

## **CONSENT FOR RHINOPLASTY (NOSE SURGERY)**

Patient Name: \_\_\_\_\_

Age / Sex: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

### **1. Nature of Procedure**

I understand that Rhinoplasty is a surgical procedure performed to improve the shape, size, and function of the nose. It may involve correction of nasal deformities, breathing problems, or cosmetic enhancement.

### **2. Pre-operative Evaluation**

I agree to undergo all necessary investigations including:

- Blood tests (CBC, BT, CT, PT, APTT)
- Blood sugar, renal function tests
- Viral markers (HIV, HCV, HBsAg)
- ECG and other required evaluations
- As mentioned in the pre-operative section on pages 1–2 of the document.

### **3. Anaesthesia**

- I understand that the procedure will be performed under General Anaesthesia and I have been informed about its risks.

### **4. Surgical Techniques**

I understand that:

- The surgery may be performed using Closed (internal) or Open (external) technique
- Cartilage grafts may be taken from:
  - Nasal septum
  - Ear (conchal cartilage)
  - Rib (costal cartilage)
  - (as detailed in page 3 of the document)

## 5. Risks and Complications

I understand the possible risks including:

### Common Risks

- Pain, swelling, bruising
- Nasal blockage
- Bleeding
- Infection
- Temporary numbness

### Specific / Uncommon Risks (pages 9–10)

- Severe bleeding
- Septal perforation
- Scarring
- Damage to deeper structures
- Asymmetry
- Unsatisfactory cosmetic result
- Chronic pain
- Allergic reactions
- Delayed wound healing
- Long-term breathing issues
- Need for revision surgery

## 6. Post-operative Care

I understand that:

- Nasal packing/splint may be placed
- Swelling and bruising may last for 2–3 weeks
- Avoid heavy activities for several weeks
- Follow-up visits are essential

(As per discharge instructions on page 6)

## 7. Recovery

- Initial recovery: 1–2 weeks
- Full healing: several months
- Final results may take time to stabilize

## 8. Alternative Options

- I understand that non-surgical options or no treatment have been explained to me.

## 9. Consent Statement

I confirm that:

- The procedure, risks, benefits, and alternatives have been clearly explained
- I have had the opportunity to ask questions
- I understand that results may vary and perfection cannot be guaranteed
- I voluntarily consent to undergo **Rhinoplasty Surgery**

### Signatures

Patient / Attender Signature: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

