

Consent to Nose Plastic Surgery (Template)

Patient's Name: _____ Patient's Date of Birth: _____

Medical Record No. : _____ Name of Responsible

Physician: _____

I. Surgery to be implemented (please add a brief explanation for any complicated medical term)

1. Recommended Surgery (Site):

2. Recommended Reason for the Surgery:

(please note the specific side for the part with difference of left and right)

II. Statement of the Physician (please mark "V" for an item that has been notified to the patient and "X" for an item that hasn't been notified to the patient)

1. I have tried my best to explain the information relevant to the surgery in a way that the patient can understand, particularly involving the following items:

- Reason for the surgery, steps, range, risk and success rate of the surgery and possibility of blood transfusion
- Surgical complications and possible treatments
- Possible consequence of not implementing the surgery and other alternative treatments
- Any temporary or permanent symptom that may occur after the surgery
- I have delivered the additional surgery-related descriptive information the patient if any

2. I have left sufficient time to allow the patient to ask questions related to the surgery and have answered the questions too:

- (1)
- (2)
- (3)

Signature of the Physician Responsible for the Surgery:

Date: _____

Time: ____ (h) ____ (m)

III. Statement of Patient

1. The physician has explained to me and made me fully understand the information relevant to necessity, steps, risk and success rate of the surgery.
2. The physician has explained to me and made me fully understand the risks of other alternative treatments.
3. The physician has explained to me and made me fully understand the possible prognosis of the surgery and the risk of not implementing the surgery.
4. I've understood blood transfusion may be necessary during the surgery; I agree disagree with **blood transfusion.**
(Except for an emergent case as specified in Article 63 of the Medical Care Act.)
5. I have put up my questions and doubts regarding my condition, the surgery and treatment etc. and received replies.
6. I understand in case it is necessary to incise an organ or tissue during the surgery, the organ or tissue may be kept for a period of time in the hospital for the purpose of pathological analysis and report and the organ or tissue will be disposed discreetly as per relevant laws and regulations by the hospital.
7. I understand the surgery may be the most appropriate option at present but it cannot be ensured that the surgery would improve my condition definitely.

I agree with implementation of the surgery based on the statement above.

Signature of the Consenter:

Relation with the Patient: _____

Tel: (0) _____

Address:

Date: _____

Time: ____ (h) ____ (m)

Signature of the Witness:

Witness is unnecessary, Signature:

Date: _____

Time: ____ (h) ____ (m)

Remarks: _____

I. General Surgical Risks

1. Except for surgeries with local anesthesia, a small part of lungs may collapse and lose function during a surgery, resulting in an increase of the possibility of chest infection, which may require antibiotics and respiratory therapy.
2. Surgeries except for those with local anesthesia may cause vascular embolization accompanied by pain and swelling in legs. And coagulated blood clots may disperse and enter into lungs, causing a deadly danger; but such situation is not common.
3. Since the heart is under stress during a surgery, a heart disease or stroke may be induced.
4. Medical institutions and medical staff will try their best to provide a treatment and surgery to a patient; but the operation will not be necessarily successful and an accident that may even cause death still might happen.

II. The patient shall sign the field of "Signature of the Consenter" personally; but if the patient is a minor or unable to sign in the field personally, the person provided in Item 2, Article 13 of the Medical Care Act shall sign in the field <The Civil Law provides: an adult is a person whose age is 20 or above.>.

III. In case the consenter is not the patient, the relation between the consenter and the patient shall be filled in the field of "Relation with the Patient".

IV. As for the witness, the field may be left blank when there isn't any witness; but the box in front of "Witness is unnecessary" should be ticked and the person who ticks the box should leave a signature.

V. **Any medical activity relevant to a plastic or cosmetic surgery that is not necessary medically must not be executed for minors under the age of eighteen in accordance with Item 4.1 of Article 28, Physicians Act of Republic of China, Taiwan.** °

Description of Nose Plastic Surgery (Template)

The description explains conditions of concerned patients and the purpose, method, benefit, possible complications, success rate and alternatives of nose plastic surgery, possible problems during recovery and possible consequences without implementing the surgery, which can be used as reference for discussions between patients and physicians. Please discuss with your physician if you still have any doubt after the physician gives his/her explanation before you sign on the consent.

I 、 Patient's Conditions: a problem and disease regarding nasal appearance or function due to trauma, congenital defect or tumor.

II 、 Purpose & Benefit:

A nose plastic surgery may be used to correct or improve the problem and disease regarding nasal appearance or function caused by the factors listed above.

III 、 Method:

An open or closed rhinoplasty technique is available. The problematic nasal anatomical structure including nasal cartilage, bone and septum may be adjusted. Sometimes shafting of autogenous material (e.g. ear cartilage, septal cartilage, rib, fascia and fat etc.) or artificial material may be used for nasal reconstruction. The patient should inform her physician if she meets any one of the following conditions: 1. Likely to suffer from blood coagulation dysfunction. 2. Likely to suffer from scar hyperplasia. 3. Allergic to some drug. 4. Smoking and drinking. 5. Ever accepted a surgery before. 6. Taking medicines that may affect blood coagulation such as Aspirin, Vitamin E and Warfarin etc.. 7. Suffering from a chronic disease such as diabetes, hypertension, heart disease and vascular sclerosis.

IV 、 Expected Benefits:

A problem and disease regarding nasal appearance or function due to trauma, congenital defect or tumor may be improved.

