

Ear Nose and Throat Surgery
Septorhinoplasty
Informed Patient Consent Form

Tarih:/...../20....

NAME AND SURNAME OF THE PATIENT:

Dear Patient / Dear Parent,

Due to “Deviated Septum and Slight Malformation” revealed upon our medical examinations and diagnostics, it has been understood that you/your child need to undergo “Septorhinoplasty” surgery. Septorhinoplasty is the name of the aesthetic and functional surgery performed on the nose. Before this surgery, we would like to inform you of some important information related to this procedure. This written form has been prepared to inform you about this procedure and complications related to this procedure (problems and side effects during and after the procedure). *Please DO NOT FILL IN or DO NOT SIGN this form if the procedure explained in this form is not the one explained to you by your doctor.* In such case, immediately consult your doctor.

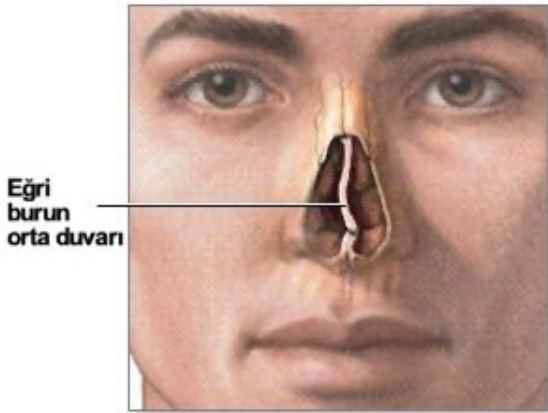
Please consult your doctor on subjects you do not understand to their full extent and include them at the bottom part of this form.

This form has been made in 2 original copies. One of the copies shall be handed over to you and the other copy shall be retained in the patient file. Please do not forget to read, fill in and sign your copy before the surgery.

This form MUST be filled in by the PATIENT if the patient is above 18 years of age. If the patient is a minor, the form must be filled in by his mother, father, or legal guardian. Legal guardians must provide respective documents before signing this form.

This form will serve as a document of proof indicating you are well-informed of the procedure and that you accept the procedure and its outcomes. For that reason, please READ and FILL in the form very carefully. persons other than the patient himself or the legal guardians of the patient shall fill out this form.

A- Anatomy and Diagnostic Information:



The nasal septum cartilage exterior might be malformed due to undesired conditions during pregnancy or birth, due to various developmental conditions during early childhood or due to external impacts.

Which type of anesthetics are used in this surgery?

This surgery is conducted using general anesthetics. Please consult your anesthesiologist for anesthesia-related risks.

Before arriving at the hospital for surgery or when you are received as an in-patient, some biochemical examinations, diagnostics, and x-rays will be performed on you. After these diagnostics, an anesthesiologist will perform a final examination on you

to decide whether your metabolism is suitable for anesthetics.

Due to local anesthetics applied to reduce the amount of bleeding, some undesired side effects might occur.

These are:

- Allergic reactions based on the type of anesthetics or medications used (e.g. swelling, itching, or in some extreme cases heavy circulation deficits that can lead to shock)
- Side effects on the central nervous system, undesired contractions, and respiratory problems,
- Increased blood pressure, arrhythmic or slow heartbeats

B- When is this procedure necessary?

a. In case the nasal septum and cartilage exterior cause breathing difficulties during sleep or otherwise,

b. In case it causes headaches or muscular aches,

c. In case it triggers recurring sinus infections,

d. In case it prevents smooth application of another type of surgery around the nose or sinuses,

e. In case it causes social or psychological trauma in the person.

f. For cosmetic purposes.

C- How this surgery is performed and how long does it take?

