

RHINOPLASTY SURGERY

► INFORMED CONSENT FORM

Prof. Dr. Ferit Demirkan
Plastic, Reconstructive and Aesthetic Surgeon

Date..... / /20.....

Dear Patient, Dear Parent/Guardian

This form has been prepared to inform the patient and their relatives about the surgery to be performed. It is a legal obligation to read and approve it. The aim of informed consent forms are to explain the anticipated risks and undesirable situations (complications) of surgical treatments and to provide information about other options. The identified risks are defined in such a way as to meet the needs of most patients under many conditions. However, this form should not be considered as a document containing the risks of all forms of treatment. Depending on your own personal health status or medical information, your plastic surgeon may offer you different or additional information.

Do not sign the form on the last page until you have carefully read all the information written below and found the answers to all your questions.

GENERAL INFORMATION:

The nose is a very important organ located at the center of the face, both in terms of appearance and respiration. Rhinoplasty is a procedure that changes the shape of the nose and by extension, the whole appearance of the face. Rhinoplasty can be performed from the age of 18 for men and 17 for women. It can also be performed at a later age, but since the elasticity of the skin decreases after the ages of 45-50, it may be difficult to get results.

With rhinoplasty;

- * The nose can be reduced or enlarged; and this operation can be performed by maintaining the existing shape or changing this shape if desired
- * Nasal hump can be removed
- * The tip of the nose can be thinned
- * The tip of the nose can be lifted
- * The tip of the nose can be extended or shortened
- * Nostrils can be reduced
- * Nasal wings can be reduced
- * The angle between the nose and forehead can be raised or lowered
- * The angle between the nose and the lips can be expanded or narrowed
- * The bridge of the nose can be reduced
- * The angle between the tip and bridge of the nose can be rearranged
- * Externally observed asymmetries of the nose can be eliminated or reduced
- * Deviations of the nasal axis can be eliminated or reduced
- * Deviations of the middle part of the nose - the septum - can be corrected or reduced

The following cannot be done with rhinoplasty:

* A nose similar to someone else's cannot be made, each nose is different. The link between the lower/upper jaw, the distinction of the tip of the jaw, the width of the face, the size of the cheekbones, the bone structure of the face and the structure of the skin can affect the final result. Your doctor may even recommend a combination of rhinoplasty and chin augmentation/reduction surgery or implants to the midface area for a better result.

* The thickness of the nasal skin cannot be changed, and this can affect the result; a thick nose skin can provide a relatively rougher result with less visible detail on the nose; whereas all the underlying details (and sometimes irregularities) can be visible with surgery performed on a thin nose skin. The ideal result can be achieved with a skin thickness of medium to thin.

* Deviations (on the right, left or both sides) and asymmetries from childhood or adolescence may not be completely corrected, since the nose develops starting with the growth of the septum located in the middle, and the rest of the nose follows the septum. If an unnoticed deviation/fracture has developed in the septum at an early age, the growing cartilage grows through this deviation and becomes a complicated, three dimensional, curved form. This causes asymmetries in other parts of the nose. For example, in a child whose nose tip is curved to the right, the right and left nostrils are not of equal size and shape. Length differences up to 4-5 mm may occur in tissues such as the cartilage, skin and mucous membranes that make up the nasal wings. In such cases, the deviation may not be completely corrected and the asymmetries may not be completely eliminated. However, in an adult whose nose is crooked or asymmetrical due to trauma, and not due to childhood development, the possibility of complete recovery is much higher.

* Breathing problems may not be completely resolved. Nasal valve and respiratory problems due to a low nasal tip can be corrected with rhinoplasty. If septoplasty is also considered, problems related to septum deviation can be solved as well. However, there may be other reasons behind breathing problems, such as sinusitis, allergic rhinitis, concha bullosa; and different procedures are required to treat them.

You must tell your doctor all of your complaints with detail. You must discuss in detail whether you have difficulty breathing, if so; whether it is dependent on season changes, whether it increases with activities, whether it causes problems such as mouth dryness, headaches, snoring, or a runny nose.

Any previous injuries or a previous operation and when they occurred should be reported. The doctor must be notified if there is a history of serious disorders / diseases and medications that the patient is on. Complaints and expectations about the shape of the nose must be explained.

The ideal people for this operation are those hoping for a better appearance, rather than those expecting a perfect nose. The desired criteria for people having a rhinoplasty operation are possessing realistic expectations, good health and psychological well-being. Rhinoplasty can be performed with other surgical methods.

If fillers have been injected to your nose for aesthetic purposes beforehand, they should be dissolved before surgery. An operation done with fillers present will decline the shape of the nose when the fillers dissolve after the surgery. The fillers should be dissolved at least 2 weeks before the surgery.

Your doctor can show you the changes planned by running a computer simulation on your photograph. The purpose of this process is to understand clearly what kind of nose you want, rather than promising the exact nose type shown in the simulation.

TERMINOLOGY:

'Open Rhinoplasty' is done with an incision made in the skin between the two nostrils; 'Closed Rhinoplasty' is done with incisions made only through the nostrils, without touching this skin. There is no significant difference in terms of the final results between these two techniques.

'Septoplasty' is the straightening of the nasal septum at the center during the nose surgery. This procedure is added to rhinoplasty in order to facilitate breathing and to ensure the symmetry of the nose. It may be enough to

make changes only at the tip of the nose without cutting the bones if there is no arch in the nose, and if the bridge of the nose is not wide. This procedure is called 'Tip Rhinoplasty'. It is a shorter surgery and the healing process is quicker. In rhinoplasty, it may be necessary to make incisions on the nasal bones or other bones in the center. While previously these procedures were performed with a chisel / hammer or saw, nowadays they are mostly performed with devices that cut bones with electric micro saws or ultrasonic energy (piezo). These types of devices are used to perform a more controlled and detailed surgery, and to reduce bruises and swelling after the operation.

THE SURGERY:

There is no general rhinoplasty technique that can be applied to everyone. Two types of anesthesia can be done before surgery; general anesthesia, in which the patient is completely put to sleep during the procedure, or local anesthesia, in which the operated area is partially sedated. These methods will be explained to you in detail and the method that suits you will be determined.

The duration of the surgery varies according to the information given to you before the operation, although it is usually 2-4 hours. When you wake up after the surgery, there will be a cast on your nose that extends to your forehead and cheeks, and nasal tampons inside your nose. If nasal tampons have been applied, they are usually removed after 3 days. Although not much pain is felt in the first hours after surgery, nausea and dizziness may occur. Certain medications for these conditions will be included in your treatment.

AFTER THE SURGERY:

Four hours after the operation, you are allowed to have liquid food and walk around. You are allowed to go home in the evening for surgeries done in the morning; if the surgery is done in the afternoon, you are allowed to go home the next day. The first 48 hours after the surgery, resting and applying cold on the forehead and cheeks for 15 minutes every two hours will provide relief, limit swelling and bruising. From the third day, swelling and bruises will begin to fade. You will be able to return to your daily activities.

One or two weeks after the operation, the cast will be removed. The cast may be kept on for 2 weeks if the nose has a deviated septum. After the cast is removed, the shape of the nose and edema can be controlled with bandages and/or massages. Although you can see the outlines of the shape of your nose after the cast is removed, it takes time for the final results to show. It usually takes 3 months for the final results to emerge; in patients with thicker skin or those who had intensive nose reduction, this period can last up to 6 months. In this period, especially in the first months, your nose may be swollen in the mornings; this swelling decreases during the day. Depending on the intensity of the operation, the thickness of the skin and the technique used, the swelling and stiffness on the tip of the nose can take longer to pass. Numbness also occurs at the nose tip and the bridge of the nose, which lasts up to 6 months. Changes in the appearance of the nose slow down after 3 months, but they can last up to 1 or 2 years.

In the early period after surgery, the nose should be protected from any impact. For this reason, sports that require body contact and wearing glasses are not advisable in the first 6 weeks. You should not lay on your side or facedown for 6 weeks. During the same period, going to the sauna, solarium, sun bath and steam bath should be avoided. Unprotected sun exposure of the swollen areas during this period can lead to inflammatory hyperpigmentation. However, from the third week, exercises, swimming and individual sports can be done.

Breathing may be very easy as soon as the nasal tampon is removed after surgery, but the nose may become blocked with rebound edema that forms on the mucous membranes and thus, breathing is not very comfortable due to edema and scabs inside the nose in the first few weeks. Certain nose drops and creams will be recommended at this stage; using these will alleviate your symptoms.

Your recovery process will be monitored with check-ups in the 1st, 3rd, 6th and 12th months after the surgery. Pictures taken before and after the surgery will be compared.

POSSIBLE PROBLEMS AND RISKS:

Each surgical intervention involves a number of risks. As with any surgery, there may be some undesirable situations after nose surgery. It is important for you to understand the risks of rhinoplasty.

You should decide whether or not to have surgery by comparing the risks and benefits. Although most patients do not experience complications, you should discuss them all with your surgeon until you are sure that you understand them. These are divided into early and late stage problems. Not all of the complications listed below are expected to happen to you. However, in each case, one or more of these may develop and your doctor will warn you about them.

Early Stage Problems:

1. There may be nausea after surgery. There are medications available to control this.
2. Some oozing from the nostrils is expected after surgery, it can be controlled with a drip pad placed on the tip of the nose in the first hours. The oozing decreases over time, being more visible in the first few hours (24-48) and usually changes color from red to yellow. Although bleeding is not very common, it is possible during or after the surgery. This probability is especially higher in people who have spontaneous nosebleeds before the surgery. In case of excessive bleeding after surgery, urgent treatment may be required to stop the bleeding and remove the accumulated blood (hematoma). You should stop taking aspirin and similar medications 10 days before surgery, as they might increase the risk of bleeding.
3. In patients who have a nasal tampon inserted into the nose, some pressure and the need to sneeze may occur. This can make patients think they have a cold or fallen ill. This is because of the nasal tampon and it passes quickly after it is removed. Nasal tampons with silicone airways are used, but it may not be possible to breathe through the nose from the second day due to the secretions formed. Silicone tampons are easy and painless to remove.
Another rare complication in surgeries is infection. The use of preventive antibiotics at the beginning of the surgery greatly reduces this possibility. If a nasal tampon has been placed and symptoms similar to a fever or chills occur, it should be removed immediately. In this case, the doctor should be notified. If there is painful swelling, redness and increased sensitivity to touch anywhere in your nose in the following days or if you feel sick, this may be a sign of an infection. In this case, you'll go through a medical examination and you will recover quickly with an infection treatment.
5. Another risk during this period is unintentional impacts to the nose. Light impacts are not a concern, but heavy impacts can lead to deformities. In this case, the doctor should be notified.
6. Although the degree of postoperative edema and bruising decreased after the use of techniques such as piezo and micro-motor assisted rhinoplasty, some people may have excessive bruising and swelling. This increases in the first 3 days after surgery and then begins to decrease. Cold application, bromelain and arnica pills can be used to speed up the healing.
During this period, sun protection should be ensured to prevent spots forming on the skin. The risk of pigmentation is higher on dark skin tones.

Late-Stage Problems:

1. There may be problems with breathing. This may be due to the surgery, but mostly due to the failure to correct an existing problem before the surgery or a problem that was unnoticed becoming more evident after the surgery. The way to foresee this is to perform a detailed otolaryngological examination in patients with respiratory problems before surgery and, if necessary, to take a computed tomography of the paranasal sinus. As a result, the problems detected before the surgery can be solved at once, if necessary, with the participation of an ENT specialist in the surgery. Allergic respiratory problems can occur. According to your feedback and examination findings, medication or secondary interventions may be proposed.

2. Problems with appearance are another late-stage complication. The most common among these is dissatisfaction related to the shape of the nose in the early postoperative period, before the swelling has completely resolved. It is natural to want to see the results as soon as possible in surgeries performed for aesthetic reasons. But it should be remembered that recovery after surgery will take a long time and there may be swelling during the day. After the nose takes its final shape, secondary interventions called revision at a rate of 5-10% may be required for undesirable situations. The easiest way to prevent secondary interventions is a detailed conversation about preoperative expectations and what can be done. Depending on the structural features of the nose, there are some challenges for each surgery, and they should be discussed in detail. For example, if the skin of the nose is thick, it will take longer for the tip of the nose to take shape, and a very thin nose tip may never be possible. In order to speed up this process, it may be necessary to inject a small amount of cortisone at the tip of the nose. At least 1 year should pass before a secondary intervention, if it is planned. There are 2 reasons for this. Firstly, the nose will continue slowly changing shape up to a year; secondly, it takes at least a year for the tissues in the nose to heal and be ready for another surgery.

3. Deviations on the nose are another problem. Deviation on the cartilage and the bone can be multifaceted. In this case, even if the surgery is planned and performed in great detail, a small amount of deviation can remain or develop over time, albeit in much better shape than before the surgery. If there is such a possibility, you will be told before the surgery how much it will improve. This possibility is especially high in deviated septums from childhood.

4. Other problems:

Nasal septum perforation: Surgery can cause the formation of a hole in the middle part of the nose. This is a rare condition. It is more likely to occur in cases where the septum is excessively deviated. If it occurs, an additional surgical treatment may be required to close the hole in the septum. In some cases, it may not be possible to correct this complication.

Smoking: It significantly increases the probability of all problems that may occur by negatively affecting tissue circulation.

Numbness: After a rhinoplasty operation, it is possible develop permanent numbness in the skin of the nose if nerve fibers are damaged due to the skin being separated from the underlying bone, but this does not always happen.

Chronic pain: Chronic pain after a rhinoplasty operation is a very rare complication.

Allergic reactions: There are very rare reported cases where the patient developed a local allergy to the tapes, stitches and topical preparations used in the surgery. More serious systemic reactions may vary with medications used during or after the surgery. Allergic reactions may require an additional treatment.

Late recovery: It is possible for the fractures to detach and cause a delayed healing. Some areas of the nose may heal abnormally or slowly. Some areas of the skin may be lost. Frequent dressing applications or surgical intervention may be required to clean the non-healing tissue.

Long term effects: Subsequent changes in the appearance of the nose may be caused by aging, sun exposure, or other reasons not related to the surgery. Additional surgery or other treatments may be necessary in the future.

Unsatisfactory results: There is a possibility of dissatisfaction after a rhinoplasty operation. The most important aspect in this regard is a good understanding of the nose / facial features before surgery and the limits that emerge accordingly. For example, an existing asymmetry between the right and left sides of the lower jaw may make the nose appear curved on one side after surgery. Deviations from childhood can create soft tissue asymmetries that cannot be completely corrected.

Anesthesia: Both local and general anesthesia involve risks. Complications, injury and even death are possible with all types of sedation or surgical anesthesia.

Scars: Incision marks remain in rhinoplasty operations in which the wings and/or holes of the nose are narrowed. However, normally, these marks are not that visible as they form in the natural grooves where the nose-cheek and the nose-lips connect. These marks may be noticeable on excessively oily and porous skin or in people who have a

high probability of forming hypertrophic scars. Silicone creams, radiofrequency and CO2 laser applications can be useful.

Cerebrospinal Fluid Leak: This can occur while correcting a deviated septum in patients who have certain anatomical variations on the base of the head. It is very rare, but it may require surgical intervention.

Other Treatment Options

The alternative to rhinoplasty is not to have surgery. Certain problems on the inside of the nose can be treated without surgery. There are risks and complications in rhinoplasty operations that are combined with treatments that also include attempts to correct airway problems, such as septoplasty.

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I AM SATISFIED WITH THE ORAL AND WRITTEN EXPLANATIONS MADE TO ME. I LUCIDLY AND VOLUNTARILY GIVE MY CONSENT TO ALL TREATMENTS THAT WILL BE PERFORMED IN THE OPERATION OR SURGERY THAT WILL TAKE PLACE INCLUDING PROBLEMS THAT MAY OCCUR LATER, THE SUBJECTS LISTED ABOVE, AS WELL AS ORAL STATEMENTS PROVIDED TO ME

IF THE PATIENT IS CONSCIOUS;

Patient

Name and Surname of the Patient:

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Address:.....

.....

Phone Number: (.....)

Signature:

Doctor

Name and Surname:

.....

Signature:

Witness**:

Name and Surname:

.....

Signature:

IF THE PATIENT IS NOT CONSCIOUS AND HAS A LEGAL REPRESENTATIVE;

Legal Representative* or Guardian

Name and Surname of the Patient:

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Address:.....

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Phone Number: (.....)

Signature:

Doctor

Name and Surname:

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Signature:

Witness**:

Name and Surname:

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Signature:

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