Informed Consent

Tip Rhinoplasty Surgery

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INSTRUCTIONS

This informed consent document will help you learn about tip rhinoplasty 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

Tip rhinoplasty can change the structure of the tip of the nose and make it look different. It can make the size of the nasal tip bigger or smaller. It can change the shape of the tip or make the nostrils narrow. It can also change the angle between the nose and the upper lip. It can also correct birth defects and nasal injuries.

The surgery is different for each patient depending on his or her needs. Cuts may be made inside the nose or in parts of the nose that cannot be seen. In some tip rhinoplasty methods, cartilage grafts or other man-made materials are used to enhance the size or shape of the nasal tip. Internal nose surgery to improve breathing via the nose can be done at the time of the tip rhinoplasty.

This surgery works best for people wanting to improve the way their nose looks. It cannot give you a perfect nose. You must have realistic expectations of the surgery. You should also have good physical and mental health if you plan to go in for this surgery. Tip rhinoplasty can be done along with other surgeries.

OTHER TREATMENTS

Other treatments include not having tip rhinoplasty surgery. All forms of treatment have their own risks and possible problems.

RISKS OF TIP RHINOPLASTY SURGERY

All surgeries have risks. It is important that you know these risks. You must also understand other issues that might 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 should talk about them with your plastic surgeon. Make sure you know all possible risks of this surgery.

SPECIFIC RISKS OF TIP RHINOPLASTY SURGERY

Cartilage Grafts:

You may need cartilage grafts if you want to change the projection of the nasal tip. The skin for the graft can be taken from donor sites in the nose (nasal septum). Skin can also be taken from other parts of the body or from tissue banks. Cartilage graft material may form a hole in the nasal septum. You may need to take grafts from more than one site to get enough cartilage.

Nasal Septal Perforation:

In rare cases, a hole may form in the nasal septum. More changes may be needed to fix this. In some cases, this problem may not be fixable.

Nasal Airway Changes:

Changes may occur after a tip rhinoplasty or septoplasty. This may interfere with the way air normally moves through the nose.

 _____ **Patient Initials**
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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 **Tip Rhinoplasty Surgery.**
2. I got the information sheet on Tip Rhinoplasty 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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