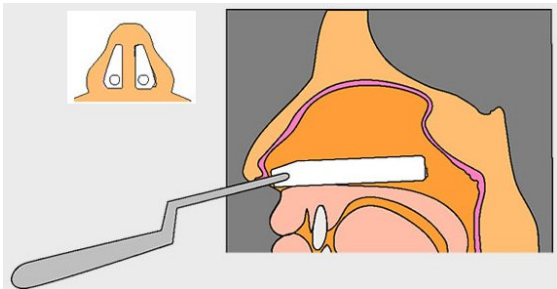
<u>Signature of the Patient / Parent / Legal Guardian</u>	Page No:1	This form has been drafted on/...../20 for “.....”
		Informed Patient Consent Form

a. Planning

Once you indicate the problems you experience with your nose to your doctor and once your doctor gives his professional opinion on the matter, the planning phase for your procedure starts. Various pictures of your nose will be taken from different angles for the planning phase. These pictures are important in terms of both pre-surgery and surgery planning and also in terms of post-surgery archiving purposes.

b. Surgery

To open the nasal area for surgery, scalpel cuts are proceeded either on the front part of the middle section of the nose or only on the interiors of the nose. Your doctor will decide on the type of scalpel cuts, whicutre calledisen cut or closed cut. Rarely, a visible surgery mark might be left on the front part of the nose in case of open cuts are used. This is not a medical error, however it is rela,teted to your skin type. Duration oThe durationy depends on the characteristics of your nose, between 1 to 5 hours. This surgery is originally performed on the solid tissues of the nose, which are the bones and cartilcartilages doctor might cut or rasp your nasal bone or add or remove cartilcartilageur nose depending on the type of intervention required. These parts might be pasted or bindedbound sutures or medical pastes and supported inside the nose with the help of buffers or support materials. Covering materials such as bandages or plasters might be applied outside your nose after the surgery. Buffers and support materials are suggested to remain in the nose at least for 48 hours. Plasters or bandages applied on the exterior of your nose shall remain on your nose for a period deemed appropriate by your doctor.



D- Chance of Success:

This surgery aims to give a better appearance to nose and also to make sure breathing becomes easier for the patient. However, this surgery does not guarantee that the functions of the nose will be restored to 100% and also does not guarantee that the patient will not have any complaints related to his nose.

Doctor consultation prior to the surgery does not guarantee that your nose shape will fully comply with your request. Your doctor does not commit and undertake to fulfill your expectations on this matter. However, your doctor will give his utmost care to make sure it fully complies with your request.

E- General Risks and Dangers of the Procedure

General complications such as introvascular coagulopathy (thrombosis / embolism), open wound infections or circulatory system reactions which are encountered in nearly all surgical operations, are very rare in septorhinoplasty surgery. Some minor problems might be encountered due to simple procedures such as drip-feeding the patient, moving heads or legs during the surgery with the help of electrical tools or hemostatic intervention. Scar formations due to disinfectant use or electrical current use to trigger hemostasis or infections on the open wound during the surgery are possible side effects.

In addition to these, following side effects can also occur;

- a. Uneasiness and dormancy might be experienced after the surgery due to use of anesthetics,
- b. Pain and dysphagia starting from the first day after the surgery,
- c. Breathing difficulties due to buffer use inside the nasal cavity,
- d. Swellings on the nose and face,
- e. Corrosion, swelling inside the nose and nasal obstruction depending on these side effects after the buffers are removed from the nose,
- f. Anosmia, reduced sense of smelling (Very rarely, this side effect might be permanent)
- g. Bleeding: During the early post-surgery stages, especially during the first two days, nasal bleeding starting from the front part of the nose towards the oral area is prevalent. Bleeding during the late post-surgery stages might be prevented using a nasal buffer or with a second surgical operation. Very rarely, bleeding might be experienced during or after the surgery. This generally does not represent a life threatening situation and might be treated with simple interventions however some cases might require advanced interventions. You must consult to the hospital immediately if you are suffering from post-surgery nasal bleeding. Bleeding might be due to unexpected intravascular structure of the patient despite the bleeding/coagulation analysis conducted prior to the surgery. If the amount of blood is excessive and

<p><u>Signature of the Patient / Parent / Legal Guardian</u></p>	<p>Page No:2</p>	<p>This form has been drafted on/...../20 for “.....”</p> <p style="text-align: center;">Informed Patient Consent Form</p>
---	------------------	---

intervention is not made, it might result with heavy bleeding, shock and even death in some cases.

