

GHAISAS ENT HOSPITAL

Govind 1248-B Deccan Gymkhana, Pune 411004

PMC/LCBP/0506/01279

Name of patient:

Age: Sex:

Reg no: Address:

.....

Diagnosis: Crooked nose deformity/ saddle nose deformity/ Hump nose/

.....

Operation title: Septorhinoplasty Primary/ Revision

I,the undersigned
give consent for my own operation.

The following procedure will be performed:

Surgery of the nose (rhinoplasty) is an operation frequently performed by surgeons. This surgical procedure can produce changes in the appearance, structure, and function of the nose. Rhinoplasty can reduce or increase the size of the nose, change the shape of the tip, narrow the width of the nostrils, or change the angle between the nose and the upper lip. This operation can help correct birth defects, nasal injuries, and help relieve breathing problems.

There is not a universal type of rhinoplasty surgery that will meet the needs of every patient. Rhinoplasty 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 rhinoplasty procedure. Internal nasal surgery to improve nasal breathing can be performed at the time of the rhinoplasty.

Grafts used during the surgery to augment (increase) or reshape the nose shall be taken from the patients own body so as to avoid the possibility of rejection of graft material.

Conchal cartilage (ear bowl cartilage) removal as graft material, rarely can give rise to mild to moderate deformity of the ear shape / bleeding and swelling at the site of removal. Incision taken is inconspicuous and placed behind the ear. This in no way interferes with the hearing capacity neither has any bearing on the function of the ear.

Rib cartilage harvesting is done for revision or severely deformed or as per the preference in individual case. Harvesting is done from the chest wall which leaves a obvious scar and can have considerable post operative pain / relieved by medication. Rarely can cause injury to underlying structures which may need additional hospitalization.

The best candidates for this type of surgery are individuals who are looking for improvement, not perfection, in the appearance of their nose. In addition to realistic expectations, good health and psychological stability are important qualities for a patient considering rhinoplasty surgery. Rhinoplasty can be performed in conjunction with other surgeries.

The expected outcome and likelihood of success is:

Good/ Fair/ Poor.....

Risks of the procedure: There are risks and complications with this procedure. They include but are not limited to the following.

General risks:

- Bleeding could occur and may require a return to the operating room.(Is the Patient on blood thinning drugs such as Warfarin, Asprin, Clopidogrel or Dipyridamole.)
- Infection can occur, requiring antibiotics and further treatment.
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis (DVT).
- Cardiac arrest and death as a result of this procedure.

Specific risks:

- 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 surgeon to make sure you understand the risks, potential complications and consequences of rhinoplasty.

Bleeding - It is possible, though unusual, that you may have problem 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 ten days before surgery, as this contributes to a greater risk of 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 oral or intravenous antibiotics might be necessary.

Scarring - Although good wound healing after a surgical procedure is expected, abnormal scars may occur both within the skin and the deeper tissues. Scars may be unattractive and of different color than the surrounding skin. There is the possibility of visible marks from sutures. Additional treatments including surgery may be needed to treat scarring.

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 rhinoplasty procedure performed. Injury to deeper structures may be temporary or permanent.

Unsatisfactory result - There is the possibility of an unsatisfactory result from the rhinoplasty surgery. The surgery may result in unacceptable visible or tactile deformities, loss of function, or structural malposition after rhinoplasty surgery. You may be disappointed that the results of rhinoplasty surgery do not meet your expectations. **Additional surgery may be necessary should the result of rhinoplasty resolve after rhinoplasty.**

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

Asymmetry - There human face is normally asymmetrical. There can be a variation from one side to the other in the results obtained from a rhinoplasty procedure.

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

Skin disorders/skin cancer - Rhinoplasty is a surgical procedure to reshape of both internal and external structure of the nose. Skin disorders and skin cancer may occur independently of a rhinoplasty.

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.

Delayed healing - Wound disruption or delayed wound healing is possible. Some areas of the face may not heal normally and may take a long time to heal. Areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue.

Long term effects - Subsequent alterations in nasal appearance may occur as the result of aging, sun exposure, or other circumstances not related to rhinoplasty surgery. Future surgery or other treatments may be necessary to maintain the results of a rhinoplasty operation.

Nasal septal perforation - There is the possibility that surgery will cause hole in the nasal septum to develop. This occurrence 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 air way alteration - Changes may occur after a rhinoplasty or septoplasty operation that may interfere with normal passage of air through the nose.

HEALTH INSURANCE

Most 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. 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 of rhinoplasty surgery. Even though risks and complications occur

Infrequently, the risks cited are the ones that are particularly associated with rhinoplasty 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, on the results that may be obtained. Infrequently, it is necessary or perform additional surgery to improve your result.**

Statically worldwide 10% patients need additional surgery planned or unplanned.

