



INFORMED CONSENT; RHINOPLASTY SURGERY

INSTRUCTIONS

This is an informed consent document that has been prepared to help Dr. Baroodly inform you concerning rhinoplasty surgery, its risks, and alternative treatment.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by Dr. Baroodly.

INTRODUCTION

Surgery of the nose (rhinoplasty) is an operation frequently performed by plastic surgeons. This surgical procedure can produce changes in the appearance, structure, and function of the nose. Rhinoplasty can reduce or increase the size of the nose, change the shape of the tip, narrow the width of the nostrils, or change the angle between the nose and the upper lip. This operation can help correct birth defects, nasal injuries, and help relieve some breathing problems.

There is not a universal type of rhinoplasty surgery that will meet the needs of every patient. Rhinoplasty surgery is customized for each patient, depending on his or her needs. Incisions may be made within the nose or concealed in inconspicuous locations of the nose in the open rhinoplasty procedure. In some situations, cartilage grafts, taken from within the nose or from other areas of the body may be recommended in order to help reshape the structure of the nose. Internal nasal surgery to improve nasal breathing can be performed at the time of the rhinoplasty.

The best candidates for this type of surgery are individuals who are looking for improvement, not perfection, in the appearance of their nose. In addition to realistic expectations, good health and psychological stability are important qualities for a patient considering rhinoplasty surgery. Rhinoplasty can be performed in conjunction with other surgeries.

ALTERNATIVE TREATMENT

Alternative forms of management consist of not undergoing the rhinoplasty surgery. Certain internal nasal airway disorders may not require surgery on the exterior of the nose. Risks and potential complications are associated with alternative forms of treatment that involve surgery such as septoplasty to correct nasal airway disorders.

RISKS of RHINOPLASTY SURGERY

With any type of activity there is inherent risk. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with Dr. Baroodly to make sure you understand the risks, potential complications and consequences of rhinoplasty.

Bleeding- It is possible, though unusual, that you may have problems with bleeding during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to stop the bleeding, or require a blood transfusion. Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this contributes to a greater risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. Hypertension (high blood pressure) that is not under good medical control may cause bleeding during or after surgery. Accumulations of blood under the skin may delay healing and cause scarring.

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Infection- Infection is quite unusual after surgery. Should an infection occur, additional treatment including antibiotics may be necessary.

Scarring- Although good wound healing after a surgical procedure is expected, abnormal scars may occur both within the skin and the deeper tissues. Scars may be unattractive and of different color than the surrounding skin. There is the possibility of visible marks from sutures. Additional treatments including surgery may be needed to treat scarring.

Damage to Deeper Structures- Deeper structures such as nerves, tear ducts, blood vessels and muscles may be damaged during the course of surgery. The potential for this to occur varies with the type of rhinoplasty procedure performed. Injury to deeper structures may be temporary or permanent.

Unsatisfactory Result- There is the possibility of an unsatisfactory result from the rhinoplasty surgery. The surgery may result in unacceptable visible or tactile deformities, loss of function, or structural malposition after rhinoplasty surgery. You may be disappointed that the results of rhinoplasty surgery do not meet your expectations. Additional surgery may be necessary should the result of rhinoplasty be unsatisfactory.

Numbness- There is the potential for permanent numbness within the nasal skin after rhinoplasty. The occurrence of this is not predictable. Diminished (or loss of skin sensation) in the nasal area may not totally resolve after rhinoplasty.

Asymmetry- The human face is normally asymmetrical. There can be a variation from one side to the other in the results obtained from a rhinoplasty procedure.

Chronic Pain- Chronic pain may occur very infrequently after rhinoplasty.

Skin Disorders/Skin Cancer- Rhinoplasty is a surgical procedure to reshape both internal and external structures of the nose. Skin disorders and skin cancer may occur independently of a rhinoplasty.

