

## Patient agreement to investigation or treatment

# Rhinoplasty: Plastic surgery of the nose

**Authors: Department of Plastic & Reconstructive Surgery**

- Rhinoplasty can increase or decrease the size of your nose, change the shape of the tip, the bridge and the nostrils, and the angle between the nose and the upper lip. Reduction rhinoplasty makes the nose smaller.
- The operation usually requires a stay of one to two days in hospital. It is usually performed under general anaesthetic, which means you will be asleep during the procedure.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (operation/treatment). We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

### **Please bring this form with you to hospital**

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke's website:
  
- Remember, you can change your mind about having the procedure at any time.

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### **For staff use:**

Does the patient have any special requirements? (For example, requires an interpreter or other additional communication method)

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## **Name of procedure: Rhinoplasty: Plastic surgery of the nose**

### **Before your procedure**

- We will ask you about details of your medical history, give you a clinical examination, and carry out any investigations necessary.
- If you are taking any tablets or other forms of medication, you should tell the doctor treating you.
- Please do not hesitate to discuss any concerns about the operation with our staff at any time.
- This procedure may involve the use of general anaesthesia, which means you will not be conscious during the surgery. Alternatively, a local anaesthetic and sedative may be used. Your surgeon will advise which anaesthetic is suitable for you. Further information on your anaesthetic can be found on page four of this form.
- Before you come into hospital for your procedure, you will also be asked to:
  - Have a bath or shower at home on the day of admission.
  - Remove any make-up; nail varnish and bulky or sharp jewellery. Rings and earrings that you'd prefer not to remove can usually be covered with adhesive tape.
  - Follow the fasting instructions in your admission-confirmation letter. Typically, you must not eat or drink for about six hours before the operation. However, some anaesthetics allow occasional sips of water until two hours before.
  - Your nurse will help you prepare for theatre. You may be asked to put on support stockings to help prevent blood clots forming in the veins in your legs. You may also be given nasal drops, to clean and help anaesthetise your nose.

### **During the operation**

The operation involves making cuts inside your nostrils to reach the bone and cartilage. This is then removed or rearranged to achieve the shape you have agreed with your surgeon. The skin over your nose is left untouched and shrinks down to the new shape. Sometimes an incision is made across the columella (the division between the nostrils).

Making the nose smaller and narrower means it might also be necessary to make your nostrils smaller. This is done by making further cuts in the skin of the nostrils, which leave fine scars on each side of your nostrils. Your surgeon will advise you whether this procedure might be necessary.

After the operation, the cut is closed with dissolvable stitches. The operation routinely lasts 60 to 90 minutes.

### **After the operation**

- If you have had a general anaesthetic, after your operation you will wake up in the recovery room. You might have an oxygen mask on your face to help you breathe; you might also wake up feeling sleepy, both of which are normal.
- While you are in the recovery room, a nurse will check your pulse and blood pressure

regularly. When you are well enough to be moved, you will be taken to your ward. Sometimes, people feel sick after an operation and might actually vomit. If you feel sick, please tell a nurse and you will be given some medicine to stop the sickness and/or vomiting.

- For at least the first few minutes you will have a small, plastic tube in one of the veins in your arm. This is often attached to a drip (bag of fluid), which feeds your body with fluid until you are well enough to eat and drink by yourself.
- You will need to rest until the effects of the general anaesthetic have passed. When you feel ready, you can begin to drink and eat, starting with clear fluids.
- You will have dressings (packs) in each nostril, which prevent you breathing through your nose. These will be in place for about a day. You will also have a splint over your nose to support it. This will need to stay in place for 7 to 10 days. You may be given more nasal drops.
- The anaesthetist will prescribe painkillers for the first few days. Suffering from pain could slow down your recovery, so please discuss any discomfort you have with your doctors or nurses.

## Going home

- On discharge, the nurse will advise you on caring for your nose.
- An outpatient appointment will be made for you to see the surgeon at about three months after the operation.

## After your return home

- You may experience light bleeding from your nose for a day or two. You should keep your head up as much as possible and avoid hot baths. Try not to sneeze and avoid blowing your nose for a week after the operation, after which time you can blow your nose gently, one side at a time.
- Using extra pillows to support you when sleeping should help you feel less blocked. You may be advised to sniff or squirt a salt-water solution up your nose to clear congestion (sometimes called a nasal douche). You should leave any crusts in your nostrils until your follow-up appointment with your surgeon.
- You should normally wait a couple of weeks, until the bruising on your face has gone, before returning to work. Avoid any activities where you might knock your nose for six weeks.

## Intended benefits of the operation

- The operation is designed to reduce or change the shape of your nose. Many people feel happier and less self conscious about the way they look and feel after their operation.
- Rhinoplasty may be combined with SMR (sub mucous resection), an operation designed to improve breathing due to blocked airways.

## Alternative procedures that are available

- The alternative to this surgery is to decide not to have surgery.

## Serious or frequently occurring risks

Reduction rhinoplasty is a commonly performed and generally safe operation. For most people, the cosmetic benefits are greater than the disadvantages. However, all surgery carries some element of risk. This can be divided into risk of side-effects and the risk of complications.

### Side-effects

- These are the unwanted but mostly temporary effects of a successful treatment. Common side-effects of reduction rhinoplasty include some pain and discomfort, although painkillers will help with this.
- There will be bruising and swelling, particularly around your eyes, which can take up to three weeks to improve. It will take around three months for the swelling in your nose to disappear and for the shape to settle.
- The swelling may cause some difficulty breathing through your nose during the first week. It is normal for your nose to feel blocked for a couple of weeks and you may experience headaches.
- You may also experience some light bleeding from your nose during the first day or two. Your nose will feel numb and stiff particularly around the tip, for several months.