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, laboratory test, anesthesia, and outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. 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.

Alternatives to this procedure: Alternative forms of management consist of not undergoing the rhinoplasty surgery. Certain internal nasal airway disorder may not require surgery on the exterior of the nose. Risks and potential complications are associated with alternative forms of treatment that involve surgery such as septoplasty to correct nasal airway disorders.

Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray): Patients who are currently smoking, use tobacco products, or nicotine products (patch, gum or nasal spray) are at a greater risk for significant surgical complications of skin dying, delayed healing and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smokers may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine containing products have a significantly lower risk of this type of complication. Please indicate your current status regarding these items below:

_____ I am a non-smoker and do not use nicotine products. I understand the risk of second-hand smoke exposure causing surgical complications.

_____ I am a smoker or use tobacco/nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products.

It is important to refrain from smoking at least 6 weeks before surgery and until your physician states it is safe to return, if desired.

Female Patient Information: It is important to inform your plastic surgeon if you use birth control pills, estrogen replacement, or if you believe you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

Intimate Relations after Surgery: Surgery involves coagulating of blood vessels and increased activity of any kind may open these vessels leading to a bleed, or hematoma. Increased activity that increased your pulse or heart rate may cause additional bruising, swelling and the need for return to surgery and control of bleeding. It is wise to refrain from sexual activity until your physician states it is safe.

Medications: There are many adverse reactions that occur as the result of taking over the counter, herbal, and/or prescription medications. Be sure to check with your physician about any drug interactions that may exist with medications that you are already taking. If you have an adverse reaction, stop the drugs immediately and call your plastic surgeon for further instructions. If the reaction is severe, go immediately to the nearest emergency room. When taking the prescribed pain medications after surgery, realize that they can affect your thought process. Do not drive, do not operate complex equipment, do not make any important decisions and do not drink any alcohol while taking these medications. Be sure to take your prescribed medication only as directed.

PATIENT COMPLIANCE

Follow all physician instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation around implants and the need for the return to surgery. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

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). This document is based on a thorough evaluation of scientific literature and relevant clinic practice to describe a range of generally acceptable risks and alternative forms of management of a particular disease or condition. 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. Your plastic surgeon may provide you with additional or different information that 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. This informed consent document reflects the state of knowledge current at the time of publication.

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

I acknowledge that the Dr has explained:

- My medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- The anesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- My prognosis and risks of not having the procedure.
- The procedure may include a blood transfusion.
- I have been explained that excessive bleeding, infection, cardiac arrest, pulmonary embolism and complications like this can arise suddenly and unexpectedly while undergoing operative procedure or anesthesia.
- During surgery suspected body tissues could be removed for histopathological examination.
- I give consent for any change in anesthesia or operative procedure at the time of surgery.
- I have been made aware that after the above operation and anesthesia some complication may arise and I believe that to avoid such complications, if any appropriate care is needed it shall be taken by surgeon and anesthetist or any other Doctor suggested by them.

- That there is no ICU in this hospital but this hospital has a tie up with hospital which has ICU back up and patient will be shifted there in case of any complication so that appropriate care can be taken of.
- I have been explained that after surgery I might need to take some medications for a particular period of time as per my medical condition and as per prescribed by doctors. After surgery I will have to regularly follow up with my doctor as per his orders.
- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.
- I understand that images or video footage may be recorded as a part of and during my procedure. I consent to the photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes
 - o Provided my identity is not revealed by the pictures for medical, scientific and educational purpose only
 - o Website or social media with no identity revealed (eye closed)
 - o Everywhere without eye closure

(Please tick your option)

photographes will be used

- For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
- I accept that medicine is not an exact science and understand that no guarantees can be given to the results and understand these limitations.
- I, have read the above writing/ the above writing has been read out to me and is explained to me in thelanguage by.....(interpreter) which I understand.
- I have understood the aforesaid and I am giving my consent willingly with sound mental state without any Coercion, Undue influence, Fraud, Misrepresentation or Mistake of facts.
- I request Dr.to perform upon me the above mentioned procedure.
- **The competent courts in Pune will have jurisdiction in relation to any claim/dispute arising from or relating to the procedure(s) mentioned herein.**

Declaration by doctor: I declare that I have explained the nature and consequences of the procedure to be performed, and discussed the risks that particularly concern the patient.

I have given the patient an opportunity to ask questions and I have answered these.