The risk of bleeding is higher in the following cases:

- Patients suffering from hypertension
- Patients using aspirin or similar blood thinner medication (before the surgery, you should precisely tell your doctor the medication you are using)
- Patients who are smokers or drinkers,
- Patients who do not follow post-surgery recommendations.

h. Congestion beneath the nasal septum can be treated with a simple surgical operation.

i. Abscession inside the nasal septum: This side effect might be experienced within the first week after the surgery. Cutting the abscession and extracting the inflammation or even removing and patching the infected cartilage might be necessary in some cases.

j. Swelling and bruises on the nose, cheek and eye contour: Bruises and swelling around the nose, which is a common side effect of this surgery, generally recovers between 7 to 30 days however the swelling on the nasal exterior might persist for months. Rarely, there might be permanent concentration on the eye bags. This cannot be diagnosed before the surgery and the outcome might depend on your skin type.

k. Further surgical operations might be required in case of punctures around the nasal septum,

l. Further surgical operations might be required in case of declines or scarry tissue formations on the nose.

m. There might be sensation loss on both upper teeth or all front teeth,

n. Skin issues: Changes in the skin tissue, redness, small scars and vascular deformations might occur. These effects are experienced very rarely.

o. Effects on nasolacrimal sac: Lacrimal sac is located very close to the surgery area. This effect might be only due to post-surgery swelling and it will recover without intervention. Sometimes medical intervention might be required.

p. Nasal congestion; In functional or aesthetic nasal surgeries, congestion might be experienced due to the fact that the roof of your nose is tightened after nasal hump is removed or sometimes nasal tissues might join together during the recovery period, which results with nasal congestion. One or two more surgeries might be required to treat these complications.

q. Tissue burns on various parts of the body might be experienced due to electrical tools used for hemostasis.

r. Infection: Gland infections and abscessions might be experienced and infections might join your bloodstream. Such complications are treated with the use of antibiotics.

s. Cerebral cortex infection, which might result with visual deficiencies as further as blindness, is a very rare outcome of the procedure.

t. Small and local infections and wounds on the lungs, blood coagulation on the legs (deep vein thrombosis) might result with heart attack and death.

u. Blood transfusion; might be required very rarely after late post-surgery bleeding.

F- Evaluation of surgery results

Pain and aches might endure for two weeks after septorhinoplasty surgery. There are no significant pains after this period. Nasal congestion might endure up to 2-3 months.

Based on your anatomical structure, nasal septum or your nose structure might experience further malformations, which might require a second surgical operation.

G- Pay attention to the following after the surgery:

1. Early and later stage bleeding experienced after the surgery might result with blood coming from your nose or mouth or blood in your cough or via tar colored feces. Frequent unintentional swallowing reflex might be a symptom of bleeding. Such silent bleeding might reveal its symptoms even days after you suffer it. In such cases, you must consult to your doctor or to the hospital. Your doctor will provide information on the post-surgery patient monitoring processes.

2. Do not blow your nose before full recovery after the surgery. In case it is necessary, gently wipe your nose. If you have a running nose, replace the buffer under your nose until it stops.

3. It will be easier to sleep if you lift your head using 2 or more pillows. This position reduces the surgery related swellings on your nose and face.

4. Nose plaster will remain between 5 to 10 days and will be removed by your doctor. Never play with this plaster and keep it dry.

5. Refrain from consuming food that requires strong or long chewing. It is suggested to reduce your salt intake for about 1 month after the surgery.

6. Protect your nose against crashes and impacts.

7. Refrain from extreme facial contractions such as laughing.

8. Refrain from physical exhaustion of your body for 15 days after the surgery (also refrain from lifting heavy loads) and also refrain from activities that will increase your blood flow.

9. Do not bathe in hot water (use warm water). You can wash your face but make sure the plaster remains dry. It is suggested to shower only your lower body (without washing your face).

