Informed Consent

THYROID CARTILAGE REDUCTION SURGERY

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INSTRUCTIONS

This document is about thyroid cartilage reduction (tracheal shave) surgery. It outlines the risks and other treatments.

It is important that you read the 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

Thyroid cartilage reduction or tracheal shave reduces the Adam's apple. A surgeon makes a cut in the midline of the neck. This cut is made in a less visible area, such as in a skin fold. The cut exposes the cartilage. The surgeon takes out the cartilage till the Adam's apple is less visible. Then the incision is closed.

OTHER TREATMENTS

One can avoid surgery if the Adam's apple is small. One option is to cover the neck with clothing. There are no other non-surgical options.

RISKS OF THYROID CARTILAGE REDUCTION SURGERY

All surgeries have some risk. It is important that you know these risks. You must also understand other issues that might come up during or after surgery. Every procedure also has its limits. Choosing to have a surgery means comparing the risks and benefits. Most people do not face problems, but you should talk about them with your plastic surgeon. Make sure you know all possible risks of Thyroid Cartilage Reduction Surgery.

SPECIFIC RISKS OF THYROID CARTILAGE REDUCTION SURGERY

Voice change:

There may be swelling around the vocal cords. There may be a temporary change in voice. Permanent changes may occur. This happens if the shape of the voice box changes. In rare cases, there may be permanent voice alteration. This is due to vocal cord disruption. This needs surgery.

Persistent Bulge:

There may be a visible bulge. This happens if enough cartilage is not removed. More surgery may be needed. This may not be possible in some cases. This depends on the position of the vocal cords.

Scars:

The placement of the cut or trouble healing may result in a scar. This may improve with time or surgery. The position of the scar cannot be changed.

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This form is for reference purposes only. It is a general guideline and not a statement of standard of care. Rather, this form should be edited and amended to reflect policy requirements of your practice site(s), CMS and Joint Commission requirements, if applicable, and legal requirements of your individual states. The ASPS does not certify that this form, or any modified version of this form, meets the requirements to obtain informed consent for this particular procedure in the jurisdiction of your practice.

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.

_____Patient Initials

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CONSENT FOR PROCEDURE OR TREATMENT

1. I permit Dr. Thomas Jeneby and the doctor's assistants to do the procedure **Thyroid Cartilage Reduction Surgery.**
2. I got the information sheet on Thyroid Cartilage Reduction 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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