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## LIMITATIONS

- ▼ Cannot take someone else's nose and put on you
- ▼ Portions of septum that obstruct may need to remain to insure structural support
- ▼ Crooked noses tend to drift back despite efforts to realign
- ▼ Asymmetries tend to persist
- ▼ Thick skin tends to re-drape poorly over altered structure - limited contraction
- ▼ Appearance of nose tends to change post-operatively for many months

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## GOALS MAY ONLY BE PARTIALLY MET

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## ALTERNATIVES

- ▼ No treatment (any adverse effects?)
- ▼ Functional only - to improve breathing
- ▼ Aesthetic (cosmetic) only - to improve appearance
- ▼ Combination - to improve breathing and appearance

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## SURGICAL TECHNIQUES, ANESTHESIA, FACILITY & RECOVERY

- ▼ Anesthesia – local and sedation vs. general
- ▼ Outpatient surgery center vs. hospital
- ▼ Incisions / cartilage and bone removal / repositioning bone
- ▼ Occasional augmentation with bone, cartilage or synthetic implant
- ▼ Chin implant if indicated or desired
- ▼ Packing and splint
- ▼ Post-Op care and if needed hospitalization - return to normal activities
- ▼ Blood transfusion

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## TRADE OFFS

### USUALLY TEMPORARY

- ▼ Discoloration / swelling
- ▼ Discomfort (pain / sensitivity)
- ▼ Numbness
- ▼ Airway obstructions / sinus obstruction
- ▼ Lumps and irregularities
- ▼ Induration ("woody" firmness)
- ▼ Restricted activity

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### PERMANENT

- ▼ Altered shape
- ▼ Internal nasal scars
- ▼ Numbness (rare)
- ▼ Airway obstruction
- ▼ External scars if:
  - ✓ Alar wedges removed to reduce flair of nostrils
  - ✓ Open rhinoplasty performed

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## RISK / COMPLICATIONS

- ▼ Internal scarring / adhesions
- ▼ Asymmetry
- ▼ Pain, persistent swelling
- ▼ Sensory loss (smell or sensation)
- ▼ External deformity
- ▼ Secondary septal deviation, persistent turbinate enlargement
- ▼ Sinus obstruction, bleeding, infection
- ▼ Loss of structural support, septal perforation
- ▼ Extrusion: bone / cartilage / synthetic graft / implant

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Patient Initials: \_\_\_\_\_

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## **EVEN THOUGH ...**

Even though the risks and complications cited above occur infrequently, they are the ones that are peculiar to this operation or of greatest concern. Other complications and risks can occur but are even more uncommon. The risks of surgery are comparable to the risks you take everyday when driving or riding in an automobile.

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## **ANY AND ALL OF THE RISKS AND COMPLICATIONS CAN RESULT IN**

- ▼ Additional surgery
- ▼ Hospitalization
- ▼ Time off work
- ▼ Expense to you

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## **INSURANCE**

**Insurance usually does not cover this procedure. Treatment of complications may or may not be covered by insurance. On occasion, surgical revision may be indicated following the original surgery.**

If planned or performed within one (1) year after the original surgery, and if insurance does not cover these revisions, there will be a small charge by the surgeon, anesthesia department and OR facility.

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## **NO GUARANTEE**

The practice of medicine and surgery is not an exact science. Although good results are expected, there cannot be any guarantee or warranty, expressed or implied, by anyone as to the results that may be obtained.

**\*\* If a smoker** – Must be off cigarettes for **SIX (6)** weeks before surgery and remain off cigarettes for **SIX (6)** weeks after surgery. Much greater risk for scarring, poor healing, hair loss and skin loss in smokers.

**\*\* Must be off all aspirin containing products** for two (2) weeks before surgery and for two (2) weeks after surgery. (Check all medications with us. Some medications such as Motrin and Advil may also affect clotting.)

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## **QUESTIONS**

**If there is any item or items on this consultation sheet that you do not understand, mark it and call the office. An explanation or additional information will be provided. Share the information we provide to you with interested family members or friends. I will be happy to meet with them if you wish. All questions and uncertainties should be answered and clarified prior to your surgery. A WELL INFORMED PATIENT IS A HAPPY PATIENT!**

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DATE: \_\_\_\_\_ Copied and provided to patient by: \_\_\_\_\_

A copy of this consultation was provided to me: \_\_\_\_\_

*(Patient's signature)*

Patient Initials: \_\_\_\_\_