

CONSENTS FOR SURGERY

NOSE RESHAPING SURGERY

Including:

- Closed septorhinoplasty
- External rhinoplasty
- Augmentation rhinoplasty
- Tip rhinoplasty

A septorhinoplasty is an operation designed to improve the appearance and the function of the nose.

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 your surgeon.

There are several risks associated with this procedure and these are set out below:

1. Dissatisfaction with the aesthetic result:

Although every attempt is made to produce a result, which pleases the patient, this is not always possible. Some patients are dissatisfied with the results of cosmetic surgery and may feel not enough has been achieved or alternatively the appearance is not what they desire.

2. Scarring:

A small incision may be made in the external skin immediately beneath the nose. There are incisions made inside the nose, which are not externally visible. These usually heal to a fine line of a scar, which is not readily noticeable. Infection or unsatisfactory healing may leave a noticeable scar.

3. Swelling & Bruising:

Some bruising always occurs on the outside of the nose and around the eyes. This settles over a 2 week period. Bruising may spread down into the cheek.

While a lot of swelling settles quickly over the first few weeks, the nasal tissues will keep thinning for several months after surgery. Persistent swelling and numbness are common at the nasal tip. It will take a year for healing to be completed and for the best cosmetic result to occur.

4. Bleeding:

Some minor bleeding always occurs over the first 48 hours following surgery. A blood stained discharge may be present for up to 2 weeks. Nasal packs will be placed during your surgery. These packs are usually dissolving over a 2-3 week period.

While it is unusual, excessive bleeding can occur and may require further packing of the nose, a further anaesthetic or additional measures to control this.

5. Tenderness:

Some discomfort always occurs immediately following surgery. This is normally controlled with simple painkiller medication. Tenderness may persist along the side of the nose and tip for some weeks.

6. Numbness:

Numbness in the nasal tip area is common. This usually settles over a three month period but in some cases minor numbness may still be present in this area at a year and a small area of numbness may occasionally be permanent.

7. Breathing function and nose blockage:

Once healing has occurred, breathing through the nose is normally improved by the surgery. On occasion, due to unsatisfactory healing or congestion of the lining membrane, the patency of the nasal passage may not seem satisfactory. This is especially the case if nose has been significantly reduced in size.

8. External skin colour changes:

The blood supply to the skin may be altered as a result of the surgery. In some people the nasal skin may change colour, particularly with temperature change. This alteration in the skin usually fades with time, but on occasion it may persist.

9. Revision surgery:

In most cases a satisfactory result is produced and revision surgery is not required. In some patients abnormalities may persist after the initial operation and revision surgery is required to produce a satisfactory cosmetic or functional result. Revision surgery will only be offered if your surgeon thinks an improvement is possible and your expectations are reasonable.

10. Anaesthesia:

The procedure is normally performed under general anaesthesia (in other words you will be asleep). Your anaesthetic will be performed by a specialist Consultant Anaesthetist, with monitoring and the highest standards of care.

11. Stitches and splints:

You will have stitches below the tip of your nose. These usually come out at day 7 after your operation. There will be deeper stitches inside the nostrils which are dissolving. These may take several weeks to completely dissolve.

You will have a splint over the nose to protect it. This will be taken off at the same time as the stitches come out.

We use an antibiotic gel three times a day on the wounds to improve healing.

I have had the opportunity to discuss these complications and any questions with my surgeon.

Signed (patient) Date

Signed Mr J J Downie FRCS Consultant Surgeon

