

REYNOLDS
ORAL & FACIAL
SURGERY



CONSENT FOR RHINOPLASTY (NASAL SURGERY)

Patient's Name: _____ **Date** _____

PLEASE CHECK EACH BOX AFTER READING. If you have any questions please ask your doctor.

- I authorize Dr. Reynolds/Dr. Auble to perform the following procedure(s): _____

- These procedures are necessary to treat the following condition(s): _____

SURGERY OF THE NOSE

- Rhinoplasty is the reshaping of the nose to improve its appearance and/or attempt to improve breathing function. Rhinoplasty may be done in conjunction with an operation to relieve nasal obstruction due to internal nasal deformity.
- I understand that although nasal surgery is typically performed to reduce the overall size of the nose, reshape the tip of the nose, remove a nasal hump or improve a poor angle between the nose and the upper lip, satisfactory changes in appearance cannot be guaranteed. Aesthetic considerations are individual and I acknowledge that my doctor has not made any warranties or assurances that my appearance will be improved.
- I have been completely honest with my surgeon regarding my motivation for undergoing nasal surgery, realizing that a new appearance does not guarantee an improved life.

SURGICAL CONSIDERATIONS

- Nasal surgery may be performed under local anesthesia, usually combined with pre-operative sedation or intravenous sedation to relieve anxiety, or with general anesthesia. The procedure may be performed in the office, an out-patient surgery facility, or a hospital depending upon my doctor's surgical judgment.
- Nasal surgery usually involves incisions from inside the nose, but may require skin incisions. Cartilage and bone, which support and shape the nose will be surgically altered to change the external appearance of the nose. The result may also reduce airway restriction.
- Cartilage may be removed from the tip of the nose to change contour. The nasal septum (or center strut of the nose) may be trimmed to correct any deviation which may be impeding the airway. If a large hump on the nose is removed, the base of the nose may appear disproportionately wide. I have been advised that small wedges of skin may be removed from the nostrils to create a more balanced appearance. Sometimes cartilage grafts may be used. They have the potential to re-absorb over time.

POST-OPERATIVE CONSIDERATIONS

- Following surgery, a rigid bandage is applied to the nose to maintain the newly created shape. Frequently nasal packs are inserted to protect the nasal septum and to help maintain shape. The packing may remain for several days and the splint may be worn for one or two weeks.
- Post-operative swelling and bruising should be expected for approximately two weeks. To reduce this condition, your head should be elevated and cold compresses should be applied around the eyes. Residual bruising may be noticeable for several weeks and subtle swelling of the nose may be present for several months. In the event there is significant narrowing of the nostrils, the external incision in the skin may leave a slight scar in the crease of each nostril.
- I understand that results may not be dramatic and that my final appearance may not be stabilized for several months after surgery. There is no guarantee that nasal surgery will improve my appearance or improve the ability to breathe better through my nose.

RISKS AND COMPLICATIONS

- I understand that there are certain inherent and potential risks in any treatment plan or procedure, and that in this specific instance such operative risks include but are not limited to:

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- Infection which may require antibiotics and, in some cases, hospitalization.
- Extended swelling and bruising.
- Excessive bleeding during or after surgery which may require additional procedures if indicated.
- Nausea and vomiting, particularly if there is bleeding and blood is swallowed.
- “Nose breathers” may experience airway restriction during the initial post-operative period, causing a feeling of “air hunger.” There will be a feeling of pressure from the packing used post-operatively.
- I understand that I must avoid excessive physical activities that raise the blood pressure, such as jogging, swimming, weight lifting and bending for the first several weeks after surgery.
- There is a potential for relapse. Additional surgeries may be required for revision of certain post-operative discrepancies such as asymmetry or drooping of the nasal tip, or to further enhance function or appearance.
- Some pain is to be expected and may be controlled by prescription of appropriate medications.
- Sometimes the sense of smell is diminished, rarely permanently.
- Post-surgical asymmetry (disproportion between left and right sides of the nose) and drooping of the nasal tip, if problematic, may require additional surgical correction.

ADDITIONAL AGREEMENTS AND AUTHORIZATIONS

- I understand smoking is extremely detrimental to the healing process. **I agree to cease all use of tobacco for 6 weeks prior to and 6 months after surgery and to make strong efforts to give up smoking entirely.**
- Recognizing that during the surgery some unforeseen condition may be discovered that may necessitate a change in approach or different procedure from those explained above, I authorize Dr. Reynolds/Dr. Auble to perform such procedures as are necessary and advisable in the exercise of his professional judgment.
- 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 retreatment, or worsening of my present condition despite the care provided. However, it is the doctor's opinion that the treatment would be helpful, and I have weighed the risk with the proposed benefits.
- I have discussed my past medical history with the doctor and have disclosed **ALL** diseases and medications, including alcohol and drug use past and present.
- I agree to cooperate completely with the recommendations of Dr. Reynolds/Dr. Auble, realizing that lack of cooperation may result in a less than optimal result.
- I have reviewed / viewed pre-operative and post-operative instructions.

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 inapplicable paragraphs were stricken before I signed. My signature below indicates my understanding of my proposed treatment and I hereby give my willing consent to the procedure.

Patient's (or Legal Guardian's) Signature

Date

Doctor's Signature

Date

Witness' Signature

Date