

# Prominent Ear Surgery

## Otoplasty

### INFORMED CONSENT FORM

|                     |                            |
|---------------------|----------------------------|
| Patient's Full Name | ID / Passport No           |
| Date of Birth       | Date / Time of Information |

### Dear Patient,

The purpose of this form is to inform you about matters concerning your health so that you can take part in the decision to be made. Please read the form carefully and ask your physician about anything that is unclear before signing.

This form has been prepared to meet the needs of most patients in most circumstances; however, it should not be regarded as a document that covers every risk of every form of treatment. Depending on your personal health, your physician may give you different or additional information.

After learning about the benefits and possible risks of the diagnosis, medical treatment and surgical procedures, it is your decision whether or not to accept the procedure. Except where legally or medically required, you may decline the information or withdraw your consent at any time.

### Information About the Condition

Various congenital or acquired deformities of the ear may occur. The most common is prominent (protruding) ears, in which the ear stands out too far from the head; the main cause is underdevelopment of the ear fold called the 'antihelix'.

The aim of surgery is not to pin the ear flat against the head but to achieve an ear that does not draw attention and looks as symmetrical and natural as possible. A distance of about 18-20 mm between the head and the rim of the ear is aimed for, and surgery is generally planned accordingly.

### How the Procedure Is Performed

Surgery is performed in an operating theatre under local anaesthesia, sedation or general anaesthesia, depending on the patient's age and preference. Children usually need general anaesthesia. Surgery is mostly performed through an incision behind the ear; the cartilage is shaped and the angle and distance between the ear and the head are adjusted. After the incision is closed, a light pressure dressing is applied.

### Preparation Before Surgery

- Do not eat or drink anything after midnight on the night before surgery. Medicines for chronic conditions (diabetes, high blood pressure, heart disease, etc.) may be taken with a small sip of water on the morning of surgery if your physician advises.
- Aspirin and similar medicines that may increase bleeding should be stopped, under medical supervision, at least 7-10 days before surgery. Vitamin E, fish oil, ginkgo and some herbal teas may also increase bleeding and should not be used during the week before surgery.

- Surgery may be postponed if you have an active upper respiratory infection (cold, flu, etc.). Inform your physician of any fever, infection or skin problem that develops before surgery.
- Always tell your physician about previous illnesses and operations and all medicines you take regularly (including herbal products).

## After Surgery

- Rest for the first 24-48 hours; avoid strenuous activities and those that raise blood pressure for 5-7 days.
- The dressing is usually opened the next day to check the ear and is renewed at intervals until the end of the first week. Antibiotic ointment may be applied to the stitches behind the ear.
- Wearing a headband for a while (especially at night) is recommended to protect the new position of the ear.
- The thin scar behind the ear fades over time and, lying in the fold between the ear and the head, is usually hard to notice.
- Avoid sunbeds, sun and very hot environments for one month. The ear takes a few months to reach its final shape.
- To prevent crusting, a moisturising cream may be gently applied to the ear and behind it. Take the prescribed antibiotic regularly.

## Possible Risks of Surgery

### Early Period

- **Bleeding:** Rarely, oozing may occur in the operated area. If bleeding is significant and causes throbbing pain, the area may need to be cleaned again and bleeding controlled.
- **Infection:** Very rare. Inform your physician immediately if you have increasing pain, redness or fever.
- **Wound separation:** Extremely rare; trauma or strain on the stitches in the early period may open the wound. Small openings are treated with dressings, larger ones with stitches.
- **Numbness and tenderness:** May be short or long-lasting.

### Late Period

- **Expectations not met:** Although prominent ear surgery is based on certain measurements, assessment of the result has a subjective aspect. Pinning the ear back too far creates an unnatural appearance.
- **Asymmetry and recurrence:** Slight asymmetry and differences in position between the ears may occur; marked asymmetry or the ear gradually standing out again may require revision.
- **Scar problems:** Rarely, hardening and thickening of the scar behind the ear may develop; softening creams or further treatment may be needed.
- **Suture problems:** Sutures placed in the cartilage may be felt behind the ear or cause small skin wounds; in that case the sutures may need to be removed under local anaesthesia.
- **General risks:** General surgical risks such as blood clots, wound infection or circulatory reactions are extremely rare in this operation.

## Possible Risks Related to Anaesthesia

Regional or general anaesthesia may carry certain risks related to the drugs used and to the anaesthetic procedure itself. You may discuss the specific risks of anaesthesia separately with the anaesthesiologist. These risks include:

- Chest infection due to collapse of small areas of the lung (atelectasis), which may require antibiotics and

physiotherapy.

- Temporary restriction of movement and weakness in the hands and feet related to positioning during surgery.
- Blood clot formation in the legs (deep vein thrombosis). A clot may travel to the lungs and be life-threatening. This risk is higher in patients over 50.
- Heart attack or stroke due to strain on the heart.
- Very rarely, death related to anaesthesia.
- In overweight patients and smokers, an increased risk of wound infection, chest infection, heart and lung complications and blood clots.

## Other Treatment Options

The treatment proposed to you has been planned on the basis of your examination findings and current medical knowledge. Alternative methods also have their own benefits, risks and limitations; you can discuss these in detail with your physician.

## If the Procedure Is Not Performed

Prominent ears do not cause a medical problem; if you decline surgery, no health problem is expected. However, especially in childhood, prominent ears may adversely affect a child's social relationships and self-confidence; for this reason some families prefer surgery before school age.

