



Patient consent to investigation or treatment for:

Rhinoplasty - Part 2 of 3

*This is an informed consent document to explain the risks of and alternative treatment to rhinoplasty surgery. **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 form for surgery as proposed by your plastic surgeon and agreed by you. For pre- and post-operative information on rhinoplasty surgery, please see parts 1 & 3.*

What is a rhinoplasty?

A rhinoplasty is the surgical reshaping of the outside of the nose. A septoplasty is the surgical straightening of the partition dividing the inside of the nose in half (the septum), to improve breathing difficulties. Sometimes these can be performed at the same time.

What is the alternative treatment?

Alternative forms of treatment consist of not undergoing rhinoplasty surgery. Sometimes, issues with nasal airway disorders do not require surgery on the outside of the nose, though operations on the inside alone also have risks. Non-surgical options such as fillers can be used as a temporary treatment for cosmetic concerns.

What are the serious and commonly occurring risks and complications of rhinoplasty surgery?

As with all operations, there are risks involved in rhinoplasty surgery. Although unlikely to occur, it is important to weigh up these risks against the potential benefit of the surgery. Discuss each of them with your plastic surgeon to make sure you understand the potential complications and consequences.

Risks of surgery:

- **Scars.** There will be scars from the surgery, which will usually initially be pink and then fade to white over 12-18 months. Occasionally scars may become widened, thickened, red or painful and may require surgical correction. If bone, cartilage or skin has been taken from another part of the body, a scar will be left which may be noticeable if it is on the hip or chest.
- **Bleeding.** Heavy bleeding is unusual but possible, and may require a blood transfusion and/or another operation to stop the bleeding. It usually occurs immediately, or a week or two after surgery. Before the surgery any medicines that increase your risk of bleeding will be discussed,



and it is important to control high blood pressure. Accumulations of blood (haematoma) can delay healing or cause scarring, and may require another operation to remove them.

- **Infection.** Infections of the wound or nose may require antibiotics or another operation, and may affect the result. It is important to be free from cough, cold or sore throat at the time of your operation. If you have any doubts, you should contact your surgeon.
- **Swelling and pain.** There will be bruising and swelling of the face, particularly around the eyes, which can take weeks to settle. Once the initial swelling has settled, you will find that your nose feels stiff and numb. The numbness usually disappears over the next few months, but the stiffness may be permanent. Long-term pain may infrequently occur. The final result can take many months to appear, once the swelling has completely settled.
- **Delayed wound healing.** The wound can sometimes take longer than expected to heal. This is usually resolved with dressings, but may require further surgery to remove the non-healed tissues. Smokers have a greater risk of skin loss and wound healing complications.
- **Stitch problems.** Occasionally, deep stitches may poke out through the skin, which can easily be removed. Rarely, if an implant or piece of bone or cartilage has been used, this may extrude through the skin months or years later, particularly after injury.
- **Numbness.** There may be numbness within the nasal skin or of the top lip/teeth after rhinoplasty surgery, which cannot always be predicted, and may be permanent.
- **Asymmetry.** Symmetry between both sides of the nose cannot be guaranteed.
- **Damage to deeper structures.** There is potential for damage to deeper structures, including nerves, blood vessels, tear ducts and the lining of the skull during this operation. The potential for this to occur varies with the type of rhinoplasty being performed, and may be permanent.
- **Nasal septal perforation.** Rarely, a hole may be made in the nasal septum, either during the surgery or as a result of a collection of blood. If it occurs, another operation may be needed to repair it. In some cases, it may be impossible to correct the hole.
- **Altered nasal breathing.** It is quite common for there to be some difficulty with breathing through the nose during the first week after the operation, which disappears as the swelling settles. Occasionally though, the difficulty persists and can be permanent.
- **Altered sense of smell.** After a rhinoplasty, some patients experience an altered sense of smell, which may be permanent.
- **Unsatisfactory result.** Sometimes, patients are unsatisfied with the result of their rhinoplasty surgery. This may be to do with the look or feel of the nose, or you may be disappointed if the nose does not reach your expectations.



- **Change over time.** Alterations in nasal appearance may occur as a result of aging, sun exposure or other circumstances unrelated to your surgery. Future surgery or other treatments may be necessary to maintain the results of a rhinoplasty operation.
- **Allergic reaction.** Rarely, a reaction to tape, stitches or solutions may occur.

Risks of anaesthetic:

- **Chest infection.** There is a small risk of chest infection, which is higher amongst people who smoke.
- **DVT/PE.** Blood clots can form in the leg (called a deep vein thrombosis/DVT) causing pain and swelling, and requiring blood-thinning medications. In rare cases, part of the clot may break off and go to the lungs (called a pulmonary embolus/PE).
- **Heart attack or stroke** may occur due to the strain on the heart and you will be assessed prior to surgery for your fitness for an operation.
- **Death** as a result of this procedure is possible.

Further risks specific to patient or procedure:
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The following information leaflet has been provided:

BAPRAS/BAAPS Rhinoplasty pre- and post-operative information leaflets [*codes*]:.....

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.

You have the right to change my mind at any time, including after you have signed this consent form.



**The British Association of
Aesthetic Plastic Surgeons**



BAPRAS British Association of Plastic
Reconstructive and Aesthetic Surgeons

DISCLAIMER:

This document is designed to supply useful information but is not to be regarded as advice specific to any particular case. It does not replace the need for a thorough consultation and all prospective patients should seek the advice of a suitably qualified medical practitioner. The BAAPS and BAPRAS accept no liability for any decision taken by the reader in respect of the treatment they decide to undertake.

Date of review: **August 2020** (produced August 2015)



Patient consent:

(Affix identification label here)

Name:

Address:

Rhinoplasty

Further procedures that may become necessary:

Date of birth:

Hospital number:

Anaesthetic: General [] Regional [] Local [] Sedation []

NHS number:

M [] F []

Consultant:

Special requirements:

I acknowledge that the medical condition and the proposed procedures, other procedure/treatment options and their associated risks, and the risks of not having this procedure have been explained to me. I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. These have been answered to my satisfaction.

I understand the risks of the procedure and those specific to me, including: Scars, bleeding, infection, swelling, pain, delayed wound healing, extrusion, numbness, asymmetry, damage to deeper structures, nasal septal perforation, altered nasal breathing, altered sense of smell, unsatisfactory result, change over time, need for a future procedure

I understand the risks of the anaesthetic and those specific to me, including: Allergic reaction, chest infection, DVT/PE, heart attack, stroke, death

I consent to:

- Blood transfusion, if required during or after the procedure Y [] N []
- The use of tissue not needed for diagnosis or treatment being used for research Y [] N []
- The use of photography for diagnosis and treatment Y [] N []
- The use of anonymised photographs for teaching Y [] N []
- The presence of students in theatre for the purposes of medical education Y [] N []

Patient: On the basis of the above statements, I request to proceed with the procedure.

Patient signature Date

Patient name printed

Surgeon: I have explained the above information to the patient and believe that they understand it.

Doctor signature Date

Doctor name printed Contact Designation

Anaesthetist: I have explained the above information to the patient and believe that they understand it

Doctor signature Date

Doctor name printed Contact Designation

Interpreter: I have explained the above information to the patient and believe that they understand it.

Interpreter signature Date

Please bring this form with you on the day of surgery.

Copies of this form in English, other languages and large print, and further information available at: [BAPRAS/BAAPS link]

Patient initials



**The British Association of
Aesthetic Plastic Surgeons**



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Reconstructive and Aesthetic Surgeons

Interpreter name printed

Confirmation of consent (to be completed on the day of surgery, if form has been signed in advance):

I have confirmed that the patient has no further questions and would like to proceed with the procedure.

Doctor signature Date

Doctor name printed Contact Designation