SEPTOPLASTY AND RHINOPLASTY (SEPTORHINOPLASTY)
INFORMED CONSENT FORM

THE PATIENT'S	
Name and Surname	
Date of Birth	
Contact Information	

Dear Patient, or His/Her Parent or Custodian,

This written form hereby is prepared in order to provide basic information regarding your septorhinoplasty (nose remodeling) surgery and related complications (problems might occur during or after surgery, side effects). This form shall be read by you. Please read it carefully and absolutely ask the parts that you do not understand. This form contains the written version of the information explained to you verbally and shall be kept in the archive of our clinic **IN ORDER TO BE USED IN CASE OF A LEGAL NECESSITY**. **EACH PAGE** of this document needs to be signed by you and your parent/custodian; **THIS IS A LEGAL OBLIGATION.**

Information regarding the disease:

As a result of the evaluation, a surgery has been planned for you to fix the deformities on external parts of your nose and/or for middle part of your nose. The problems you detected in your nose should be explained to your doctor. After that, based on your doctor's professional opinion about the problem, your surgery is planned. For this, your doctor takes the photos of your nose and face from different angles. These photos are important for pre-surgery planning and planning during the surgery, and also for the post-surgery records. In order to disect the surgery area, incisions are made on the skin of front side of middle of the nose and inside the nose, or only inside the nose. In open surgery, rarely a macroscopical scar might be left on the front side of the nose. This scar is not a surgeon's mistake; it is related with your skin type. The duration of surgery depends on the characteristics of your nose and might last 3-5 hours. Patient is put to sleep by anesthesia team, then he/she is woken up and is waited until he/she becomes conscious in recovery section, so the duration of patient's arrival to the service might be extended due to these procedures. All surgeries are performed under general anesthesia. You may consult the anesthetist regarding the general anesthesia (narcosis) related specific risks.

You should stop eating and drinking 8 hours before the planned time of the surgery. However, medications taken for chronic diseases such as diabetes, hypertension, cardiac insufficiency etc. should be taken with a little amount of water in the wee hours of the morning of surgery-day. One week before and after the surgery, medications like aspirin and the food that has the same effect of aspirin (food containing acetyl salicylic acid) should not be consumed, these may increase bleeding. In case of an active upper respiratory tract infection, the operation can not be performed.

Actually, this operation is a surgery of firm parts of nose; in other words it involves bone and cartilage structures of nose. Based on the operation you need, your doctor may cut and file nose bones, and may remove some or whole of cartilage structure. Your doctor may also add bone or cartilage pieces to some parts if he/she deems necessary and may fix these pieces with sutures or medical adhesives. During the reconstruction of cartilage area inside the nose, if cartilage is needed, the cartilage may be needed to take from your ear or rib. At the end of thesurgery, packing or fixing-reinforcing materials might be implanted inside the nose. Tape and plaster might be applied on your nose in order to cover it after the surgery.

In summary...

Patient's face characteristic and the convenience of bone structure are evaluated together for this surgery. Based on the consensus between the doctor and the patient, the aim of the surgery is to provide a better appearance and function. A perfect nose is never guaranteed. After evaluating the patient's physical features, it is tried to get the best results possible.

Important features of the medications to be used:

Anesthetic medications applied during the surgery might have toxic (poisonous) effects / side effects on lungs, heart, brain, kidneys and liver. Due to these reasons, **DEATH RISK** might occur. Before and after the surgery, the medications given to you in the clinic that you are treated might have toxic (poisonous) effects / side effects related to the drug. Due to these reasons, many effects including **DEATH RISK** might occur.

Life style suggestions critically important for your health:

Smoking causes shorter and lower quality of life. Smoking negatively effects success of the surgery. Risks related with anesthesia are higher with smoking patients and mortality related with anesthesia is higher. If you are smoking, you should know that success of the surgery will be lower than general success average.

Potential Complications of the Medical Intervention (Side Effects):

1. As it is a case for every surgery, anesthesia related serious problems such as life-threatening bleeding, infection, problems regarding blood coagulation, emboli, and problems related with heart, lung and brain may be encountered.
2. As it is case for all nose operations, a guarantee cannot be given for this planned surgery too. Some kinds of malformations and deformities might occur after the surgery because of various reasons. A new surgery might be required, and this is a normal situation.
3. Everyone has a natural asymmetry on their faces. This asymmetry is more obvious at people with crooked nose. For that reason, a crooked nose on an asymmetric face may not be corrected completely; this risk exists for such patients.
4. After the surgery, swelling that might last long or become permanent may occur. Additional interventions might be required for such swellings, the cost of additional interventions belongs to the patient.
5. There may be a difference (asymmetry) between nostrils after the surgery.
6. If nose is crooked in advance level, the negative risks associated with the surgery and possibility of re-operation (revision) (each rhinoplasty operation already has a 10% possibility of revision) increase. If a revision surgery is planned, the earliest time that this surgery may be performed is the first postoperative year (the first year after the primary operation). if there is beneficence possibility after the revision surgery, hospital expanses belongs to the patient. There is risk of failure after the revision surgery too.
7. During the reconstruction of intranasal bending (nasal septum deviation), the risk of leakage of cerebrospinal fluid called rhinorrhea might occur. This creates the risk of meningitis and the treatment requires additional costs. These expenses belong to patient.
8. During the surgery, if it is deemed necessary, cartilage might be taken from the auricular or rib through an extra incision.
9. The main purpose of this surgery is to reshape the nose rather than making it smaller.
10. Late hemorrhage: In order to stop the post-operative hemorrhage, nasal packing with local anesthesia shall be applied or another surgery might be required to stop bleeding. In case of an excessive blood loss, blood transfusion might be necessary.
11. Nasal septum (central part of nose) hematoma occurs as a result of hyperemia under mucosa in nasal septum. In that case, hematoma should be drained away and nasal packing should be applied again.
12. Synechia (intranasal cohesion) might occur during the early or late period. This problem can be corrected by minor surgical interventions and generally it doesn't cause a permanent problem.
13. An infection and abscess might develop in your nose after the surgery. In that case antibiotic treatment and additional intervention are required.
14. Sensation loss may occur at the upper part of lip and/or upper front teeth. Generally, this gets better in a short time.
15. Nasal septal perforation generally does not cause a big problem. Sometimes it may cause whistling, crusting, and epistaxis. This situation might require a second surgery.
16. Your sense of smell might be distorted temporally or permanently.
17. Various accidents might occur during the surgery. For example, a sharp tool may slip down from one's hands and damage your eyes; such extraordinary risks are recorded in international literature. These risks also apply to you, unexpected and unpredictable accidents might occur.
18. Documents such as photographs and videos taken before, after and during the surgery can be used in social media for educational purposes.
19. Based on the techniques used during the surgery, after the surgery you might feel more stiffness than normal on your nasal tip.
20. Your nose might not be 100% symmetric, minimal asymmetry might remain.
21. If your skin structure is thicker than normal, recovery period might be longer that people with normal skin structure. During this recovery time, permanent swellings might occur and additional interventions might be required for such cases.
22. As it is case for all kinds of operations, a guarantee cannot be given for this surgery too. A new operation might be required for the same or another reason, arising expenses belong to the patient.
23. In case of a life-threatening situation occurred during the surgery, the treatment might be extended or another treatment might be applied in order to eliminate the life-threatening risk (including opening a hole on throat in order to enable breathing), arising expenses belong to patient.
24. The recovery period of this surgery is longer than one week. A week after surgery, you can go back to your normal routine of life. However, for three months you should not wear glasses, do heavy exercises and smoke should stay away from hot places such as hammam (Turkish bath), sauna, solarium etc., should not go swimming in the sea or a pool and you should sleep on your back for one week.
25. First weeks after the surgery, your nose will look swelling and edematous than usual. In time, with effect of gravity, this swelling will disappear from top to bottom. It takes about a year for your nose to take its final shape.
26. Silicone and/or sponge packings will be placed in your nose after the operation and they will be removed at the 7^{th} day of surgery. During this week, you might struggle to breathe through your nose as a result of secretion and drying of blood clots in channeled-silicone packings.
27. It is not possible your nose to be look like the photographs you have shown us.
28. Pre-operative simulation study (Photoshop, 3D) cannot identically represent the shape of your nose after the surgery. This study is just performed to determine a plan for the patient.
29. Damage of deep structures: Nerves, tear ducts, veins and muscles might be damaged. These damages might be temporary or permanent.

30. This surgery may not be appropriate for the perfectionist people.
31. Sometimes nostrils may be wide and incisions are applied to nasal wings in order to narrow nostrils. Minimal scars might remain after this operation.
32. In case of an unsuccessful surgery, your doctor has a right not to perform the revision surgery.
33. If you have a crooked nose, it is not possible to correct it completely.
34. It is not possible to fix the deviated nose accompanied by face asymmetry exactly.
35. There may be some cuts, punctures on your nose skin due to surgery, scar may be visible and permanent.
36. the cost of additional interventions that may be required during or after the surgery belong to the patient.
37. If you had a nose surgery before and are not happy with the result, a new surgery called **REVISION RHINOPLASTY** is applied to correct the problem.
38. The ratio of success in revision rhinoplasty surgery is lower than the initial rhinoplasty.
39. The revision rhinoplasty surgery has more risks along with risks related with the initial surgery.
40. During the revision rhinoplasty surgery, cartilages might be taken from your rib or ear and membrane might be taken from sarcolemma of muscles in thoracic cage. These procedures leave scars on the skin.
41. At the revision rhinoplasty surgery, problems such as thinning in nose skin, permanent color changes and skin necrosis that causes skin loss might occur. These problems can be healed by additional treatments or can be permanent. The expenses of such treatments shall be covered by the patient.
42. While taking cartilage from rib, pain might occur at the muscles in thoracic cage. Damages might occur in the membrane surrounding the lung, called pleura and in lungs. This might create a life-threatening situation and chest tube might be necessary. The accompanying expenses shall be covered by the patient.
43. As a result of cartilage removal from ear, prominent ear deformity may occur. The accompanying expenses for correcting such deformity shall be covered by the patient.
44. Thinning or thickening might be seen at the nasal dorsum after the surgery.
45. Nasal tip ptosis might be seen after the surgery.
46. There may be temporary or permanent fold on your eyelids.
47. There will be absolutely asymmetries on your nose.
48. There is a difference between the nostrils even in each successful operation.
49. Your nasal obstruction problem related with allergic nasal diseases can not be solved by rhinoplasty.
50. Follow-up examinations are scheduled for the dates when both patient and surgeon are available.
51. Skin problems cannot be solved by rhinoplasty.
52. The responsibility belong to patient when he/she doesn't or can't come for follow-up examinations in the postoperative period.
53. We don't promise any of our patients a flawless and perfect nose.
54. You certainly feel irregularities on your nose surcafe due to osteotomies, this is a common result of the operation.
55. The price which is taken before surgery cannot be given back for the reason of failed result or patient's dissatisfaction.
56. You may have cysts in any part of your nose after surgery. The cyst may cause permanent damage and osteoporosis in the nose. Additional intervention may be required. Additional costs are belong to the patient. It takes 1 year for this intervention.
57. In photographs and selfies, there will definitely be problems in your nose at certain angles.
58. There may be problems in breathing and nasal shape outcomes which are impossible to be treated.
59. If you do not have enough cartilage in your nose and if your ribs are ossified or you do not want cartilage removed from your ribs, we can use cadaver cartilage. Rib cartilage may melt over time and your nose may become deformed again. All the costs related with cadaver cartilage belong to the patient.
60. Infection may develop due to rib, ear or cadaver cartilage placed n your nose. It mostly improves with antibiotic treatment. In case of resistant infection, it can spread to neighboring organs (eye, brain). And life-threatening situations may arise.
61. Very rarely, a blood transfusion may be required during surgery.
62. Small areas of atelectasis can be seen in the lungs during or after surgery. This situation may reveal a tendency to infection. Antibiotic use or physiotherapy may be required.
63. Deep VEN THROMBOSIS (intravenous clot), which can occur with pain, swelling and loss of strength in the feet, can be seen. Some of this thrombosis can dislodge and travel to the lungs. This condition can be fatal.
64. Heart attack can be seen together with heart strain and stroke.
65. Obese (overweight people) individuals have a high risk of wound infection, lung infection, heart and lung complications, and thrombosis (intravasculer coagulation). Smoking also increases the same risks.
66. Rarely, there may be permanent darkening below the eyes, this situation cannot be detected before surgery, and may very according to your skin structure.
67. Very rarely, there may be inflammation of the meninges, meningitis, and visual disturbances up to blindness.
68. Risks which are written above for revision surgery are also valid for primary rhinoplasty.

WHAT THE DOCTOR WANTS TO KNOW ABOUT THE PATIENT

We kindly ask you to answer the following questions:

1. Do you have a high **bleeding tendency** (for example, at small wounds or dental treatment)?
   No Yes
2. Do you have a tendency to develop **bruises** in your body or your relatives have this symptom?
   No Yes
3. Do you use **blood thinners** (for example, aspirin)?
   No Yes
4. Do you have any **allergies, asthma or severe intolerance** (for example: plaster, latex, food, medicines etc.)?
   No Yes
5. Do you have **heart or lung** related disease or do you use cardiac pacemaker?
   No Yes
6. Do you have any chronic disease?
   No Yes
7. Are your thyroid gland activities excessive?
   No Yes
8. Do you have any **artificial tooth?** / Do you have any **loose tooth**?
   No Yes
9. Did you have a **preventive inoculation** within last six weeks?
   No Yes
10. Do you have any acute or chronic infectious disease (such as hepatitis, AIDS, tuberculosis etc.)?
    No Yes
11. **For ladies:** Do you have a possibility to be a **pregnant?**
    No Yes
12. Do you use drugs?
    No Yes
13. Do you have any psychological problem?
    No Yes
14. Have you ever had any nose surgery before?
    No Yes

    If your answer is no;

    (The surgery may be terminated when ıt is understood that you have had surgery before If your surgery is continued, additional expenses belong to you.)