V 、 Possible Complications, Probability of Sequelae (including but not limited to the following) and Treatment:

1. Local bleeding, bruise, hematoma or postoperative bleeding, which needs continuous compression for hemostasis or a debridement to remove the hematoma
2. Wound infection, which needs a continuous antibiotic therapy or debridement, or even complete removal of any implant.
3. Hypertrophic scar, which is not common. The nasal scar may be not nice-looking and present a different color from that of surrounding skin. Another therapy including surgery may be needed for treat an abnormal scar.
4. It will take a long time to heal the wound: wound dehiscence or long-time healing is possible. And very few patients may suffer from ulcers and necrosis of skin at nasal tip. Frequent dressing change or further a surgery may be required to remove the necrotic tissue. Smoking may increase the probability of skin necrosis and complications relevant to wound healing significantly.
5. Allergic Reaction: there are extremely few cases of local allergy to tape, suture and disinfectant. A serious systemic allergic reaction may occur during the surgery or medication. Allergic reaction needs an additional treatment.
6. Foreign body reaction, loosening, deflection and extrusion of implant even infection caused by implant, which needs removal of the implant sometimes
7. For a patient whose auricular cartilage is removed, there is the probability of ear deformation, bleeding, poor wound healing and infection, which may needs a surgical treatment sometimes.

8. **There are rare risks of blindness and stroke relevant to nasal surgery, which may cause symptoms such as blurred vision, slurred speech or half facial paralysis etc.. Please immediately consult your physician and seek immediate medical attention in such case.**
9. Medical institutions and medical staff will try their best to provide a treatment and surgery to a patient; but the operation will not be necessarily successful and an accident that may even cause death still might happen.

VI 、 Alternatives:

A non-surgical approach such as injection of packing material may be adopted (but the complications including infection, skin necrosis, foreign body reaction, **blindness and stroke** etc. may appear yet.)

VII 、 Risk without Implementation of the Surgery: no risk but the problem of nasal appearance and function remains.

VIII 、 Possible problems during postoperative recovery period:

1. Local bruise and edema of the operative site may improve within 1 or 2 weeks after the surgery.
2. Edema of nasal tip is caused by poor lymphatic drainage and may improve in about 1 - 2 months after the operation slowly.
3. Nasal obstruction that is caused by nasal mucosal edema will improve within 1 - 2 weeks after the operation.
4. Local skin paresthesia that is induced by injured sensory nerve will recover automatically within 3 - 6 months after the operation slowly.
5. Postoperative headache, insomnia or dyssomnia that may occur in a few patients will improve in several weeks.

IX 、 Supplementary Description:

1. Existing surgical expense is limited to existing surgery and for any further surgery or subsequent treatment, the expense will be calculated separately.
2. As smoking may inhibit bloodstream of skin and affect wound healing accordingly; it would be better for a smoker to quit smoking for one month prior to accepting such surgery.
3. If you are a patient who is taking any anticoagulant drug, please discuss with your internist about the feasibility of stopping taking such drug for 1 - 2 weeks since such drug may cause a disturbance of blood coagulation and affect wound healing.

X 、 Literatures:

1. Toriumi DM, Pero CD. Asian rhinoplasty. Clin Plast Surg. 2010;37:335-352.
2. Bateman N, Jones NS. Retrospective review of augmentation rhinoplasties using autologous cartilage grafts. J Laryngol Otol. 2000;114:514-518.
3. Yilmaz M, Vayvada H, Menderes A, Mola F, Atabey A. Dorsal nasal augmentation with rib cartilage graft: Long-term results and patient satisfaction. J Craniofac Surg. 2007;18:1457-1462.
4. Won TB, Jin HR. Revision rhinoplasty in Asians. Ann Plast Surg. 2010;65:379-384.
5. Kridel RW, Ashoori F, Liu ES, Hart CG. Long-term use and follow-up of irradiated homologous costal cartilage grafts in the nose. Arch Facial Plast Surg. 2009;11:378-394.
6. Adams WP Jr, Rohrich RJ, Gunter JP, Clark CP, Robinson JB Jr. The rate of warping in irradiated and nonirradiated homograft rib cartilage: A controlled comparison and clinical implications. Plast Reconstr Surg. 1999;103:265-270.
7. H.R. Jin, J.Y. Lee, J.Y. Yeon et al. A multicenter evaluation of the safety of Gore-Tex as an implant in Asian rhinoplasty Am J Rhinol, 20 (6) (2006),pp. 615-619
8. Ghavami A, Janis JE, Acikel C, Rohrich RJ. Tip shaping in primary rhinoplasty: An algorithmic approach. Plast Reconstr Surg.. 2008;122:1229-1241
9. Mojallal A, Saint-Cyr M, Brown SA, Rohrich RJ. Dorsal aesthetic lines in rhinoplasty: A quantitative outcome-based assessment of the component dorsal reduction technique (Abstract). Plast Reconstr Surg.. 2009;124(Suppl. 4S):75
10. Mao GY, Yang SL, Zheng JH, Liu QY. Aesthetic rhinoplasty of the Asian nasal tip: A brief review.

XI 、 Questions from the Patient and Her Family:

(1) _____

(2) _____

(3) _____

Patient (or Family/ Legal Representative): _____ (Signature & Seal)

I have understood the description stated above and agree to accept the nose plastic surgery (please sign on the Consent to Nose Plastic Surgery).

I have understood the description stated above and disagree to accept the nose plastic surgery.

Relation with the Patient: _____ (Required)

Physician for Explanation: _____ (Signature & Seal)

Date & Time: