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INFORMED CONSENT-SEPTOPLASTY

INSTRUCTIONS

This is an informed consent document that has been prepared to help inform you concerning septoplasty surgery, its risks, and alternative treatment.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by Dr. Bartlett.

INTRODUCTION

Surgery of the nose (septoplasty) is an operation frequently performed by plastic surgeons. This surgical procedure can produce changes in the structure and function of the nose. Septoplasty can help correct birth defects, nasal injuries, and help relieve some breathing problems.

There is not a universal type of septoplasty surgery that will meet the needs of every patient. Septoplasty surgery is customized for each patient, depending on his or her needs. Incisions may be made within the nose or concealed in inconspicuous locations of the nose in the open septoplasty procedure. In some situations, cartilage grafts, taken from within the nose or from other areas of the body may be recommended in order to help reshape the structure of the nose.

The best candidates for this type of surgery are individuals who are looking for improvement in the functioning of their nose. In addition to realistic expectations, good health and psychological stability are important qualities for a patient considering septoplasty surgery. Septoplasty can be performed in conjunction with other surgeries.

ALTERNATIVE TREATMENT

Alternative forms of management consist of not undergoing the septoplasty surgery or managing nasal airway obstruction with medication.

RISKS of SEPTOPLASTY SURGERY

With any type of activity there is inherent risk. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications and consequences of septoplasty

Bleeding- It is possible, though unusual, that you may have problems with bleeding during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to stop the bleeding, or require a blood transfusion. Do not take any aspirin or anti-inflammatory medications for fourteen days before surgery, as this contributes to a greater risk of bleeding. Non-prescription “herbs” and dietary supplements can increase the risk of surgical bleeding. Hypertension (high blood pressure) that is not under good medical control may cause bleeding during or after surgery. Accumulations of blood under the skin may delay healing and cause scarring.

Infection- Infection is quite unusual after surgery. Should an infection occur, additional treatment including antibiotics may be necessary.

Damage to deeper structures- Deeper structures such as nerves, tear ducts, blood vessels and muscles may be damaged during the course of surgery. The potential for this to occur varies with the type of septoplasty procedure performed. Injury to deeper structures may be temporary or permanent.

Unsatisfactory result- There is the possibility on an unsatisfactory result from the septoplasty surgery. You may be disappointed that the results of septoplasty surgery do not meet your expectations. Additional surgery may be necessary should the result of septoplasty be unsatisfactory.

Numbness- There is the potential for permanent numbness within the nasal skin after septoplasty. The occurrence of this is not predictable. Diminished (or loss of skin sensation) in the nasal area may not totally resolve after septoplasty

Chronic pain- Chronic pain may occur very infrequently after septoplasty.

Allergic reactions- In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions, which are more serious, may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

Nasal septal perforation- There is the possibility that surgery will cause a hole in the nasal septum to develop. The occurrence of this is rare. However, if it occurs, additional surgical treatment may be necessary to repair the hole in the nasal septum. In some cases, it may be impossible to correct this complication.

Nasal airway alterations- Changes may occur after a septoplasty operation that may interfere with normal passage of air through the nose.

Surgical anesthesia- Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

Substance abuse disorders- Individuals with substance abuse problems that involve the inhalation of vasoconstrictive drugs such as cocaine are at risk for major complications including poor healing and nasal septal perforation.

Health Insurance

Most health insurance companies exclude coverage for cosmetic surgical operations or any complications that might occur from cosmetic surgery. If the procedure corrects a breathing problem or marked deformity after a nasal fracture, a portion may be covered by health insurance. Many insurance plans exclude coverage for secondary or revisional surgery. Please carefully review your health insurance subscriber-information pamphlet.

ADDITIONAL SURGERY NECESSARY

There are many variable conditions in addition to risk and potential surgical complications that may influence the long term result from septoplasty surgery. Even though risks and complications occur infrequently. The risks cited are particularly associated with septoplasty surgery. Other complications and risks can occur but are even more uncommon. Should complications occur, additional surgery or other treatments may be necessary. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, as to the results that may be obtained. Infrequently, it is necessary to perform additional surgery to improve your results.

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by your doctor, the cost of surgical supplies, anesthesia, laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day surgery charges involved with revisionary surgery would also be your responsibility.

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Dr. Bartlett may provide you with additional or different information which is based on all the facts in your particular case and the state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.

CONSENT FOR SURGERY/ PROCEDURE or TREATMENT

I. I hereby authorize Dr. Bartlett to perform the following procedure or treatment

Septoplasty Surgery

I have received the following information sheet:

INFORMED CONSENT FOR SEPTOPLASTY SURGERY

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
5. I consent to the photographing of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided the pictures do not reveal my identity.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
8. THE FOLLOWING HAVE BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
 - a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
 - b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
 - c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-8). I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Date _____ Witness _____