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RHINOPLASTY (NOSE SURGERY) INFORMED CONSENT FORM

Date:/....../20....

Dear Patient, Dear Parent / Guardian

This form has been prepared to inform the patient and their relatives about the planned surgery. Having the patient read and sign this document is a legal requirement. Information forms are used to explain the anticipated risks and complications of surgical treatments and to provide information about alternative treatment options. The risks described are defined in a way that will cover the needs of most patients under many circumstances. However, this form should not be considered as a document that contains all risks of every possible treatment method. Depending on your personal health condition or medical history, your plastic surgeon may provide you with different or additional information.

Please carefully read all the information written below and do not sign the form on the last page until all your questions have been answered.

GENERAL INFORMATION

The nose, located in the very center of the face, is an organ that is highly important both for appearance and breathing. Surgical interventions on the nose must be planned meticulously and performed with great precision. With aesthetic nose surgery, the size of the nose can be reduced, the shape of the nasal tip can be changed, the nostrils can be narrowed or widened, and the angle between the upper lip and the nose can be altered. This surgery can also help correct congenital deformities, nasal injuries, and certain breathing problems.

You must communicate all your complaints regarding your nose in detail to your doctor. Issues such as whether you experience breathing difficulties, their seasonal relationship if any, whether they worsen with activity, and whether they cause dryness of the mouth, headaches, snoring, or nasal discharge should be discussed thoroughly. Previous traumas and any prior surgeries must be reported along with their dates. Any important illnesses in the patient's history and regularly used medications must also be disclosed to the doctor. The specific aesthetic concerns and expectations regarding the shape of the nose should be clearly stated.

The ideal candidates for this surgical method are not those expecting a “perfect” nose but rather those hoping for an improvement in appearance. Candidates for rhinoplasty should have realistic expectations, be healthy, and have psychological stability. Rhinoplasty may also be performed in combination with other surgical procedures.

There is no universal rhinoplasty method suitable for everyone. The surgery can be performed in two ways: under general anesthesia (where the patient is fully asleep) or under local anesthesia with sedation (where the patient is partially sedated and the surgical area is numbed). These methods will be explained in detail, and the one most appropriate for you will be selected. Incisions may be made inside the nose or externally, as in open rhinoplasty. Interventions inside the nose during rhinoplasty usually facilitate breathing.

The duration of the operation, which depends on the details explained beforehand, usually ranges from 2 to 3 hours. After surgery, once you wake up in your room, you will have a plaster splint extending to the forehead and cheeks over the nose, as well as nasal tampons inside the nostrils. If tampons are placed, they are usually removed the next day or two days later. Although there is generally no significant pain during the first hours after surgery, nausea and dizziness may occur. Some medications will be prescribed to manage these conditions.

Four hours after the surgery, you will begin with liquid foods and will be allowed to walk. Patients operated on in the morning are usually discharged by the evening, while those operated on in the afternoon may leave the next day. During the first 48 hours after surgery, resting and applying cold compresses to the forehead and cheeks for 15 minutes every 2 hours will provide relief and help limit swelling and bruising. From the third day onward, swelling and bruising usually subside quickly, and you can gradually return to daily activities.

About one to two weeks after surgery, the plaster splint is removed and replaced with a thin tape dressing over the nose. The purpose of this is to control swelling after removing the splint. This tape usually remains for about one week. When the tape is removed, you will be able to see the general outline of your nose, but the finer details will take time to appear. Especially in the early months, the nose may appear more swollen in the mornings, with swelling decreasing throughout the day. Depending on the extent of surgical intervention and the technique used, numbness and stiffness at the nasal tip may occur, sometimes lasting for months.

In the early postoperative period, the nose should be protected from trauma. Therefore, contact sports and wearing glasses are not advisable during the first 8 weeks. Likewise, to avoid swelling, you should refrain from sauna, solarium, sunbathing, and steam baths during this period. However, from the second week onward, you may engage in exercise, swimming, and individual sports.

In the first days and weeks following surgery, breathing may not be very comfortable due to swelling and crusts inside the nose. Some drops and creams will be recommended to help relieve these complaints.

Routine follow-ups are scheduled at 1 week, 2 weeks, and at 1, 2, 4, 6, and 12 months after surgery to monitor your healing. Comparisons will be made using photographs taken before and after the surgery.

POSSIBLE COMPLICATIONS AND RISKS OF RHINOPLASTY

Every surgical intervention carries certain risks. As with any operation, undesirable situations may occur after rhinoplasty. It is important for you to understand the risks of aesthetic nasal surgery. The choice to undergo surgery is based on weighing the potential benefits against the risks. While complications do not occur in most patients, you should discuss these possible outcomes with your doctor to ensure you fully understand them. Complications are divided into **early** and **late** problems.

Early Complications:

- **Nausea** may occur postoperatively, but medications are available to control this.
- **Nasal leakage** is expected after surgery and is controlled by a small gauze placed under the nostrils. Leakage is most prominent in the first hours, continues decreasingly for 24–48 hours, and usually changes from red to yellow in color. Significant bleeding is uncommon but possible, and if it occurs, urgent treatment may be needed to stop it. To reduce bleeding risk, do not use aspirin or similar medications for 10 days before surgery.
- **Tampons** may cause sneezing sensations, which resolve quickly after removal.
- **Infections** are rare but possible. Preventive antibiotics are given at the beginning of surgery. If you develop fever and chills on the second day while tampons are in place, they must be removed immediately, and you should inform your doctor. Later, if you experience localized painful swelling or sensitivity, this may signal an infection, and prompt treatment will be initiated.
- **Accidental trauma** during the early period may cause deformities if severe.

Late Complications:

- **Breathing problems** may occur due to pre-existing conditions, uncorrected issues, or new problems caused during surgery. Allergies may also contribute. Treatments may include medication or secondary interventions.
- **Aesthetic concerns** may arise, often during the early postoperative swelling stage. Final results take time, and patients must be patient. About 5–10% of patients may require revision surgery. This risk is minimized through detailed preoperative discussions about expectations and limitations.
- **Nasal deviation** may persist or recur if cartilage and bone are curved in multiple planes. Even with precise surgery, some residual deviation may remain. This possibility will be discussed with you beforehand.

- **Septal perforation** (a hole in the nasal septum) may rarely occur. Repair may require additional surgery and may not always be possible.
- **Smoking** significantly increases the risk of all complications by reducing blood circulation in tissues.
- **Numbness** in the nasal skin due to nerve injury is possible but not always permanent.
- **Chronic pain** is very rare.
- **Allergic reactions** to tapes, sutures, or topical agents are rare. Severe systemic reactions to anesthetics or medications may occur.
- **Delayed healing** or poor wound healing may occur, sometimes requiring additional treatments or surgery.
- **Long-term changes** in nasal appearance may result from aging, sun exposure, or other non-surgical factors. Future interventions may be needed.
- **Unsatisfactory results** are possible. Surgery may lead to deformities or functional issues requiring correction.
- **Anesthesia risks:** Both local and general anesthesia carry risks, including complications, injury, and even death.

ALTERNATIVE TREATMENT OPTIONS

The alternative to rhinoplasty is not undergoing surgery. Certain internal nasal problems may be treated without external surgery. Treatments such as septoplasty (to correct airway problems) may be performed alone or with rhinoplasty, but they also carry risks and complications.

CONSENT

I hereby declare that I am satisfied with the oral and written explanations provided to me. I voluntarily give my consent for the treatment or surgery to be performed, as well as for any subsequent treatments, the items listed above, and the oral explanations given to me.

Patient Information

- Patient Full Name:
- Address:
- Phone Number:

Signature: