

INFORMED CONSENT-RHINOPLASTY SURGERY

INSTRUCTIONS

This is an informed consent document that has been prepared to assist your plastic surgeon 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 your plastic surgeon.

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. 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 your plastic surgeon 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 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. 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.

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.

Risks of Rhinoplasty Surgery, continued

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 of both internal and external structure 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.

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.

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. Please carefully review your health insurance subscriber-information pamphlet.

Risks of Rhinoplasty Surgery, continued

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.

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. Your plastic surgeon 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.

CONSENT FOR SURGERY/ PROCEDURE or TREATMENT

1. I hereby authorize Dr. _____ and such assistants as may be selected to perform the following procedure or treatment:

I have received the following information sheet:

INFORMED CONSENT for RHINOPLASTY SURGERY

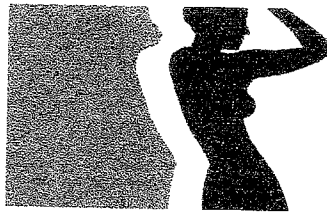
2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his 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



**FARAHMAND
PLASTIC SURGERY**

Pregnancy Waiver for Surgical Procedure

Patient _____

Acct# _____

To Whom it may concern:

I, _____, choose to waive a serum pregnancy
Test.

I am positive I am not pregnant at this time.
In the event that I should discover otherwise, I agree to take full
responsibility.

Surgical Date: _____

Date

Patient's Signature

Date

Witness

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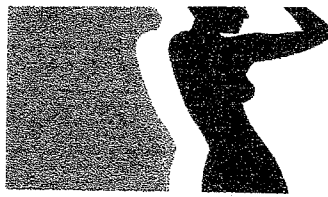
Pre-Operative Shopping List

The following is a list of items that should be purchased prior to surgery in order to prepare for and more easily recover from surgery.

Have	Need
_____	<input checked="" type="checkbox"/> Prescriptions – have your prescriptions filled prior to surgery to save time on the way home when you won't be feeling up to stopping.
_____	<input checked="" type="checkbox"/> Tylenol or a generic form of this drug – this will be the drug of choice once you do not need the prescription strength pain medications.
_____	Multivitamin – to take prior to surgery and during your recovery for maximum health.
_____	Germ-inhibiting soap, such as Dial, Safeguard, or Lever 2000 – to bath with prior to surgery in order to minimize germs.
_____	Straws – you need to drink a lot of fluids after surgery in order to help get the anesthesia out of your body quicker and straws will help you drink more.
_____	Frozen Peas – these are great as "ice packs" for facial areas. Get 2-4 packages so that you can use 1 or 2 and have the others freezing.
_____	<input checked="" type="checkbox"/> 4 X 4 gauze and paper tape
_____	<input checked="" type="checkbox"/> Q-tips
_____	Hydrogen Peroxide
_____	<input checked="" type="checkbox"/> Gentle foods – to encourage eating and not upset the stomach initially.
_____	Clear Soda (not diet): Ginger Ale, 7-Up, Sprite
_____	Plain crackers, saltine not buttery
_____	Soups, water based not cream based
_____	Pudding / Applesauce
_____	Jello
_____	Toast
_____	Other _____
_____	_____

Pre-operative Check List

Patient _____ Date _____	Acct# _____ Surgery date _____
	Initials _____
_____ Financial Policy/ Consent signed	_____
_____ Copy of Insurance card in chart	_____
_____ Consents signed	_____
_____ Orders / Scripts (Done and Signed)	_____
_____ Labs Done by _____	_____
_____ Mammo _____ / EKG _____	_____
_____ Patient consent to treatment	_____
_____ Mentor implant acknowledgement	_____
_____ Mentor consent for silicone implants	_____
_____ Pregnancy waiver / _____ peer review (disclosure)	_____
_____ Photos taken (check book if not sure)	_____
_____ Green Sheet (Read __, Gone over __, Signed __)	_____
_____ Must explain to all cosmetic patients: Surgical cost information (Given to patient) *If further surgery should be necessary, for any reason, the patient will be responsible for the cost of the facility and anesthesia. Approximately \$2200.	_____
_____ Post operative instructions given to hospital patients	_____
_____ Sized Garment, Size _____	_____
_____ Weight _____ lbs. For all liposuction, abdominoplasty, and breast reduction patients	_____
_____ Must Order Breast , Chin, mandibular implants	_____
_____ Size: _____ Catalog number _____	_____
_____ Reminder on all the following procedures:	_____
1. Abdominoplasty	
2. Thigh lifts	
3. Inner thigh liposuction	
Patients need to shave pubic area the night before Surgery	
_____ Always mark orders for surgery as follows:	_____
"Patient not to be sedated until seen by Dr. Farahmand _____	_____



**FARAHMAND
PLASTIC SURGERY**

Pre-operative care

1. Do not take aspirin, aspirin containing compounds, blood thinning products, no vitamin E, no homeopathic medicines, no ibuprofens for two weeks prior to surgery. Do not drink alcohol two days prior to surgery. Do not take any of the above mentioned products for one week after surgery. You may take **TYLENOL** in place of aspirin if needed.
2. Arrange for transportation to and from the surgical facility with a family member or friend. You will not be able to drive after surgery.
3. It is advisable to take some time off from work. You will want to discuss this with the Doctor. The amount of time will vary depending on the type of work that you do.
4. Arrange for someone to be with you for at least 24 hours after surgery.
5. Please do not wear any jewelry, make-up, or nail polish to the surgical facility on surgery day.
6. If you should become ill, please notify our office before surgery.
7. May take **XANAX** night before surgery with sip of water. Do not take Xanax on the day of surgery.
8. Do not eat any food or drink any liquids (including coffee, tea, and water) after midnight and nothing at all the morning of surgery... unless Dr. Farahmand ordered you to take medications. Your stomach must be completely empty for your safety. If you have taken anything by mouth, we will cancel your surgery. You may brush your teeth the morning of surgery.
9. It is your responsibility to keep your pre-operative appointment. Surgery will be cancelled if the required pre-operative testing is not completed.

Surgery Day

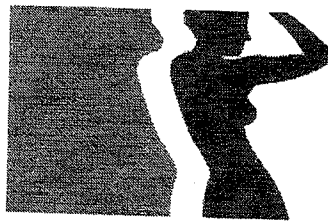
1. Call the surgical facility _____ the day before surgery to determine what time to report for registration.
 2. Remove all make-up, jewelry, and nail polish.
 3. Wear comfortable clothing, preferably a button front shirt. (**BREAST SURGERY PATIENTS**—Please bring a sports bra with front closure, no wires. This may be purchased at Target and is called Jogbra)
 4. If you have any questions, please do not hesitate to call our office at 332-2388.
- I have read the pre-operative information and fully understand its contents.

Patient _____ **Acct#** _____

Witness _____

Date _____

Date _____



**FARAHMAND
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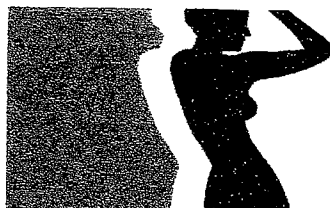
Home Instructions- Rhinoplasty

1. Rest in bed as much as possible for the first 24 hours; however, walk four times a day in your home during this first 24 hours. Sleep with your head elevated on 2-3 pillows or in a reclining chair for 1 week to help reduce swelling.
2. Apply cold compresses to eyes for the first 48 hours
3. Nasal packing, which was placed during surgery will be removed by Dr. Farahmand 1-3 days later at a follow-up appointment. Drip-pad may be changed as needed.
4. Breathe through mouth
5. Do not blow nose for 1-2 weeks, sniff back
6. Discoloration around the eyes is to be expected and will begin to disappear in a few days, gradually subsiding over the next 2-3 weeks.
7. Take a sponge bath until cast is removed.
8. Do not drive for 1 week.
9. Do not bend over or do any strenuous exercise for 10 days.
10. Report any fever, chills, and adverse reactions to medications or unusual symptoms immediately to Dr. Farahmand. If you have any questions or problems, please don't hesitate to call our office: 239-332-2388.
11. Do not take any aspirin products, ibuprofen or vitamin E until approved by Dr. Farahmand. Medications for pain relief and antibiotics with directions will be given to you. Take all medications as prescribed, pain medications should be taken with food.

Patient

Date

Witness



**FARAHMAND
PLASTIC SURGERY**

Audrey Farahmand MD

SURGICAL COST INFORMATION

OUR GOAL IS TO GIVE EACH AND EVERY PATIENT THE BEST RESULTS. UNFORTUNATELY APPROXIMATELY 5% OF ALL PLASTIC SURGERY PROCEDURES WILL REQUIRE REVISION(S) DUE TO EXCESS SCAR TISSUE.

SHOULD THIS HAPPEN, OUR POLICY IS TO ONLY CHARGE FOR FACILITY COSTS AND ANESTHESIA. THE CHARGE WILL BE APPROXIMATELY \$2200.00. YOU WILL NOT BE CHARGED FOR THE DOCTOR'S TIME.

THIS REVISION POLICY ABOVE IS APPLICABLE TO SCAR TISSUE ONLY FOR OUR BREAST AUGMENTATIONS. NOT INCULDED ARE DEFLATIONS OR CHANGING THE SIZE OF IMPLANTS.

PATIENTS SIGNATURE

DATE

WITNESS SIGNATURE



**FARAHMAND
PLASTIC SURGERY**

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Illicit/Illegal Drugs and Surgery Warning

WARNING: If you have used or are planning to use illicit/illegal drugs within 72 hours of your surgical procedure, it could severely interfere with your anesthesia. It could cause a wide range of medical and surgical complications. The drug using patient having surgery needs special attention in order to avoid interactions and complications. Please speak to Dr. Farahmand about your drug use so that she may review the different drugs and their clinical effects and the problems which could be encountered.

If you have used illicit/illegal drugs 72 hours prior to your surgery it is recommended that you reschedule your surgery to another date.

Signature

Date

Witness

Date