

**CONSENT FOR SURGICAL OPERATION OR INTERVENTIONAL
PROCEDURE**

I, Dr. Paul J. Belt, have discussed with the patient/parent/guardian the patient's present condition, and alternative treatments available, and have explained the benefits and risks of the proposed operation or procedure.

The proposed operation / procedure is ...Open/ Closed Rhinoplasty
.....
.....
.....

Dr. Paul J. Belt.....

I,
Of
Request the operation / procedure to be performed on me / upon (insert name of patient).....

I understand that other unexpected operations / procedures may also be necessary and I request that these be carried out if required.

I understand that a sample of my blood may be tested if there is an injury to either my doctor or a hospital staff member during the proposed operation / procedure.

Although this operation / procedure will be carried out with all due professional care and responsibility, I understand that in some circumstances the expected result might not be achieved.

I understand that complications may occur with any operation / procedure, and I accept the possible risks associated with this operation / procedure.

I have had the opportunity to ask questions about my operation / procedure and I am satisfied with the information I have received.

.....
Signature of Patient / parent / Guardian

.....
Date

.....
Signature of Witness to Patient's signature

.....
Name of Witness

.....
Address of Witness
.....

POTENTIAL RISKS AND COMPLICATIONS

General vs. specific

Per op, early, late

General Complications :

Bruising

Oedema

Bleeding including a collection of blood under the skin or mucosa (haematoma)

Infection – toxic shock syndrome

Pain and discomfort around incisions – may be prolonged

Complications related to scars – slow healing, red scars (4 months), stretched, hypertrophic and keloid scars

Separation of wound edges

Allergic reactions

Anaesthetic related complications including : heart attack, stroke, DVT (clots in calves), pulmonary embolus, chest infection, aspiration, sore throat, death.

Specific Complications

Airway obstruction – temporary or permanent

Septal perforation

Asymmetry

Patient dissatisfaction ->Secondary rhinoplasty = Reoperation

Radix reduction

Dorsal irregularity

Functional problems

Tip

Base

Reddening of nasal skin

Transient epiphora (tears)

Transient anosmia (loss of sense of smell)

Excessive scarring

Altered sensation

Prolonged swelling

Loss of structural support of nose producing a flattened nose