10. Brush your teeth only using soft toothbrushes. Refrain from extreme or strong brushing for 10 to 14 days.

<p><u>Signature of the Patient / Parent / Legal Guardian</u></p>	<p>Page No:3</p>	<p>This form has been drafted on/...../20 for “.....”</p> <p style="text-align: center;">Informed Patient Consent Form</p>
---	------------------	---

11. Use clothes that can be buttoned from the front or the back for one week. Any tight, overhead t-shirts or swanneck/turtlenecks are prohibited.

12. Refrain from sun or sunbathing for 6 weeks at all cases. Heat might cause swelling on your nose.

13. Do not swim for a month. Because swimming results with many injuries on the nose.

14. Clean your nose gently using a skin lotion etc. once your doctor removes the plaster and bandage around your nose. Please be gentle and soft during the cleaning. You can apply make up on your face once the bandages are removed. Various types of makeup can be used to disguise the color change. Swelling and color discrepancies on the nose, eyes and upper lip are commonly experienced symptoms once the bandages are removed. These natural changes disappear within 2-3 weeks. Swellings recover mostly within 2-3 weeks however they will completely disappear only after a couple of months.

15. Do not use sunglasses or any other kind of glasses at least for 4 weeks. In the latter stages, doctors will show you how to use glasses without applying pressure on your nose. Contact lenses can be used starting from 2-3 days after the operation.

16. Patients should not drive cars or use dangerous machinery etc. or take important decisions within the first 72 hours after the surgery.

17. Only use medications prescribed by your doctor.

Please request information from your doctor on scar and wound recovery and patient-care after the surgery. In addition, a separate sheet which contains more detailed information on "Article H- Pay attention to the following after the surgery" will be handed over to you.

H- Legal Disclaimer:

This form consisting of six pages has been given to the patient before the surgery. It aims to inform the patient and his relatives about the potential outcomes of the surgical procedure and to encourage conscious decision. The patient has been informed meticulously that all interventions aim to suit the patient needs and to increase functionality of the patient body rather than a conceptual "perfect surgery".

This surgery aims to give a better appearance and functionality to the patient, upon consensus between the doctor and the patient, taking into consideration facial and musculo-skeletal characteristics of the patient. **The doctor never commits to an outcome of a "perfect nose"**. Upon evaluation of physical characteristics of the patient, best possible application is undertaken.

Medical imaging environment and documentation can be used in congresses and other medical channels for scientific purposes. You comply to this by signing this form.

Excusive of medical errors of the doctor performing the surgery, we shall not be liable for unjustified and

irrecoverable claims made by the patient, who aims to obtain a precise nose model. This document is a memorandum of trust between the doctor and the patient.

I – Rejection of Treatment and Results:

In case you reject receiving the treatment options offered to you or to your relative after your surgery, the symptoms of your complaints will not be treated and might increase in numbers and magnitude.

You have the right to reject this operation however you shall be liable for any and all kinds of medical conditions and outcomes as a result of this rejection.

If you reject this surgery, please sign below and indicate the reason(s) of your rejection in handwriting.

Name, Surname and Signature:
of the Patient, Paren tor Legal Guardian

Date and Time:

Reason of Rejection:

.....
.....
.....
.....

I- General risks and dangers:

Please andwer the following questions to diagnose some potential problems that might increase the element of risk!

1. Do you have heavy bleeding tendency (e.g. in case of small injuries or teeth treatments)?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
2. Do you ever experience bruises on your skin without any significant cause or does any of your blood-relatives have similar symptoms?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
3. Are you using blood thinner medication? (like Aspirin)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If your answer is yes, please indicate the name and dosage of this medication:	
4. Are there any medication you are using on a constant basis?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If your answer is yes, please indicate the name and dosage of this medication:	

<p>5. Do you have allergic reactions or extra sensitivity? (E.g.; flaster, latex, food and such)?</p> <p style="text-align: right;">Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>If your answer is yes, please indicate what it is:</p>
<p>6. Are you suffering from chronic heart, lung, liver, guatr or kidney diseases?</p> <p style="text-align: right;">Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>If your answer is yes, please indicate your condition.</p>
<p>7. Are you suffering from acute or chronic diseases with infection? (e.g. AIDS or such)</p> <p style="text-align: right;">Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>8. Do you have any prosthetics in your mouth, such as teeth? Do you have wobbly tooth?</p> <p style="text-align: right;">Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>9. Were you vaccinated in the last 6 weeks?</p> <p style="text-align: right;">Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>10. Did you suffer any physical trauma in last one month? (e.g. traffic accident)</p> <p style="text-align: right;">Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>10. Are you suffering from any psychiatric conditions?</p> <p style="text-align: right;">Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>11. Do you think you are suffering from any risky condition?</p> <p style="text-align: right;">Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>If your answer is yes, please indicate this condition:</p>
<p>12. <u>For fertile women:</u> Are you pregnant?</p> <p style="text-align: right;">Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>

J- The patient must pay attention to the following before the surgical operation:

If your surgery is undergoing in a planned manner, please stop taking blood thinner medication, such as aspirin at least one week before and stop smoking at least 5-6 hours before the operation. Please also do not eat or drink anything at least 5-6 hours before the operation.

Before you arrive at the hospital, please attend all your personal hygiene, bladder etc. needs. Please also remove all your personal belongings, prosthodontics, if any, and all other metal accessories.

K- Questions pertaining the informatory form:

Please do not hesitate to ask any kinds of questions to your doctor, which you feel is important. If you have no questions, it will be assumed that you already have full knowledge of the procedure. Please also indicate any of your questions on the treatment, surgical procedure or personal risks, which you feel are inadequately attended in this form. Your doctor will inform you on such matters.

Question: _____

Answer: _____

Question: _____

Answer: _____

Question: _____

Answer: _____

• I have indicated all kinds of questions in my mind related to the treatment, surgical operation or personal risks which are either not included or inadequately attended in this form.

I have been **PROVIDED** with sufficient information on the matters and questions I stated above.

I have **NOT BEEN PROVIDED** with sufficient information on the matters and questions I stated above.

(Please fill in below if you included any questions in the upper section)

Name, Surname and Signature of the Patient / Parent / Legal Guardian

<u>Signature of the Patient / Parent / Legal Guardian</u>	Page No:5	This form has been drafted on/...../20 for “.....”
Informed Patient Consent Form		

Patient Consent Explanation:

Detailed information has been provided to me on the surgery planned and which will be extended if necessary, by OP.DR.ALİ ALAIYE In addition; the type of procedure, what did it mean, related risks, potential side effects and complications, additional and extensional procedures and risks of these procedures have been explained to me in detail and I have asked all relevant questions.

- I hereby declare that I have understood all kinds of verbal explanations provided to me and provided correct and accurate answers to the questions related to this procedure.
- I hereby also declare that I have fully understood that the doctor DOES NOT GIVE ANY GUARANTEES OR COMMITMENTS related to the procedure, its side effects and potential complications.

I feel properly informed and enlightened on Septorhinoplasty surgery and pertaining extensional procedures. I hereby give my "CONSENT AND APPROVAL" to my doctor for the "planned surgery", "any additional or extensional procedures" and also to collect my blood samples and perform blood tests.

(Please include the following statement below using your own handwriting)

"I HAVE READ AND UNDERSTOOD THE FORM AND AGREE TO ITS CONTENT AND I GIVE MY CONSENT."

Please also include your name, surname and signature.)

Date and Time:

Approval:

Name, Surname and Signature of the Patient / Parent / Legal Guardian:

I have received a copy of this form:

(Name, Surname, Signature)

This section will be filled in by your doctor:

Remarks related to the consent form:

(Personal risks and related complications, patient specific problems, additional procedures, precautions to be followed, rejection or delay of treatment and problems pertaining to these and consent related content)

.....
.....
.....
.....
.....

The patient requires more time to think and also to postpone the implementation appointment.

Despite the fact that sufficient explanations have been provided, the patient /parent / legal guardian rejected the treatment. Information related to problems that might occur upon the rejection of treatment has been explained to the patient.

Remarks related to the patient/parent:

Patient/parent is illiterate. The content of this form has been read to him through a third person accompanying him.

Patient/parent does not speak Turkish. The content of this form has been explained to the patient through a translator.