    I have read, understood and accepted the information above.

    The information provided by me is accurate and correct:

    (Please ask your doctor for him to explain if you think informations are unclear or you didn't understand it).

THE PATIENT, HIS/HER PARENT OR CUSTODIAN:

Name-Surname:

Signature:

Date:

"RELATIVE OF THE PATIENT" or "RELATIVE OF HIS/HER PARENT/CUSTODIAN"

(This second person shall not be a hospital personnel or someone related with the hospital personnel)

Name-Surname:

Signature:

Date:

THE STAMP OF THE DOCTOR WHO COMPLETED THE PATIENT INFORMATION

Name-Surname

Signature:

Date:

If direct communication with the patient is not possible, the contact person's (e.g. the translator's)

Name-Surname:

Signature:

Date:

While you are at operation, who do you want to decide instead of you?

Name - Surname :

Phone Number :

Signature :

WARNING:

✓ If the patient cannot give his/her consent, the identification information and signature of a person who gives his/her consent shall be taken.

✓ For pediatric patients, it is **LEGALLY OBLIGATORY** to take the signature of **BOTH PARENTS (FATHER AND MOTHER)**. If only signature of one of them is available, this person should legally prove that he/she is taking care of the child individually. Otherwise, the **TREATMENT/SURGERY SHALL NOT BE APPLIED**.

WHAT SHOULD BE CONSIDERED AFTER RHINOPLASTY OPERATION?

1. Bleeding through mouth and/or nose, bleeding with coughing (coughing up blood?) or tar colored stool are the signs of haemorrhage occuring in early and late post-operative period. Frequent and involuntary gulping may also be the sign of this haemorrhage. These kind of bleedings may show indications days after surgery. In such a case, please get in contact with your doctor and hospital, inform about your situation.
   After the surgery, your doctor will give information regarding to your follow-up examinations.

2. After the surgery, you shouldn't blow your nose too hard until the healing is completed. Wipe your nose gently with a soft paper tissue if necessary. If nasal discharge continues, please change the tampon under your nose until it stops.

3. Sleeping with your head on 2 or more pillows makes you feel comfotable. It also works to reduce swelling occuring due to the surgery.
4. Nasal cast will stay on your nose for 5 to 10 days and it will be removed by your doctor. Please don't touch, play or mess with your cast and keep it dry.
5. You should avoid foods that require vigorous and long time chewing. You should limit your salt intake in your daily nutrition for the first postoperative month.
6. You should protect your nose from being hit and facial trauma.
7. You should avoid facial expressions that require a lot of movement such as laughter for a week after your surgery.
8. You should avoid physical activities (including lifting and carrying heavy things), which cause physical fatique and to increase blood pressure, for 3 months after your surgery.
9. You shouldn't have hot bath (warm bath is recommended). You can wash your face without wetting your nasal cast. You can wash your lower part of your body instead of having bath completely.
10. You can brush your teeth gently with only a soft teeth brush. You shouldn't talk too much and for a long time for 10 to 14 days after your surgery.
11. You should wear clothes with buttons for a week after your surgery. You shouldn't wear clothes such as t-shirts, high and roll neck clothes.
12. You should avoid sun and sun bathing for 3 months after your surgery. Extremely hot weather may cause your nose to swell.
13. You shouldn't swim for one month after our surgery. Because facial injuries are seen frequently during swimming.
14. You can clean the skin on your nose gently with a soap or a skin care lotion containing vaseline after your doctor remove your cast or tapes. Please be careful while cleaning your skin, clean it gently. You can make up after your tapes are removed. Little swelling and color change may occur on your nose, eyes and upper lip after tapes are removed. Different types of cosmetics can be used to hide this color change on your skin. It is natural course of the healing period and generally it disappears within 2-3 weeks. Swelling goes down substantially in a month but complete healing period lasts at least 1 year.
15. You shouldn't wear glasses or sun glasses for at least 3 months after your surgery. We will describe you how to wear glasses without pressing on your nose later. You can wear your contact lenses 2-3 days after your surgery.
16. You shouldn't drive, work with dangerous machines or in dangerous jobs, make important decisions within the first 72 hours after your surgery.
17. You should take the medicines prescribed only by your doctor.
18. Request information regarding to postoperative wound healing and care/treatment for follow up process.
19. You shouldn't smoke for 3 months after your surgery.

✓ Ths signed from is composed of 6 (six) pages.