

## **Septoplasty Reduction of Inferior Turbinates Consent**

The following procedure will be performed: Septoplasty (operating to straighten the partition dividing the inside of the nose in half), and reduction of turbinates (trimming or removal of the structures on the side wall of the nose) to improve the nasal airway.

### **ANESTHETIC**

I understand the act of delivering intravenous sedation and analgesia has benefits of relief and protection from pain, but carries no guarantees. Intravenous sedation also involves risks including infection or bleeding from needle sticks, damage to vessels and nerves (including paralysis), pneumonia, seizures, heart attack, stroke, adverse reaction (allergic reaction) and death. I consent to the use of such anesthetics as may be considered necessary by the person responsible for these services.

### **GENERAL RISKS OF A PROCEDURE**

They include:

- A. Small areas of the lungs may collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- B. Clots in the legs (deep vein thrombosis or DVT) with pain and swelling. Rarely part of this clot may break off and go to the lungs, which can be fatal.
- C. A heart attack because of strain on the heart or a stroke.
- D. Death is possible due to the procedure.
- E. Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- F. Increased risk in smokers of wound and chest infections, heart and lung complications, and thrombosis.

### **RISKS OF THIS PROCEDURE**

There are some risks/complications, which include:

- A. Bleeding. This may occur either at the time of surgery or in the first few weeks after surgery. Bleeding after surgery may require packing of the nose under local anesthesia or may require another operation to stop the bleeding. A blood transfusion may be necessary depending on the amount of blood lost.
- B. Infection which may require antibiotics and may cause bleeding.
- C. Numbness of the top lip and / or upper front teeth.
- D. Adhesions or scar tissue forming inside the nose requiring further surgery.
- E. Septal perforation or hole in the partition inside the nose. This is often asymptomatic but may result in whistling, crusting or bleeding and may require further surgery to close the hole. This applies to Septoplasty only.
- F. Impaired or lost sense of taste and smell.
- G. Persistence or recurrence of the original problem.
- H. May cause increase in snoring or sleep disturbance.
- I. Changes in the external appearance of the nose may rarely occur and if unsatisfactory may require corrective surgery.
- J. Septal Hematoma/Abscess.

### **SIGNIFICANT RISKS AND RELEVANT TREATMENT OPTIONS**

Dr. Said has explained my treatment options including not having the procedure.

### **PATIENT CONSENT**

I acknowledge that:

Dr. Said has explained my medical condition and the proposed procedure. I understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes. Dr. Said has explained other relevant treatment options and their associated risks. The doctor has explained my prognosis and the risks of not having the procedure.

I was able to ask questions and raise concerns with the doctor about my condition, the procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

I understand that the procedure may include a blood transfusion.

I understand that if organs or tissues are removed during the surgery, that these may be retained for tests for a period of time and then disposed of sensitively by the hospital.

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Dr. Said has explained to me that if immediate life-threatening events happen during the procedure, they will be treated accordingly. I understand that no guarantee has been made that the procedure will improve the condition, and that the procedure may make my condition worse.

On the basis of the above statements, **I REQUEST TO HAVE THE PROCEDURE.**

\_\_\_\_\_  
Patient's printed name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Patient/Legal guardian signature

\_\_\_\_\_  
Date

**INTERPRETER'S STATEMENT**

I have given a translation in \_\_\_\_\_ (state the patient's language here) of the consent form and any verbal and written information given to the patient / parent or guardian / substitute decision maker by the doctor.

Name of Interpreter \_\_\_\_\_ Relationship \_\_\_\_\_

Signature and Date \_\_\_\_\_