AMERICAN SOCIETY OF PLASTIC SURGEONS®

Informed Consent

Septoplasty Surgery

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INSTRUCTIONS

This informed consent document will help you learn about septoplasty surgery. It will also outline the risks and other treatments.

It is important that you read this whole document carefully. Please initial each page. Doing so means you have read the page. Signing the consent agreement means that you agree to the surgery that you have talked about with your plastic surgeon.

GENERAL INFORMATION

Septoplasty is a commonly performed surgery of the nasal septum. This surgery is done to fix breathing problems caused by a distorted or deviated nasal septum. In this condition, the nostrils are divided. Septal deviation can hinder the passage of air through the nose. Distorted cartilage and bone under the mucous membranes of the septum are removed or made straight to improve nasal breathing. There are many ways to do a septoplasty. It can be done with other nasal surgeries (rhinoplasty) that reshape the outer part of the nose.

Allergies, sinus disorders, nasal polyps, snoring problems, and breathing disorders from other causes may occur with a deviated nasal septum.

OTHER TREATMENTS

You could choose to not have the septoplasty surgery. Some internal nasal airway disorders may not need surgery. They can be treated with medicine. More surgery may be needed to fix breathing problems caused by other factors. All treatments to fix nasal-airway disorders have their own risks and possible problems.

RISKS OF SEPTOPLASTY SURGERY

All surgeries have risks. It is important that you know these risks. You must also know about the possible problems that may come up during or after surgery. Every procedure has its limits. Choosing to have surgery means comparing the risks and benefits. Most patients do not face problems, but you must talk about them with your plastic surgeon. Make sure you understand the risks and possible outcomes of this surgery.

SPECIFIC RISKS OF SEPTOPLASTY SURGERY

Scars:

All surgeries leave scars. Some are more visible than others. Proper wound healing is likely after surgery. However, abnormal scars may form within the septum and nasal tissues. Scars may look bad and be a different color than the rest of the skin. Parts of the same scar may look different. They may be asymmetrical. You may have visible marks on the skin from stitches. In some cases, you may need surgery or more treatment to fix this. Scarring inside the nose may block the airway. You will need more surgery to fix this.

Nasal Septal Perforation:

In rare cases, a hole may form in the nasal septum. More surgery may be needed to repair the nasal septum. In some cases, it may not be possible to fix this problem.

Delayed Healing:

In a few cases, you may see wound disruption or delayed wound healing. Some areas of the septum may not heal normally or may take a long time to heal. Areas of the septum may die. You may need dressing changes often or more surgery to remove the non-healed tissue. Smokers are at a greater risk of skin loss and wound healing problems.

 _____ **Patient Initials**

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Distortion in External Nasal Appearance:
There may be distortion in the outer part of the nose after surgery. There may also be visible deviation or crookedness in the nose. More surgery is needed to fix this.

Residual Septal Distortion:
Surgery may not be able to completely fix distortions in the nasal septum.

Substance Abuse Disorders:
Individuals with substance abuse problems who inhale vasoconstrictive drugs, such as cocaine, are at risk for major problems. This could lead to poor healing and nasal septal perforation.

Cerebrospinal Fluid Leak:
In very rare cases, cerebrospinal fluid may leak from the nose. This may require more surgery.

DISCLAIMER
Informed consent documents give you information about a surgery you are considering. These documents explain the risks of that surgery. They also discuss other treatment options, including not having surgery. However, informed consent documents can't cover everything. Your plastic surgeon may give you more or different information. This may be based on the facts of your case.

Informed consent documents are not meant to define or serve as the standard of medical care. Standards of medical care are determined based on the facts involved in an individual case. They may change with advances in science and technology. They can also change with the way doctors practice medicine.

It is important that you read the above information carefully and get all your questions answered before signing the consent agreement on the next page.

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CONSENT FOR PROCEDURE OR TREATMENT

1. I permit Dr. Thomas Jeneby and the doctor's assistants to do the procedure **Septoplasty Surgery.**
2. I got the information sheet on Septoplasty Surgery.
3. I understand that, during the surgery, an unexpected situation may require a different medical procedure than the surgery listed above. I permit the doctor listed above, the assistants and/or designees to provide any treatment that my doctor thinks is needed or helpful. My permission includes all treatments that my doctor does not plan to do at the start of the surgery.
4. I understand what my surgeon can and cannot do. I understand that no warranties or guarantees have been hinted at or stated outright about the outcome of the surgery. I have explained my goals. I understand which outcomes are realistic and which are not. All my questions have been answered. I understand the surgery's risks. I am aware of other risks and possible issues, benefits, and options. I understand and choose to have the surgery.
5. I agree to the anesthetics that are needed or helpful. I understand that all types of anesthesia have risks and may result in complications, injury, and even death.
6. I am aware of the serious risks to my health when blood products are used. I agree to my doctor using them if my doctor, assistants, and/or designees think they are needed or helpful.
7. I agree to the disposal of any tissue, medical devices, or body parts taken out during or after surgery. I also agree to any additional surgeries or treatment that is needed or helpful.
8. I agree to have parts of my body photographed or televised appropriately before, during, and after the surgery for medical, scientific, or educational reasons, if the pictures do not reveal my identity.
9. For medical education, I agree that onlookers can be in the operating room.
10. I permit my Social Security Number to be given to the right agencies for legal reasons and medical device registration, when necessary.
11. I agree to the charges for this surgery. I understand that the doctor's charges are separate from the charges for the hospital and the anesthesia. I understand that there may be more charges if more procedures or treatments are needed or helpful. I agree to those charges, if any.
12. I understand that not having the surgery is an option and that I can opt-out of having the surgery.
13. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
    a. THE ABOVE SURGERY TO BE PERFORMED
    b. THERE MAY BE OTHER SURGERIES OR TREATMENT OPTIONS
    c. THERE ARE RISKS TO THE SURGERY

I CONSENT TO THE SURGERY AND THE ITEMS THAT ARE LISTED ABOVE (1-13).
I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS.

_____

Patient or Person Authorized to Sign for Patient Date/Time

_____

Witness Date/Time

_____ Patient Initials

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