## Medicines and Lifestyle

Every medicine used during and after surgery, including anaesthetic drugs, antibiotics and painkillers, may have its own side effects; rarely, serious allergic reactions may occur. You will be told separately what each medicine is for, how to use it and its possible side effects.

Smoking delays wound healing, increases the risks of infection and anaesthesia and may adversely affect the result. It is recommended that you do not smoke or drink alcohol for at least two weeks before and after surgery.

## How to Reach Us When Needed

If you experience unexpected pain, increasing swelling, fever, bleeding or anything that concerns you after the procedure, contact us on +90 542 338 86 61 or +90 542 255 52 86. In an emergency, go to the nearest healthcare facility. If you change your mind after declining the procedure, you may apply again at any time.

## What Your Physician Needs to Know About You

For your safety, please answer the questions below. If you are unsure about a question, you can complete it with your physician.

- |                                                                                                   |                                                          |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. Do you have a tendency to bleed? (e.g. prolonged bleeding from small cuts or dental treatment) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do you bruise easily, or is there a bleeding disorder in your family?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Do you take blood-thinning medicine (e.g. aspirin)?                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Do you take any other medicines regularly? If so, which: .....                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |

- |                                                                                                 |                                                          |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 5. Do you have allergies, asthma or hypersensitivity? (plasters, latex, foods, medicines, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Do you have heart or lung disease, or a pacemaker?                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Do you have diabetes, high blood pressure or another chronic disease?                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Do you have thyroid disease?                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Do you have dentures or loose teeth?                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Have you been vaccinated in the last six weeks?                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Do you have an acute or chronic infectious disease (hepatitis, HIV, tuberculosis, etc.)?    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Do you smoke?                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. For female patients: Could you be pregnant, or are you breastfeeding?                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Notes / medicines used:

## Patient / Legal Representative Consent Statement

Diagnosis

Treatment / procedure to be performed

Side, if applicable: ☐ Right ☐ Left ☐ Both

If you do not wish to be informed about the purpose, duration, benefits, chance of success, recovery process, possible risks and complications, alternative methods of the treatment and the situations you may face if you decline it, please state this below in your own handwriting.

- My physician has informed me about my illness/condition and explained what the procedure is, its purpose, duration, benefits, chance of success, that there is no guarantee that my current condition will improve, the recovery process, possible risks and complications, alternative methods and the situations I may face if I decline the procedure. All my questions on these matters have been answered in a way I can understand.
- It has been explained to me that the procedure described above will be performed on me/on the patient I legally represent by physicians, nurses and other healthcare staff under the authority, supervision and direction of my physician.
- It has been explained that, if required, general anaesthesia and sedation will be administered by an anaesthesiologist or a physician competent in sedation, and local anaesthesia by my physician.
- I understand that if an unforeseen, life-threatening situation arises during the procedure, my physician may perform additional medical interventions considered necessary, and that blood and blood products may be given if required.
- I consent to any tissue or samples removed during the procedure being examined, stored or disposed of as necessary.
- I understand that there is no guarantee that the procedure will improve my current condition, that there is no certainty in medicine and surgery, and that results may vary from person to person.
- I know that I am not obliged to give consent if I do not wish to, and that I may withdraw my consent before the procedure begins.
- Provided that my identity is kept confidential, I consent to my medical records and before/after photographs being used for medical follow-up, scientific and educational purposes. (If you do not consent, please cross out this statement.)
- Being of sound mind and capable of making decisions, I freely consent to the medical procedure described above being performed by my physician and their team.

## Signatures

I declare that I have read and understood all pages of this form and accept the statements above. Please write **"I have read, understood and agree."** in your own handwriting:

|                                                                                                                                                                                                             |                   |      |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------|------|
| <b>Patient</b>                                                                                                                                                                                              |                   |      |      |
| Full Name                                                                                                                                                                                                   | Signature         | Date | Time |
| <b>Patient's Legal Representative (if applicable)</b>                                                                                                                                                       |                   |      |      |
| Full Name / Relationship                                                                                                                                                                                    | Signature         | Date | Time |
| Reason consent is obtained from the legal representative: <input type="checkbox"/> Unconscious <input type="checkbox"/> Under 18 <input type="checkbox"/> Lacks capacity <input type="checkbox"/> Emergency |                   |      |      |
| <b>Witness</b>                                                                                                                                                                                              |                   |      |      |
| Full Name                                                                                                                                                                                                   | Signature         | Date | Time |
| <b>Informing Physician</b>                                                                                                                                                                                  |                   |      |      |
| Full Name<br><b>Op. Dr. Ayşe Öznur Akidil</b>                                                                                                                                                               | Signature / Stamp | Date | Time |
| <b>Interpreter (if required)</b>                                                                                                                                                                            |                   |      |      |
| Full Name                                                                                                                                                                                                   | Signature         | Date | Time |

Consent is obtained from the patient if over 18; from both the patient and the legal representative for patients aged 15-18; and from the legal representative for unconscious patients, patients under 15, patients lacking decision-making capacity and in medical emergencies. Information is provided in accordance with the Turkish Patient Rights Regulation (Official Gazette of 01.08.1998, No. 23420). This is the English version of the Turkish consent form; in case of discrepancy, the information given verbally by your physician prevails.

Prepared with reference to patient information documents of medical societies, primarily the Turkish Society of Plastic Reconstructive and Aesthetic Surgery.