Allergic Reactions- In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions which are more serious may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

Delayed Healing- Wound disruption or delayed wound healing is possible. Some areas of the face may not heal normally and may take a long time to heal. Areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue.

Long-term Effects- Subsequent alterations in nasal appearance may occur as the result of aging, sun exposure, or other circumstances not related to rhinoplasty surgery. Future surgery or other treatments may be necessary to maintain the results of a rhinoplasty operation.

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Nasal Septal Perforation- There is the possibility that surgery will cause a hole in the nasal septum to develop. The occurrence of this is rare. However, if it occurs, additional surgical treatment may be necessary to repair the hole in the nasal septum. In some cases, it may be impossible to correct this complication.

Nasal Airway Alterations- Changes may occur after a rhinoplasty or septoplasty operation that may interfere with normal passage of air through the nose.

Surgical Anesthesia- Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

Substance Abuse Disorders- Individuals with substance abuse problems that involve the inhalation of vasoconstrictive drugs such as cocaine are at risk for major complications including poor healing and nasal septal perforation.

HEALTH INSURANCE

Most health insurance companies exclude coverage for cosmetic surgical operations or any complications that might occur from cosmetic surgery. If the procedure corrects a breathing problem or marked deformity after a nasal fracture, a portion may be covered. Many insurance plans exclude coverage for secondary or revisionary surgery. Please carefully review your health insurance subscriber-information pamphlet.

ADDITIONAL SURGERY NECESSARY

There are many variable conditions in addition to risk and potential surgical complications that may influence the long term result from rhinoplasty surgery. Even though risks and complications occur infrequently, the risks cited are particularly associated with rhinoplasty surgery. Other complications and risks can occur but are even more uncommon. Should complications occur, additional surgery or other treatments may be necessary. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, as to the results that may be obtained. Infrequently, it is necessary to perform additional surgery to improve your results.

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by your doctor, the cost of surgical supplies, anesthesia, laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day surgery charges involved with revisionary surgery would also be your responsibility.

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DISCLAIMER

Informed consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Dr. Barood may provide you with additional or different information which is based on all the facts in your particular case and the state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.

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CONSENT FOR SURGERY PROCEDURE or TREATMENT

1. I hereby authorize DR. BAROODY and such assistants as may be selected to perform the following procedure or treatment: RHINOPLASTY
I have received the following information sheet:
INFORMED CONSENT; RHINOPLASTY SURGERY
2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involves risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
5. I consent to the photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
9. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
 - a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
 - b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
 - c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9). I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Date _____ Witness _____

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Rhinoplasty

Before Surgery Instructions:

Medications

- No Aspirin at least 2 weeks before surgery
- Notify physician of all medications you are taking including over-the-counter and herbal supplements
- Bring your daily medication with you on the day of your surgery

Diet

- Nothing to eat or drink after midnight the night prior to your surgery

Tobacco

- Absolutely no tobacco (including “the patch”, nicotine gum, nicotine nasal spray) or being around anyone who is smoking for 2 months prior to surgery
- If you smoke prior to surgery, the procedure will be CANCELLED

Skin Care

- Discontinued Retina-A one month before surgery
- Purchase sunblock with Zinc Oxide prior to surgery

Attire/Makeup/Dressings

- Do not wear any makeup, contact lenses, nail polish, or jewelry to surgery
- Wear loose, comfortable clothing
- Leave jewelry and other personal valuables at home
- Purchase dressing material
 - 2 x 2 inch gauze squares
 - Roll of ½ inch paper tape
 - Cotton-tip applicator
 - Antibiotic ointment
 - Hydrogen Peroxide

Activity

- Plan to have someone stay with you for the first 24 hours after your surgery
- Plan for a driver after surgery. If you do not have someone to drive you home your surgery will be CANCELLED

Notify the office if you have any of the following symptoms within 2 weeks of your surgery:
FEVER, COUGH, COLD, NAUSEA, VOMITING, DIARRHEA, OR RASH

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Before you stop taking any prescribed drugs, you must receive clearance from the prescribing physician. Please notify our office immediately if you do not receive clearance to stop taking your prescribed medications.