- | • Doctor | Patient/Guardian |
|--|-------------------------|
| • Sign.....
imp..... | Sign/It thumb |
| • Name.....
Name..... | |
| • Address.....
Address..... | |
| • Date.....
Date.....Age..... | |
| • Time..... | Time..... |
| • Witness 1 | Witness 2 |
| • Sign.....
Sign..... | |
| • Name.....
Name..... | |
| • Relation with patient.....
patient..... | Relation with |
| • Address..... | Address..... |
| • Date.....Age.....
Date.....Age..... | |
| • Time..... | Time..... |

POST RHINOPLASTY INSTRUCTIONS

1. Keep head higher than heart for 48 hours.
2. Change gauze under nose if it gets soiled.
3. Take pain medications as needed.
4. Take antibiotics 2 times daily for 10 days.
5. Keep head out of water when bathing or shower.
6. Call the hospital and take necessary advice from any attending ENT Surgeon regarding any problems faced by you.

Patient's Name: _____
Age: _____ years Sex: M/F Address: _____

Phone No: _____
OPD Reg No: _____ Surgery proposed: _____
Surgeon: Dr _____ Anaesthesiologist: Dr _____

General anaesthesia involves rendering a patient unconscious before an operation. This is to ensure that the patient is not aware of events and does not feel pain during the operation. Drugs are given through vein and/or inhaled from gases delivered by anaesthesia machine. Regional anaesthesia involves using a local anaesthetic to numb a specific part of the body for surgery or pain relief. Prolonged pain relief without numbness can be achieved by infusing appropriate concentrations of local anaesthetics with adjuvants in the regional blocks during the anaesthetic for surgery or after injury.

The following questionnaire will help to assess you during the Pre Anaesthetic Check performed by the anaesthesiologist.

1. Do you have any chronic medical condition for which you need to visit a doctor regularly?

If yes give details

2. Do you take any medicines other than those stated in answer to Q 1?

If yes give details

3. Do you have any of the following:

Heart Disease Blood pressure Diabetes Kidney Disease Liver Disease
Asthma/Bronchitis

Thyroid If yes give details

4. Do you feel breathless on walking? How much can you walk without stopping? How many floors can you climb at normal pace without stopping?

5. Have you undergone any surgery in the past?

If yes give details

Did you need anaesthesia for it? If yes give details

6. Do you have any known allergy?

If yes give details

7. Have you been admitted to hospital or received any prolonged treatment for any medical condition?

If yes give details

8. Do you smoke, consume alcohol, tobacco, pan, gutka, supari etc.? If yes give details

9. Have you received blood transfusion in the past? Y/N

10. Have you tested positive for HIV/HBsAg/ other viral infections? Y/N

11. Do you have loose teeth, removable denture? Y/N

12. Do you use hearing aid? Y/N

Do you have any concerns? If yes
give details

Patient's Sign

Pre anaesthetic
check-up:

(to be performed by qualified
Anaesthesiologist)

History:

General Examination:
Assesment:

Airway

Pulse:

Blood Pressure:

Systemic

Examination:

Spine:

Investigations: Hb:

Creat:

RS:

CV

S:

P/A:

CNS

:

ECG:

ASA Grade: I/II/III/IV/V
Emergency

Anaesthesia alerts:



Sign
(Dr.
)

Important Do's & Don'ts

- 1) Please be, 'Nil by mouth' 6 hours before surgery
- 2) Know your Anaesthetist & Anaesthesia before the surgery.
- 3) Remove all lipstick, nail polish, ornaments before surgery.
- 4) Keep mobiles, keys, valuables with responsible relatives.
- 5) Do not consume alcohol, tobacco & do not smoke before or after the surgery.
- 6) Do not take anything by mouth without doctor's permission after surgery.
- 7) Do not go home alone after surgery.
- 8) Do not drive vehicle, do cooking or use equipment on day of surgery.
- 9) Please contact the doctor for any problem.

COMPLICATIONS AND PROVISION OF CARE

Anaesthesia Care: Your anaesthetist is a qualified post graduate & is well versed with dealing with all types of situations that can occur during any life threatening situation one may see in the ICU.

Complications: Anaesthesia has become safer and safer; however, there remains the risk of complications with any anaesthetic rendered.

There remains a risk of death or organ injury; however, this risk is extremely low for the vast majority of patients. Below we list some of the more common side effects or complications of specific anaesthetic techniques. It is always possible that a general anaesthetic may be employed if another technique is not satisfactory.

General Anaesthesia

1. Nausea: your anaesthesia team tries to recognize those at highest risk for nausea in order to minimize this risk. Alert us if you have a history of postoperative nausea.
2. Dental trauma: teeth, especially when in poor repair or when there is dental work or dental prostheses,

can be injured during or after anaesthesia. A sore throat is common after general anaesthesia because of placement of a breathing tube.

3. Nerve injury: we make every effort to prevent injury to nerves while in the operating room; however, there remains a small risk of nerve injury with surgery and anaesthesia, though most of these injuries improve within days. Incidence of nerve injury may be increased with certain surgical positions, duration of procedure, and body habitus.