### Complications

- This is when problems occur during or after the operation. Most people are not affected. The possible complications of any operation include an unexpected reaction to the anaesthesia or developing a blood clot, usually in a vein in the leg (deep vein thrombosis).
- In addition, the main complications specific to reduction rhinoplasty are infection, excessive nose bleeding up to 10 days after the operation, and difficulties breathing through the nose. For most people any breathing difficulties settle after the first week, but some people find they don't get better and can be permanent.
- About one in ten patients feel their nose doesn't look right after a reduction rhinoplasty. Your surgeon may or may not be able to carry out further surgery to change the shape of the nose, but will probably have to wait a year before this second operation can go ahead.
- The chance of complications depends on the exact type of operation you're having and other factors such as your general health. Ask your surgeon to explain how these risks apply to you.

### Information and support

Do feel free to speak to a member of staff if you have any questions or anxieties. The ward sister will be able to answer most questions.

## Your anaesthesia

Your surgery will be performed under general anaesthesia. A general anaesthetic allows you to be in a state of controlled sleep whilst your surgery proceeds. You will be unaware of your surgery and will feel no pain.

## Your preoperative visit

- After your admission to hospital, the anaesthetist will come to see you and ask you questions about your health and may also examine you. You will be asked about your general health, any previous illnesses or operations, medications, allergies or adverse drug reactions, any problems with neck movement and mouth opening and whether you have any crowns on your teeth.
- Minor illnesses can cause problems for anaesthesia. If you have a cough, cold or other illness please let the anaesthetist know, as it may be better for you to recover from this prior to your surgery.
- It is very important that you follow the instructions you are given regarding eating and drinking. You are asked not to eat and drink anything for six hours before the operation, except for a glass of water up to two hours before the operation. This allows your stomach to empty by the time you already for surgery. With an empty stomach there is less likelihood of vomiting during or after your anaesthetic. You may also take some water to swallow your medication tablets.

## Your anaesthetic

- You will be connected to a monitor and a small needle will be placed in the back of your hand. Drugs to start anaesthesia will be put through this needle.
- Once asleep, a tube will be placed into your breathing pipe and your breathing controlled. The insertion of this tube can often be difficult when neck movement is limited and it is sometimes necessary to use a special telescope to do this. You will be advised if this will be necessary at the preoperative visit.
- You will remain unconscious for the duration of your operation and you will be continuously monitored throughout this time.
- You will be given appropriate pain relieving drugs and fluids during your operation. At the end of your operation, anaesthesia will be reversed and you will wake up in the operating theatre and then be taken to the recovery room.

## Post operative Care

- You will continue to be closely monitored in the recovery room to ensure that your vital signs are stable and that your pain relief is adequate. For your post operative pain management you may receive either tablets or an injection.
- Pain relief is important, not only for your comfort, but also to allow you to move around in bed, breathe deeply and cough. This is vital if you are to avoid problems of chest infections. If your pain is not well controlled, you must tell a member of staff.

## What are the risks of anaesthesia?

- The role of the anaesthetist is to care for all aspects of your health and safety over the period of your operation and immediately post operatively. Risks depend on your overall health, the nature of your operation and its seriousness. There can be complications, but serious complications are very rare indeed. Probably the most common complications post operatively, for this surgery is a sore throat. This is easily treated with mouth gargles and simple analgesia. An increased risk due to your personal health and circumstances will be discussed with you at the pre-operative visit.



# Patient agreement to investigation or treatment

Surname:  
First names:  
Date of birth:  
Hospital no:  
Male/Female:  
(Use hospital identification label)

Responsible health professional/job title

Special requirements .....  
(For example, other language/other communication method)

## Name of proposed procedure or course of treatment

**Rhinoplasty: Plastic surgery of the nose Side (left/right).....**

## Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- How it will be performed
- The intended benefits of the procedure
- Any serious or frequently occurring risks including those specific to the patient .....

- Any extra procedures that might become necessary during the procedure

Blood transfusion  
 Other procedure (please specify) .....

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following information leaflet has been provided: .....  
..... Version/Date/Ref: .....

This procedure will involve:

General and/or regional anaesthesia       Local anaesthesia       Sedation

**Health professional's signature** ..... Date: .....

Name (PRINT): ..... Job title: .....

Contact details (if patient wishes to discuss details later) .....

I have offered the patient information about the procedure but s/he has declined information.

## Important notes: (tick if applicable)

The patient has withdrawn consent (ask patient to sign/date here) .....

See also advance directive/living will

## Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

Interpreter's signature ..... Date: .....

Name (PRINT): .....

Copy accepted by patient: yes / no (please circle)

Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

## Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.**

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

### Please read the following:

**I understand** that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

**I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

**I understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

**I have been told** about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

**I understand** that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

**I understand** that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

**I understand** that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

**Please tick boxes to indicate you either agree/disagree to the three points below.** Yes No

**I agree** that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research.** If you wish to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.

**I agree** to the use of photography for the purpose of diagnosis and treatment.

**I agree** to anonymised photographs being used for medical teaching.

**I confirm** that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

**Patient's signature:** ..... Date: .....

**Name (PRINT):** .....

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

**Witness' signature:** ..... Date: .....

**Name (PRINT):** .....

**Confirmation of consent** (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature Date: .....

Name (PRINT): ..... Job Title: .....

