

Op. Dr. Mustafa Yazır	RHINOPLASTY INFORMATION AND CONSENT FORM	Doc Code:HD.RB.266
		Date of publishing :23.06.2023
		Rev.No/Date:00

Informed consent form describes the surgery, expected benefits of the surgery, possible results if the surgery is not carried out, alternatives of the surgery if any, risks and complications of the procedure and estimated time of the surgery to you/your relatives. Please consult your physician if you have questions about this document. If you accept the surgery, please fill in the space at the bottom of the page in handwritten and write your name and surname and sign.

BARCODE

Interpreter requirement

Is the interpreter required?

Yes

No

If yes, was a qualified interpreter present while obtaining the consent?

Yes

No

INFORMATION REGARDING PATIENT'S CONDITION AND HEALTH, AS WELL AS THE ADVANTAGES OF THE PROCEDURE

The nose, placed right in the middle of the face, is an essential organ in terms of appearance and respiration. Interventions that target this organ must be carried out meticulously. With an aesthetic nose surgery, size of the nose can be reduced, tip of the nose can be reshaped, nostrils can be narrowed or extended and the angle encompassing the upper lip and nose can be rearranged. This operation may help correct innate deformities, nose injuries, and certain respiratory complaints.

You should explain to your physician all the complaints you have regarding your nose. The following must be discussed in detail: respiratory complaints; and if so, whether they are related to seasonal shifts, if they intensify with activities, and whether they cause dryness in mouth, headaches, snoring, or nasal discharge. Past traumas and operations undergone must be noted including the dates they took place. Any important diseases or regularly prescribed drugs the patient currently uses must be noted. The complaints regarding the shape and the expectations for the procedure must be discussed.

The ideal population for this are not those who wish to have a perfectly shaped nose, but those who desire an overall improvement. Criteria expected from the patient to undergo rhinoplasty are being healthy and psychologically enduring. Rhinoplasty maybe performed in company with other surgical methods.

A general aesthetic nasal surgery, which can be applied to all does not exist. Surgeries may be performed in two ways; general anesthesia, in which the patient is put to sleep during the procedure, or local anesthesia that sedates the area of procedure. Following a thorough explanation of these methods, the method that will best fit your condition is chosen. Incisions may either be inside the nose or outside the nose, as in open rhinoplasty surgery. The intervention that targets the interior of your nose during rhinoplasty usually eases the respiratory faculties.

OUTCOME OF CANCELING THE OPERATION

No problems may be encountered, however, problems connected to function-based discrepancies will go on.

ALTERNATIVE OPERATIONS

There are no alternatives to rhinoplasty in surgical terms. Certain complaints that are mainly concerned with the interior of the nose can be cured without the need of an exterior surgical intervention. If accompanied by septoplasty, aiming at respiratory diseases rhinoplasty contains risks and complications.

RISKS AND COMPLICATIONS OF THE PROCEDURE

Every surgical intervention includes certain risks. As in each surgery, unwanted outcomes may occur following the nasal surgery. It is important that you fully comprehend the risks that aesthetic nasal surgery may cause. Personal choices that will be applied in the surgical intervention are results of a comparison made between the risks and benefits. Such complications are not observed in many patients, however please discuss these possible outcomes with your physician to make sure you fully comprehend the potential results. These divide into two sections, namely early and late periods.

Early-period problems:

Nausea following the surgery. Drugs are available to treat this problem.

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After the surgery discharge through nostrils is expected and checked using a gauze bandage. More apparent in the first hours, discharge goes on decreasingly (first 24-48 hours) and usually shifts its color from red to yellow. Though not a typically encountered complication, bleeding might be observed intra or postoperatively. Emergency treatment may become necessary, if excessive bleeding is present, to stop the bleeding and remove the accumulated blood (hematoma). Please do not use drugs such as aspirin and the like starting ten days before the operation, for it may increase the risk of bleeding.

An urge to sneeze might occur in patients with buffers placed inside their nose. Patients usually see it as sign of common cold. However this sense is related to the buffer and disappears with its removal.

Another rarely encountered complication is infection. Post-operative antibiotic use significantly decreases the chance that infection may develop. If a buffer is placed and you experience fever, shivering and such symptoms in the second day, the buffer must immediately be removed. In such condition the physician must be notified. If you notice painful swelling and feel oversensitivity in response to your touch, and if you feel exhausted, this might indicate a future infection. If this happens, you will be provided with infection treatment that will begin following your examination.

Another problem of this period is the blows that are received unintentionally. While blows do not pose many problems, severe ones may cause deformities.

Late-period problems:

Respiratory problems may occur. Such respiratory problems may be a result of the surgery itself, of not fixing an already existing condition, or the stimulation of an unknown condition that was present prior to surgery. Respiratory problems may also be experienced due to allergic reactions. Drug treatment or a secondary intervention may come to the agenda depending on your complaints and the findings of the examination.

Another late-period problem are the issues that arise from dissatisfaction in the post-operational outlook. Most commonly encountered is the hurried conveyance of complaints without waiting first for the swelling to subside. It is natural to expect being able to observe the results of your aesthetic surgery. However it must be kept in mind that post-operational changes are scattered around a long period of recovery and are accompanied by swelling that changes throughout the day. After that period has passed, secondary operations, called revisions, may become necessary (5-10% in average). The best way to avert a secondary intervention is a detailed conversation in regard to the patient's expectations and the physician's limitations to provide them.

Depending on the structural properties, every case has its own limitations and these must be thoroughly discussed. Related to the structural composition of the nose limitations exist and these must also, thoroughly, be discussed.

Another problem is nasal septum deviation. Sometimes the deviation in cartilage and bone might be in several planes. And however meticulously planned and applied the surgery, certain deviations may remain and develop further overtime, even though it is significantly better than the condition prior to the surgery. If this situation is possible in your case, you will be told before the surgery and receive information about the degree to which a recovery will be attained.

Other problems:

Nose septum perforation: Surgery may cause perforation in the middle section of the nose. This is rarely observed. However, if this occurs, an additional surgery may become necessary to close the gap in the perforation in the septum. In some cases this may be impossible to fix.

Numbness: A permanent numbness is possible, however seldom, relating to nerve fibers, which may be damaged due to the separation of nose tissue from the skeleton it encompasses.

Chronic pain: Chronic pain is a very rare complication of esthetic nasal surgeries.

Allergic reactions: Cases that reported local allergy development in response to the bands, suture equipment and topical preparations are very rare. Systemic reactions may change with drugs used during or before the surgery. Allergic reactions may require an additional treatment.

Delayed recovery: Separation of fractures and delay of treatment is possible. Certain areas in your nose may heal abnormally or slowly. Certain areas of the skin may be lost. Frequent wound dressing and surgical interventions may

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become necessary to clean away the unwanted tissue.

Long-term effects: Later developments in the appearance of the nose are based on aging without relation to nasal surgery, sun exposure, or other reasons. Surgical intervention might be necessary in future.

Anesthesia: Both local and general anesthesia contain risks. Complications and injuries are possible in all sorts of sedation or surgical anesthesia.

Patient’s questions regarding the intervention’s type, date, side effects, success rate, the meaning of success, and post operational concerns.....

PROJECTED TIME OF THE PROCEDURE

Vary from patient to patient, in average 1.5-2 hours.

PATIENT’S CONSENT

The consent letter hereby is acquired thereunder the 70th article of the law no. 1219 of the date 1928 and titled ‘Regarding the mode of execution of medicine and medical sciences’.

I give my consent for the RHINOPLASTY operation to be performed.

Under the authority and observation of my physician I accept the application of aforementioned examination/treatment.

My physician has answered all of my questions, and I thereby have no further matters to discuss, and if I should, I am aware that my physician will provide the information necessary.

I have received detailed information regarding the method and the possible risks. The results of this intervention have been explained. The information provided by my physician and all the answers I have received are satisfactory.

I consent to the retrieval, examination and preservation (for hospital reports) of any tissue from my body if deemed appropriate during the operation.

I consent to and authorize the physician and health personnel assigned to my treatment to apply any medical intervention, drugs or administration of emergency surgical operations required.

I am aware that in conclusion of examination/treatment method to be applied unwanted side effects may develop, requiring further treatment.

I am perfectly informed in regard to risks and results with respect to the surgical intervention I am to undergo.

I am aware that as a result of this surgical intervention my expectations might not be met, and thus can require additional interventions.

I understand that I should show up for controls on time and follow the advisement of my physician to reduce the risk of complications.

I give consent for my physician to use visual recording to document the procedure, and to use documents for and in scientific presentations.

I read all the information above and/or have had the information read to me, and I understand all the above-mentioned.

“Dear our patient,

Please write “I understood what was read and explained related to my disease and treatment process to me” in your handwritten. You may contact your physicians by calling 0232 262 28 28 if you need medical help to get information.

I am signing this form without need of additional explanation and under no pressure.

Patient: Guardian/relative and degree

Name surname: Name surname:

Signature: Signature:

Date/time: Date/time:

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I reject this procedure.

I reject RHINOPLASTY. I was informed about medical outcomes of this rejection.

Declaration of the interpreter

I conveyed any kind of written and oral information/expression including informed consent form provided by the physician to the patient and his/her relatives by translating into (the language spoken by the patient and his/her relatives will be written).

Name surname of the interpreter:

Signature:

Date/time:

Declaration of the physician: I explained

Condition of the patient

Requirement and time of the treatment

Risks of the procedure and problems to be faced if the procedure is not carried out

Treatment options and related risks

If these risks occur, possible conditions

Special risks specific to the condition of the patient

To the patient and his/her relatives.

Patient and his/her relatives could ask questions about the above-mentioned conditions and express their concerns. I answered these questions and concerns as much as I could as to satisfy the patient and his/her relatives.

I am of the opinion that the patient and his/her relatives understood the above explanations.

Name surname of the physician:

Signature:

Date and time:

Name surname of the witness:

Signature:

Date and time: