Patient consent form for rhinoplasty
Part 2 of 3

This is an ‘informed consent document’. It explains the risks of and alternatives to rhinoplasty. **It is important that you read this information carefully and completely. Please initial each page** to show that you have read it. Also, sign the consent form at the end of this part 2 for the surgery you have agreed to. For more information on rhinoplasty, see part 1. For information on care after rhinoplasty, please see part 3.

What is rhinoplasty?
Rhinoplasty is an operation to reshape the nose. A form of rhinoplasty called septoplasty is an operation to straighten the septum (the part inside the nose that separates the nostrils), to improve breathing difficulties. Sometimes septoplasty can be carried out at the same time as work to reshape the nose.

What is the alternative treatment?
There is no surgical alternative to rhinoplasty.

Sometimes, just surgery on the inside of the nose is needed to solve problems with the airways in the nose.

Non-surgical options such as fillers can be used as a temporary treatment for cosmetic purposes.

What are the main risks and complications of rhinoplasty?
As with all operations, there are risks involved in having rhinoplasty. Although the risks are unlikely, it is important to weigh them up against the potential benefit of the surgery. Discuss each of them with your plastic surgeon to make sure you understand the potential complications and consequences.

Complications associated with the surgery
- **Scars**
  There will be scars from the surgery. These will usually be red at first, then purple, and then fade to become paler over 12 to 18 months. Occasionally, scars may become wider, thicker, red or painful, and you may need to have surgery to correct them.

  If bone, cartilage or skin has been taken from another part of the body, this will leave a scar which may be noticeable.

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Your initials: ..................
• **Bleeding**  
Heavy bleeding is unusual but possible, and you may need another operation to stop the bleeding, which can delay healing or affect the result. Any bleeding usually happens immediately after, or soon after, surgery. Before the surgery your surgeon will discuss any medicines that increase your risk of bleeding, and it is important to control high blood pressure.

• **Infection**  
If you get an infection of the wound you may need antibiotics or another operation. This can affect the final result of the surgery. It is important that you do not have a cough, cold or sore throat at the time of your operation. If you have any doubts, you should contact your surgeon.

• **Swelling, bruising and pain**  
After the operation, there will be some swelling and bruising of the face, particularly around the eyes. This can take time to settle. Once the swelling has settled, you will find that your nose feels stiff and numb. The numbness usually disappears over the next few months, but the stiffness may be permanent.

There may be long-term pain, but this is uncommon.

The final result may not be achieved for 12 to 18 months after the surgery.

• **Healing problems**  
Sometimes, wounds can take longer than normal to heal. Usually, this problem is solved by dressing the wounds, but you may need further surgery to remove the tissue that has not healed properly. Smokers are more likely to have healing problems.

• **Extrusion**  
This is where deep stitches poke out through the skin. These can easily be removed. If an implant or piece of bone or cartilage has been used, in rare cases this can poke out through the skin months or years later, particularly after an injury.

• **Increased or reduced sensation**  
After the surgery, most patients will get some alteration in the sensation on their nose, most commonly numbness of the nose or of the top lip or teeth. Loss of sensation, though rare, may be permanent.

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Your initials: ..................
Risks of anaesthetic

- **Allergic reactions**
  You could have an allergic reaction to the anaesthetic.

- **Chest infection**
  There is a small risk of chest infection. The risk is higher if you smoke.

- **Blood clots**
  Blood clots can form in the leg (called a deep vein thrombosis or ‘DVT’). These cause pain and swelling and need to be treated with blood-thinning medication. In rare cases, part of the clot breaks off and goes to the lungs (called a pulmonary embolus or ‘PE’). The risk of this is higher if you smoke, are overweight or are taking the contraceptive pill.

- **Heart attack or stroke**
  A heart attack or stroke could be caused by the strain surgery places on your heart. You will be assessed for the risk of this before your surgery.

- **Death**
  As with all surgery, it is possible to die as a result of the operation.

Further risks specific to you or the procedure

It is important that you have all of your questions answered before signing the consent form on the next page.

You can change your mind at any time, even after you have signed the consent form.

Disclaimer

This document is designed to give you useful information. It is not advice on your specific needs and circumstances. It does not replace the need for you to have a thorough consultation, so you should get advice from a suitably qualified medical practitioner. We – The BAAPS and BAPRAS – have no liability for any decision you make about the surgery you decide to have.

**Date of review:** August 2021 (produced August 2016)

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Your initials: ...............
Patient consent form – Rhinoplasty

(Affix identification label here)

Name:

Address:

Date of birth:

Hospital number:

NHS number:

Sex:  Male [ ]  Female [ ]

Further procedures that may become necessary:

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

Type of anaesthetic to be used:
General [ ]  Regional [ ]  Local [ ]  Sedation only [ ]

Consultant’s name:

Has the procedure, alternative procedures and treatments and all associated risks (as well as any risks of not having this procedure) been explained to you?  Yes [ ]  No [ ]

Have you been able to ask questions and raise concerns with the doctor?  Yes [ ]  No [ ]

Have any questions you had been answered to your satisfaction?  Yes [ ]  No [ ]

Do you understand the risks of the procedure and those specific to you (including scars, bleeding, infection, swelling, pain, healing problems, extrusion of stitches, bone or cartilage, increased or reduced sensation, asymmetry, damage to other structures, septal perforation, breathing difficulties, altered sense of smell, unsatisfactory result, change over time, the need for a further operation)?  Yes [ ]  No [ ]

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Your initials: ...............
Do you understand the risks of the anaesthetic and those specific to you (including allergic reaction, chest infection, DVT, PE, heart attack, stroke, death)?  Yes [ ]  No [ ]

Do you agree to the following?
- Receiving a blood transfusion, if necessary, during or after the procedure  Yes [ ]  No [ ]
- Tissue taken from you being used for research  Yes [ ]  No [ ]
- Photos being taken for diagnosis and treatment  Yes [ ]  No [ ]
- Anonymous photos being used for teaching  Yes [ ]  No [ ]
- Medical students being in the operating theatre for the purposes of learning  Yes [ ]  No [ ]

Do you want to go ahead with the procedure?  Yes [ ]  No [ ]

Patient’s signature:…………………………………………………………………………   Date:………………………………………………
Patient’s name (in block capitals):……………………………………………………………………

Surgeon
Sign below to confirm that you have explained the information in this document to the patient and you believe that they understand it.
Doctor’s signature:…………………………………………………………………………   Date:………………………………………………
Doctor’s name (in block capitals):……………………………………………………………………
Phone number:……………….  Job title:………………

Anaesthetist
Sign below to confirm that you have explained the information in this document to the patient and you believe that they understand it.
Anaesthetist’s signature: ………………………………………………………   Date:………………………………………………
Anaesthetist’s name (in block capitals):……………………………………………………………………
Phone number:……………….  Job title:………………

Interpreter
Sign below to confirm that you have explained the information in this document to the patient and you believe that they understand it.
Interpreter’s signature:…………………………………………………………………………   Date:………………………………………………
Interpreter’s name (in block capitals):……………………………………………………………………

Doctor’s confirmation of consent (to be signed on the day of surgery if this form was signed before then)
Sign below to confirm that you have made sure that the patient has no further questions and that they would still like to go ahead with the procedure.
Doctor’s signature:…………………………………………………………………………   Date:………………………………………………
Doctor’s name (in block capitals):……………………………………………………………………
Phone number:……………….  Job title:………………

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Your initials: …………