The following drugs could cause life-threatening problems with surgery. If you are on these medications you must discuss these with your doctor. Patients who take these drugs may require laboratory tests and a consultation with their physician to determine when they may safely undergo a surgical procedure.

- | | |
|---|----------------|
| ❖ Coumadin | ❖ Methotrexate |
| ❖ Elmiron-IC | ❖ Plavix |
| ❖ Fragmin, Lovanox and other low Molecular Weight Heparin Drugs | ❖ Persantin |

Patients on Aspirin, Coumadin, or Aggrenox regimen should consult their ordering physician for instructions.

All herbal or dietary supplements should be stopped 2 weeks prior to surgery. **This includes vitamins, and anti-oxidant supplements, as well as consumption of any form of Green Tea.**

FAILURE TO ADHERE TO THE ABOVE MAY RESULT IN THE CANCELLATION OF YOUR SURGERY.

There are several categories of additional medications that must not be taken in the 2 weeks prior to surgery. A listing of these drugs is attached. You are not to take any of these products listed. Tylenol is fine.

Authorization

I have disclosed all of the medications, supplements and herbal remedies I take on a regular or incidental basis to Dr. Baroody. I understand that I am required to refrain from taking any of the above and below listed medications in the days prior to surgery. Should I take any of the medications, supplements or herbal remedies I am instructed to avoid, it is my obligation to notify my physician immediately. I fully understand that my surgery may have to be rescheduled or postponed in the event that I have not complied with these medication restrictions listed.

I also understand that it is my responsibility to obtain clearance from the prescribing physician before I stop taking any of my regularly prescribed medications.

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Medications, Vitamins, and Supplements to Avoid

Aspirin and Aspirin containing medications include, but are not limited to the following:

Alka Seltzer	Darvon Compound	Palbalate
Alka Seltzer Plus	Darvon Compound 65	Palbalate SF
Anacin	Don's Pills	PAC
Apac Tablets	Dristan	Pamprin
APC Tablets	Easprin	Percodan
Arthritis pain reliever	Ecotrin	Percodan Demi
Arthropan	Emprin Compound	Propox Compound
Aspirin Tablets USP	Emprin Compound #3	Robixisal
ASA	Equagesic	Salflex
ASA plus codeine	Excedrin	Sine Off
Acriptin	Fiorinal	Sodium Salicylate
Asperbuf	Fiorinal #3	Soma Compound
Aspergum	4 Way Cold Tab	Saint Joseph
Axotoal	Liquiprin	Supac
Azdpme	Lortab ASA	Synalgos
BAC	Magnaprin	Synalgos DC
Bayer Aspirin	Measurin	Salwin Compound
BC Powder	Mediprine	Trilistate
Bufferin	Midol	Trigesic
Butalbital Compound	Momentum	Ursinus Tabs
Cama inlay-tabs	Mono-gesic	Vanquish
Carisprodal Compound	Norgesic	Zorprin
Congesprin	Norgesic Forte	Plavix
Cope	Norwich	Coumadin
Coricidin-D	Orphengesic	
Damason	Orphengesic Forte	

Anti-Inflammatory and Anti-Inflammatory containing medications include, but are not limited to the following:

Aches n Pain	Haltran	Naproxen
Advil	Ibuprofen	Nuprin
Aleve	Ibu-tab	Orudis
Anaprox	Ifen	Ovuvail
Ansaid	Indocin	Pediaprophen
Butazoladin	Indomethocin	Phenylbutazone
Cataflam	Meclomen	Panstel
Clinoril	Medipren	Rufen
Co-Advil	Motrin	Tolectin
Daypro	Motrin IB	Toradol
Dolobid	Nalfon	Trendar
Fledene	Naproxyn	Voltaren

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Additional medications to avoid include but are not limited to the following:

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|---------------|-------------------------|-----------------|
| Alloe | Kava-Kava | Mysteclin F |
| Barberry | Licorice | Nicobid |
| Bilberry | Parsley Seed | Oraflex |
| Cardomon | Saffron | Pamelor |
| Don Quai | Tansy | Parnate |
| Chlortrimeton | Tumeric | Phendimetrazine |
| Clinoril | Valerian | Phentermine |
| Elavil | Vitamin C 250 gms / day | Ru-Tuss |
| Echinacea | Vitamin A | St. John's Wart |
| Fatty Acids | Vitamin E | Surmontil |
| Fever Feu | Willow Bark | Tagamet |
| Fish Oil | Endep | Tenuate Dospan |
| Garlic | Etiafon | Tetracycline |
| Ginkgo | Flagyl | Triavil |
| Ginger | Flexoril | Vibramycin |
| Ginseng | Imitrex | Yohimbe |
| Hawthorne | Lioresal | Zomax |

I have read and understand all of the above instructions. I understand that following these instructions is solely my responsibility. I understand that it is also my responsibility to ask Dr. Barood and his staff any questions I have related to these instructions or about my procedure, health, and healing.

Patient or Person Authorized
to Sign for the Patient _____ Date: _____

Witness Signature _____ Date: _____

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After Surgery Instructions

Medications

- Do not take medications on an empty stomach
- Take the prescribed pain medication every 4 hours as needed
 - If you have no pain, do not take the pain medication
- No Aspirin or any medication containing Aspirin

Diet

- Begin with sips of liquids and gradually progress to a regular diet as tolerated

Tobacco

- No smoking and being around anyone who is smoking for 2 months

Skin Care

- Avoid tanning beds
- Apply sun block with Zinc Oxide to nose daily for 3 months after splint is removed

Attire/Makeup

- No eye makeup until 1 week after surgery
- After the splint is removed wash your nose gently with soap, you may apply make-up
- No contact lenses for 1 week after surgery or until swelling has resolved

Dressings

- The splint and sutures will be removed in 5-7 days
- Gently apply hydrogen peroxide to inside rim of nostrils to clean twice a day with swab
- Apply thin layer of antibiotic ointment to inside rim of nostrils twice per day
- Apply ice bags (i.e. frozen peas) to the eyes 15 minutes on, 15 minutes off while awake for the first 48 hours.
 - Do not put pressure on nasal splint
 - Do not apply ice directly to skin

Activity/Work

- Rest at home for 24 hours
- No heavy lifting (greater than 10 pounds) and no strenuous exercise (aerobics, stretching, vacuuming, laundry, etc.) are permitted for 3 weeks
- Keep your head elevated above your waist for 2 weeks
- Sleep with your head elevated on 2 pillows for 1 week
- While the nasal splint is on, wash your hair in a beauty-salon fashion
- To prevent post-operative bleeding do not sniff or blow your nose for 3 weeks
- Return to work in 7-14 days depending on post-operative physician examination
- Drive in 5-7 days provided you are not taking prescribed pain medication

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What to Expect

There will be swelling and bruising following surgery which reaches a peak at 48 to 72 hours. The bruising typically resolves within 2-3 weeks. The swelling may take up to 12 months to completely resolve, but the vast majority of the swelling will be gone in 2-3 weeks. You may have bloody nasal drainage for 2 to 4 days after surgery, so change the drip pad under your nose as often as needed. The tip of your nose may sometimes feel numb, but sensation will gradually return to near normal within 3 to 6 months.

It is not uncommon to feel emotional after any cosmetic surgery. This is usually related to the immediate discomfort, anxiety over the appearance of swelling and bruising, and limitation of activity and socializing. These feelings will disappear as your appearance improves and you return to your usual daily activities.

Notify the office immediately if you develop: PERSISTENT BLEEDING, SEVERE PAIN, FEVER, SWEATS, OR CHILLS

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