 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. **Smokers have a greater risk of skin loss and wound healing complications.**
- 4) Allergic Reactions-** In rare cases, local allergies to tape, suture materials and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur to drugs used during surgery and prescription medications. Allergic reactions may require additional treatment.
- 5) Sutures-** Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible or produce irritation that requires removal.

_____ Initial

- 6) Damage to Deeper Structures-** There is the potential for injury to deeper structures including nerves, tear ducts and the eyes. Damage to the dura lining covering the brain is also possible and may lead to a cerebrospinal fluid leakage. These occurrences are very rare. Potential for this to occur varies according to the type of rhinoplasty procedure being performed. Injury to deeper structures may be temporary or permanent.

7) Pneumothorax- In cases where rib grafts are necessary, tears in the pleural lining around the chest cavity can lead to the collapse of a variable portion of the lung. This is rare and treatable if it occurs.

Late Risks and Complications

1) Scarring- All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different color than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical. There is the possibility of visible marks in the skin from sutures. In some cases scars may require surgical revision or treatment.

2) Skin Contour Irregularities- Contour irregularities may occur. Residual skin irregularities at the ends of the incisions or “dog ears” are always a possibility and may require additional surgery. This may improve with time, or it can be surgically corrected.

3) Nasal and Dental Numbness- It is common to experience diminished (or loss) of skin sensation in areas that have had surgery. 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. In some cases the nerves that supply the upper front teeth may be affected by rhinoplasty surgery. In such cases the patient may experience temporary numbness of these teeth. Very rarely permanent numbness of the teeth can follow rhinoplasty.

4) Skin Sensitivity- Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this resolves during healing, but in rare situations it may be chronic.

5) Nasal Airway Alterations- Changes may occur after a rhinoplasty or septoplasty operation that may interfere with normal passage of air through the nose.

6) Nasal Septal Perforation- Infrequently, a hole in the nasal septum will develop. The occurrence of this is rare. Additional surgical treatment may be necessary to repair the nasal septum. In some cases, it may be impossible to correct this complication.

7) Unsatisfactory Result- Although good results are expected, there is no guarantee or warranty on the results that may be obtained. You may be disappointed with the results of rhinoplasty surgery. This would include risks such as asymmetry, loss of function, structural malposition unacceptable visible or tactile deformities, unsatisfactory surgical scar location, poor healing, wound disruption, and loss of sensation. It may be necessary to perform additional surgery to attempt to improve your results.

8) Asymmetry- The human face is normally asymmetrical. There can be variation from one side to the other in the results obtained from rhinoplasty. Additional surgery may be necessary to attempt to revise asymmetry.

9) Skin Discoloration / Swelling- Some bruising and swelling normally occurs following rhinoplasty. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.

V. DONOR SITE COMPLICATIONS

If additional tissue needs to be harvested there are unique risks associated with the individual donor sites.

- 1) Ear Cartilage-** This incision, used to access the ear cartilage, is made behind the ear and is very well camouflaged. This scar may result in some temporary discomfort if you wear eye glasses. In the vast majority of cases, the shape of the ear does not change, although rarely some noticeable changes may occur.
- 2) Temporalis Fascia-** The temple region has a thick membrane lining the temporalis muscle. This is known as the temporalis fascia. This tissue is often used during revision rhinoplasty. Access is gained using an incision which is hidden in the vein. Very rarely can the harvesting of the temporalis fascia result in weakness of the eyebrow and forehead.
- 3) Rib Grafts-** The ribs are commonly used sources of graft material during revision rhinoplasty. Harvesting ribs is generally quite safe but on occasion may result in penetration into the lung cavity and pneumothorax. Pneumothorax refers to air becoming trapped inside the chest cavity and is associated with a small variable degree of lung collapse.

Initial

VI. 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 treatment(s), including no surgery. 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 current 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.**

_____ Initial

VII. CONSENT FOR SURGERY / PROCEDURE OR TREATMENT

I hereby authorize Dr. Mario Imola and his assistants that may be selected to perform the following procedure or treatment:

Intl: _____ Rhinoplasty
Intl: _____ Ear Cartilage Harvest Right Left
Intl: _____ Rib Harvest Right Left
Intl: _____ Temporalis Fascia Harvest

I have received and read the following four information documents:

- 1) Rhinoplasty: Patient Information
- 2) Rhinoplasty: Perioperative Patient Instructions
- 3) Rhinoplasty Consent
- 4) General Surgical Complications: Advisory and Consent

Patient Signature _____

Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray): Patients who are currently smoking, use tobacco products, or nicotine products (patch, gum or nasal spray) are at a greater risk for significant surgical complications of skin dying, delayed healing and additional scarring. Individuals' exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smokers may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possible increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication. Please indicate your current status regarding these items below:

_____ I am a **non-smoker** and do not use nicotine products. I understand the potential risk of second-hand smoke exposure causing surgical complications.

_____ I am a **smoker** or use tobacco/nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products.

_____ I have smoked and stopped approximately _____ ago. I understand I may still have the effects and therefore risks from smoking in my system, if not enough time has lapsed.

It is important to refrain from smoking at least 3 weeks before surgery and until your physician states it is safe to return, if desired. I acknowledge that I will inform my physician if I continue to smoke within this time frame, and understand that for my safety, the surgery, if possible, may be delayed.

Patient Signature _____

1. I recognize that during the course of the operation, 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 judgment 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.

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

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

_____ Initial

4. I acknowledge that any image manipulation reviewed with Dr. Imola and his staff is for surgical planning purposes and does not imply a guaranteed result.

5. I consent to the utilization of blood products should they be deemed necessary by my surgeon and/or his/her appointees, and I am aware that there are potential significant risks to my health with their utilization.

6. I realize that not having the operation is an option.

7. The following has been explained to me in a way that I understand:

- a. The treatment or procedures to be undertaken.
- b. There may be alternate procedures or methods of treatment.
- c. There are risks associated with the proposed procedure.

I consent to the procedures and items listed above and I am satisfied with all explanations.

Patient

Date

Witness

Date

Mario Imola M.D., DDS, FRCSC
David M. Kowalczyk, MD MBA

Date