Name, Surname and Signature of the Witness / Accompanying Person / 3rd Person / Translator

Adı soyadı- imzası:

Date and Time:

Name and Surname of the patient:

I have explained to my patient and/or to his relatives the content of this "Informed Patient Consent Form" in the best way I could.

OP.DR.ALİ ALAIYE

Ear, Nose, Throat and Head and Neck Surgeon

Date and Time:

Stamp and Signature:

<u>Signature of the Patient / Parent / Legal Guardian</u>	Page No:6	This form has been drafted on/...../20 for "....." Informed Patient Consent Form
--	-----------	--

<u>Signature of the Patient / Parent / Legal Guardian</u>	Page No:7	This form has been drafted on/...../20 for “.....” Informed Patient Consent Form
--	-----------	--

Ear, Nose, Throat and Head and Neck Surgery

Septorhinoplasty

NAME AND SURNAME OF THE PATIENT: KRISTINA KALAJDZIC

Date: .../.../.....

Dear Patient, / Dear Parent,

We would like to inform you on the matters you must pay attention to after the septorhinoplasty surgery conducted. Please read this form carefully and ask your doctor about any matters you think are vague, ambiguous or requires more explanation.

1. Early and later stage bleeding experienced after the surgery might result with blood coming from your nose or mouth or blood in your cough or via tar colored feces. Frequent unintentional swallowing reflex might be a symptom of bleeding. Such silent bleeding might reveal its symptoms even days after you suffer it. In such cases, you must consult to your doctor or to the hospital. Your doctor will provide information on the post-surgery patient monitoring processes..
2. Do not blow your nose before full recovery after the surgery. In case it is necessary, gently wipe your nose. If you have a running nose, replace the buffer under your nose until it stops.
3. It will be easier to sleep if you lift your head using 2 or more pillows. This position reduces the surgery related swellings on your nose and face.
4. Nose plaster will remain between 5 to 10 days and will be removed by your doctor. Never play with this plaster and keep it dry.
5. Refrain from consuming food that requires strong or long chewing. It is suggested to reduce your salt intake for about 1 month after the surgery.
6. Protect your nose against crashes and impacts.
7. Refrain from extreme facial contractions such as laughing.
8. Refrain from physical exhaustion of your body for 15 days after the surgery (also refrain from lifting heavy loads) and also refrain from activities that will increase your blood flow.
9. Do not bathe in hot water (use warm water). You can wash your face but make sure the plaster remains dry. It is suggested to shower only your lower body (without washing your face).
10. Brush your teeth only using soft toothbrushes. Refrain from extreme or strong brushing for 10 to 14 days.
11. Use clothes that can be buttoned from the front or the back for one week. Any tight, overhead t-shirts or swanneck/turtlenecks are prohibited.
12. Refrain from sun or sunbathing for 6 weeks at all cases. Heat might cause swelling on your nose.
13. Do not swim for a month. Because swimming results with many injuries on the nose.
14. Clean your nose gently using a skin lotion etc. once your doctor removes the plaster and bandage around your nose. Please be gentle and soft during the cleaning. You can apply make up on your face once the bandages are removed. Various types of makeup can be used to disguise the color change. Swelling and color discrepancies on the nose, eyes and upper lip are commonly experienced symptoms once the bandages are removed. These natural changes disappear within 2-3 weeks. Swellings recover mostly within 2-3 weeks however they will completely disappear only after a couple of months.
15. Do not use sunglasses or any other kind of glasses at least for 4 weeks. In the latter stages, doctors will show you how to use glasses without applying pressure on your nose. Contact lenses can be used starting from 2-3 days after the operation..
16. Patients should not drive cars or use dangerous machinery etc. or take important decisions within the first 72 hours after the surgery.
17. Only use medications prescribed by your doctor.
18. Please request information from your doctor on scar and wound recovery and patient-care after the surgery.

Get well soon!
OP.DR.ALİ ALAIYE
Medical Surgeon of Ear, Nose,
Throat and Head and Neck

Signature of the Patient / Parent / Legal Guardian	Page No:8	This form has been drafted on/...../20 for "....." ”
		Informed Patient Consent Form