Consent for
Anaesthesia:

I, _____, for as
Parent,/Guardian/ Representative acting on

his/her or my behalf, am seeking to receive anaesthesia during his/her or my pending procedure/operation/treatment. I

want to have anaesthesia in order to lessen the pain I would otherwise experience.

I have been explained the following in terms and language that I understand. I have been explained the following in _____ (name of the language or dialect) that is spoken and understood by me.

I have been explained; I have been provided with the requisite information; I have understood; and thereafter I consent, authorize and direct the above named anaesthesiologist and his / her team with associates or assistants of his / her choice to induce anaesthesia mentioned hereinabove during the course of the proposed intervention

/ procedure / surgery and also to administer the requisite drugs and medications.

I understand that regardless of the type of anaesthesia used there may be some unforeseen risks and consequences which may occur. The following are some but not all of the common foreseeable risks and consequences which I have been told can occur: sore throat and hoarseness, nausea and vomiting, muscle soreness. Further, I understand instrumentation in the mouth to maintain an open airway during anaesthesia might unavoidably result in dental damage including fracture or loss of teeth, bridgework, dentures, crowns and fillings, laceration of the gums or lips.

I understand that medications that I am taking may cause complications with anaesthesia or surgery. I understand that it is in my best interest to inform my doctors about the nature of any medications Allopathic / Homoeopathic / Ayurvedic / Unani I am taking including but not limited to aspirin, cold remedies, narcotics, marijuana, and cocaine.

I have been explained and have understood that inducing anaesthesia has certain material risks / complications and I have been provided with the requisite information about the same. I have also been explained and have understood that there are other undefined, unanticipated, unexplainable risks / complications that may occur during or after inducing anaesthesia. I understand the more serious risks and consequences of anaesthesia include but are not limited to changes in blood pressure, allergic/drug reaction, awareness of the surgery, injury to my baby if pregnant, excessive bleeding, cardiac arrest, brain damage, embolism, paralysis or death.

I have been explained and have understood that despite all precautions complications may occur that may even result in death or serious disability.

I acknowledge _____ has told me that in his/her medical judgment the type(s) of anaesthesia I could receive that Dr. _____

is/are General Anaesthesia /Spinal / Epidural Anaesthesia /MAC (Monitored Anaesthesia Care) / Sedation / Regional anaesthetic block. I have listened to the doctor's explanation of the type(s) of anaesthesia I may receive, its benefits and common foreseeable risks and consequences as well as those of its alternatives and now accept his/her recommendation . I have been explained and understood that though the plan of anaesthesia has been explained to me, there is a possibility that a different plan may be adopted due to various unseen circumstances that may arise during the anaesthetic.

I understand that during my procedure/operation/treatment invasive monitoring may be necessary. I understand the risks and benefits associated with this type of monitoring which have been fully explained to me.

I understand that while I am receiving anaesthesia, conditions may develop which require modifying or extending this

consent. I therefore authorize modifications or extension of this consent that professional judgment indicates to be necessary under the circumstances. I understand that I must not eat or drink anything 6 hours prior to surgery unless directly permitted by the anaesthesia-staff. I have been explained and have understood the importance of preoperative fasting and the risks of consuming solids/liquids prior to the induction of anaesthesia

I consent to appropriate tests and treatments which may better evaluate my risk and prepare me for surgery as part of my medical care associated with this procedure/operation/treatment.

I, the undersigned patient, give my consent to discuss my personal health information with any person that accompanies me or is present with me that I have identified in advance of any procedure as active in my mental, physical, emotional, or spiritual care, including, but not limited to family, close personal friends, and patient advocates. I also authorize Mr/Ms. _____ accompanying me to give consent on my behalf with regards to any anaesthetic, surgical or other medical intervention required when I am undergoing an anaesthetic.

I am aware of the facilities which are available and not available in the hospital. I may have to be shifted to another hospital for treatment of complications and I am bound to pay the bill of that hospital.

PATIENT
AFFIRMATION

By signing this document, I am indicating that I understand the contents of this document and its attachments, agree to its provisions and consent to the administration of anaesthesia during my procedure/operation/treatment. I know that if I have concerns or would like more detailed information, I can ask more questions and get more information from my attending anaesthetist. I am also acknowledging that I know that the practice of anaesthesiology, medicine and surgery is not an exact science and that no one has given me any promises or guarantees about the administration of anaesthesia or its results. I fully understand what I am now signing of my own free will and the above 12 points in the consent form have been explained to me thoroughly in my own language.

I have signed this consent voluntarily out of my free will and without any kind of pressure or coercion.

Patient's
Witness Signature

Signature

Date
Witness Name:

&

Time

