

## Statement of health professional. I have explained to the patient:

### Procedure: Rhinoplasty Surgery

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Columellar Chevron and Intranalar Incisions | <input type="checkbox"/> Alar Crescentic Excisions | <input type="checkbox"/> Tip Reduction     |
| <input type="checkbox"/> Tip Elevation                               | <input type="checkbox"/> Hump Reduction            | <input type="checkbox"/> Bridge Narrowing  |
| <input type="checkbox"/> Attempted Straightening                     | <input type="checkbox"/> Dorsal Augmentation       | <input type="checkbox"/> Local Anaesthesia |
| <input type="checkbox"/> Local Anaesthesia & Sedation                |  |  |

### The intended benefits:

Aesthetic, Psychological, Functional, Symptomatic

### Alternatives:

Bleeding, Infection, Scar Problems (stretched, thick, abnormal pigmentation, red, retracted etc.), Skin discoloration, Wound separation, Slough, Pain, Nerve injury (Numbness), Non- animated nose, Bruising, Swelling, Overcorrection (e.g. saddle nose), Undercorrection, Polly beak deformity, Asymmetry, Inability to correct asymmetry, Aesthetic imperfections, With cartilage grafts: Graft failure & Donor morbidity of septum, ears, ribs [pneumothorax, mediastinitis]), Organ injury, Injury to tear duct/lining of skull, Loss of smell/taste, Breathing difficulty, Hump recurrence, Extrusion of bone / grafts / stitches, Septal perforation, Contour irregularities, Need for further surgery, Allergic reaction, Toxic Shock Syndrome, (General anaesthetic: Chest infection, Heart attack, Stroke, Blood clots in legs & lungs).

N.B. Most complications are unlikely. Serious risks or death are rare

### Significant, unavoidable or frequently occurring risks:

No Surgery, Make-up, Fillers, Closed Rhinoplasty

Further detailed and specific information has been provided by email, in the consultation letters and attached leaflets.

Signed: \_\_\_\_\_ Hagen Schumacher (Consultant Plastic Surgeon) Date: \_\_\_\_\_

Statement of interpreter: I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Statement of Patient:

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of page 1 which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

- I agree to the procedure or course of treatment as described on this form. I confirm my surgeon has explained the risks,..... Y / N  
complications and limitations of the procedure at a full consultation.
- I agree to a blood transfusion if needed - risks, benefits & alternatives have been explained and discussed..... Y / N
- I understand that tissue removed as part of my treatment may be used for teaching, education, quality assurance or audit..... Y / N  
in addition to diagnostic purposes. I consent to the use of residual tissue following diagnosis for research.
- I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, ..... Y / N  
unless the urgency prevents this. (This only applies to patients having general or regional anaesthesia).
- I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save ..... Y / N  
my life or to prevent serious harm to my health.
- I understand that pre-op and post op care is predominantly the responsibility of the operating surgeon/clinic details of ..... Y / N  
which I have.
- I have been offered two consultations and two weeks cooling off period ..... Y / N
- I agree to the use of photographs for my own medical documentation ..... Y / N
- I have been told about additional procedures which may become necessary during my treatment. I do not wish to have ..... Y / N  
the following procedures to be carried out without further discussion (e.g. blood transfusion [see above], cardiopulmonary  
resuscitation etc.)

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see notes).

Whitness Signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

If the patient has signed the form prior to admission. I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Signed: \_\_\_\_\_ Hagen Schumacher (Consultant Plastic Surgeon) Date: \_\_\_\_\_