

Rhinoplasty

Correction of Nasal Deformities

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.

Description of the Procedure

The nose sits in the centre of the face and is important both for appearance and for breathing. Any procedure on the nose must be planned carefully in every respect. Rhinoplasty can reduce the size of the nose, change the shape of the tip, narrow or widen the nostrils and change the angle between the upper lip and the nose. It may also help correct congenital deformities, nasal injuries and some breathing problems.

You should describe all your complaints about your nose to your physician in detail. Breathing problems, their relation to seasons or activities, dry mouth, headache, snoring and nasal discharge should be discussed. Previous injuries and operations, significant illnesses and regular medicines must be reported. The features you are unhappy with and your expectations should be explained clearly.

Suitable candidates are people who expect an improvement in appearance rather than a perfect result, who have realistic expectations, are in good general health and are psychologically prepared. Rhinoplasty may be combined with other surgical procedures.

Surgery may be performed under general anaesthesia or under local anaesthesia with sedation; the suitable method is decided together with you. Incisions may be inside or outside the nose. Work on the inside of the nose usually makes breathing easier. Operating time varies with the procedures planned but is usually 1.5-2 hours.

After Surgery

- After surgery there may be a splint (plaster or thermoplastic) on your nose and packing or silicone splints inside. If packing is used, it is usually removed within 1-2 days.
- Pain in the first hours is usually mild; nausea and dizziness may occur and are controlled with medicines. You can start drinking fluids a few hours after surgery.

- Resting for the first 48 hours and applying intermittent cold to the forehead and cheeks limits swelling and bruising. Swelling and bruising begin to subside from the third day.
- The splint is usually removed after 1-2 weeks and thin tape may be applied for a while. Although the outline of the nose is visible at this stage, the details take months to emerge; the nose may be more swollen in the mornings, especially in the first months. Numbness and firmness of the tip may last for months.
- For the first 8 weeks the nose must be protected from knocks; contact sports and wearing glasses should be avoided. Saunas, sunbeds, sunbathing and steam baths should also be avoided for the same period.
- In the first weeks, breathing may not be fully comfortable because of swelling and crusts inside the nose; the recommended drops and ointments make this period easier.
- Your recovery is followed with regular check-ups (for example at 1, 3, 6 and 12 months), with comparison of photographs taken before and after surgery.

Possible Problems and Risks

Although most patients do not experience complications, you should discuss possible problems with your physician to make sure you understand them.

Early Period

- **Bleeding:** Oozing from the nostrils that gradually decreases over the first 24-48 hours is expected. Heavy bleeding is rare; if it occurs, urgent treatment may be needed to stop it or to drain collected blood (haematoma). Aspirin and similar medicines should not be used for 10 days before surgery as they increase the risk of bleeding.
- **Nausea:** May occur after surgery and is controlled with medicines.
- **Packing-related complaints:** Patients with nasal packing may feel the urge to sneeze and pressure; this resolves once the packing is removed.
- **Infection:** Rare; preventive antibiotics reduce this risk. Inform your physician if you develop fever, shivering or a painful, tender swelling of the nose.
- **Trauma:** Severe knocks to the nose during healing may cause deformity; if this happens, contact your physician.

Late Period

- **Breathing problems:** These may be related to surgery, to persistence of a pre-existing problem, to an unrecognised condition becoming apparent or to allergic causes. Medical treatment or further intervention may be needed.
- **Dissatisfaction with shape:** It is not appropriate to judge the shape before the swelling has fully settled; healing takes a long time. After the nose has reached its final shape, secondary procedures called revision may be needed for undesired outcomes. Limits related to the structure of the nose (e.g. thick skin) are discussed before surgery; with thick skin, shaping of the tip takes longer and a cortisone injection into the tip may sometimes be needed.
- **Deviation:** In noses with cartilage and bone deviation in more than one plane, some deviation may remain or develop over time despite detailed planning.
- **Septal perforation:** A hole in the nasal septum is rare; if it occurs, further surgery may be needed and it cannot always be closed.
- **Numbness:** Permanent numbness of the nasal skin may develop due to injury to nerve fibres.
- **Chronic pain:** Very rare.
- **Allergic reactions:** Local or systemic allergy to tape, sutures, creams or medicines is very rare and may

require additional treatment.

- **Delayed healing:** Some areas may heal slowly; frequent dressings or surgery may be needed.
- **Long-term effects:** The appearance of the nose may change over time due to ageing, sun and other factors; further treatment may be needed in the future.

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 main alternative for a nasal deformity is not to have surgery. Some problems inside the nose (e.g. septal deviation) can be treated without changing the external shape; these procedures also have their own risks.

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

If you decline this procedure, which is planned to improve quality of life or for aesthetic purposes, no health problem is expected to arise from your decision; your current appearance or complaints will remain.

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) | ☐ Yes ☐ No |
| 2. Do you bruise easily, or is there a bleeding disorder in your family? | ☐ Yes ☐ No |
| 3. Do you take blood-thinning medicine (e.g. aspirin)? | ☐ Yes ☐ No |
| 4. Do you take any other medicines regularly? If so, which: | ☐ Yes ☐ No |
| 5. Do you have allergies, asthma or hypersensitivity? (plasters, latex, foods, medicines, etc.) | ☐ Yes ☐ No |
| 6. Do you have heart or lung disease, or a pacemaker? | ☐ Yes ☐ No |
| 7. Do you have diabetes, high blood pressure or another chronic disease? | ☐ Yes ☐ No |
| 8. Do you have thyroid disease? | ☐ Yes ☐ No |
| 9. Do you have dentures or loose teeth? | ☐ Yes ☐ No |
| 10. Have you been vaccinated in the last six weeks? | ☐ Yes ☐ No |
| 11. Do you have an acute or chronic infectious disease (hepatitis, HIV, tuberculosis, etc.)? | ☐ Yes ☐ No |
| 12. Do you smoke? | ☐ Yes ☐ No |
| 13. For female patients: Could you be pregnant, or are you breastfeeding? | ☐ Yes ☐ 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:

Patient			
Full Name	Signature	Date	Time
Patient's Legal Representative (if applicable)			
Full Name / Relationship	Signature	Date	Time
Reason consent is obtained from the legal representative: ☐ Unconscious ☐ Under 18 ☐ Lacks capacity ☐ Emergency			
Witness			
Full Name	Signature	Date	Time
Informing Physician			
Full Name Op. Dr. Ayşe Öznur Akidil	Signature / Stamp	Date	Time
Interpreter (if required)			
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.