

SUMMARY OF INFORMATION DISCUSSED AND UNDERSTOOD

This document contains the potential limits and adverse effects of the treatments that you may be considering. It includes the implications to your personal health, and in terms of lost time, costs and attendance for further treatment.

Please note that by necessity it covers a wide range of complications, but that serious complications are uncommon or rare. Please ensure that you understand aspects that relate to your treatment before signing to confirm your consent. If you have any questions or concerns, contact Mr Saeed's secretary to arrange clarification by phone or further consultation.

General areas discussed:

General advice on health and well-being, including on; smoking, alcohol consumption, UV exposure and risks, exercise and healthy eating.

General medical advice if applicable, including on; cardiorespiratory conditions, hypertension, diabetes, psychological / social aspects of a condition to the limits of Mr Saeed's experience and training.

Arrangement of referral to other health professionals as required.

Use of photo / video images, diagrams and available literature during consultation.

The treatment options available including no treatment, non-surgical treatment options and weight loss if applicable.

Risk of anaesthesia to the limits of Mr Saeed's experience – further clarification with anaesthetists is recommended in some circumstances; such as in the case of a heart attack or conditions which pose other cardiac risks.

Respiratory risks including retention of secretions, lung collapse, pneumonia and implications.

Deep venous thrombosis, pulmonary embolus (clots in leg veins that can pass to the lungs). Risks for given patient, use of TEDS, Flowtrons, early mobilisation and anticoagulants. Risks related to oral contraceptive/hormone replacement therapy, intercurrent disease or clotting abnormality. Unknown risks of oral anti-bruising agents eg arnica. Risks of concurrent medication eg aspirin.

General complication risks applicable to most procedures:

Bleeding and/or haematoma formation and action to be taken. Infection and wound breakdown and implications including antibiotic treatment, debridement/drainage.

Bone and joint infection and implications, if relevant, including loss of correction / symmetry /



disfigurement.

Need for further operations, including; skin grafts / other reconstructive work, prolonged healing times, repeat dressings and attendance. Adverse effect on scarring.

Skin/soft tissue loss or damage e.g. perforation /splitting of skin.

Adverse scarring including; hypertrophic, hypotrophic, keloid, tethered, pigmented, red scars.

Treatment of scars and limits to treatment of scars.

Nerve damage and implications for sensory and motor nerves, including; pain, paraesthesia (abnormal sensation), loss of functional sensation, movement or autonomic function, need for physical therapy, splints, further surgical procedures.

The limited results of expert microsurgical repair on very small nerve branches. Lack of feasibility for repair of smaller nerve branches.

Wound dehiscence and implications including further surgical procedures and effects on scarring.

Asymmetry including incorrectable asymmetry, e.g. due to pre-existing asymmetry.

Prolonged hospital stay in the event of any of the above; with loss of time, earnings and cost implications.

Importance of aftercare and the need to keep all follow-up appointments:

Gentle activity until tissues strong enough to support normal activity (see specifics below).

Wearing of appropriate aftercare garments / splints as instructed, non-interference with dressings unless instructed to, keeping wounds/dressings dry as instructed. Protecting surgical sites from sources of infection / infective environments / activities that could lead to infection. Scar care advice including massage with non-allergenic lotion / ointment as appropriate and avoidance of UV exposure for 12 months.

Avoidance of 'scar reducing' agents, e.g. Bio-Oil or Arnica due to undocumented effects on scars. Use of ice-packs if applicable and need to protect skin from cold damage.

Taking of medications as instructed.

Importance of timely contact with Mr Saeed or his team in the event of complications.

Cost implications of further treatment if in the event that complications arise or out of failure to comply with post-operative instructions.

RHINOPLASTY SPECIFICS



Scope of treatment:

The limitations of a given procedure including the anatomical area affected by the treatment, and areas that will not be significantly affected. The time taken for the effects of treatment to become apparent, e.g. skin shrinkage following rhinoplasty. The limitations and possible incompleteness of such effects. Other treatment options available, including those involving a different speciality, e.g. correction of turbinate overgrowth.

The need for revisions and adjustments and the frequency of this in rhinoplasty (estimates between 10 and 30 per cent). Changes may occur over time due to ageing and lifestyle factors.

Expected effects of treatments:

Swelling, bruising (both may track to areas remote from the surgical site) skin redness, fluid collection beneath the elevated tissues, temporary numbness, hypersensitivity, nasal obstruction, stiffness, paraesthesia and the implications and management of these. Skin discoloration or pigmentation may be permanent.

Septorhinoplasty / Rhinoplasty:

The splint can be vitally important to support the nose after rhinoplasty, and the nose must be protected adequately after splint removal. Contact sports can be contraindicated for at least 24 weeks, and the nose may be susceptible to fracture in these sports or activities even beyond this time frame. Typical bruising can appear around eyes, swelling, crusting and minor bleeding or soreness. Scar care for open rhinoplasty and massage (as instructed) for all types to dissipate swelling. There is the absolute necessity to avoid recreational drugs, whether legal or not, that can affect the nose, including tobacco, shisha and cocaine.

Damage to tissues, including skin perforation and splitting.

The results of the manipulation of the nasal skeleton are modulated by the thickness of the overlying skin. There can be swelling, which can take up to a year to settle and is most marked around the tip area. Asymmetry, over and under correction and scarring as well as the potential complications such as bleeding and septal perforation (may be permanent) / haematoma and the implications of these.

Infection and the risk of nasal tissue loss or collapse. There is the possibility of adjustments / reconstruction. There is no guarantee of airway improvement and in some cases breathing may become more difficult or permanent nasal obstruction occur following rhino/septorhinoplasty. There can be

partial or complete loss of smell (and reduction in taste) and this may be permanent.

The nose changes over time and the effects of surgery may be lessened or changed. Furthermore, with facial ageing the skin may become thinner, meaning underlying structures become more visible or even making them appear as irregularities. In some individuals the skin may thicken with age, making the result less defined.

When rib cartilage grafts are used, there are risks of; rib fracture, deformity, irregularity, contour defect, lung collapse, adverse scarring, chest infection, implant complications if breast implants are in place including capsular contracture, displacement, implant infection, exposure or loss. When ear cartilage is used there is a risk of adverse scarring, including; keloid scarring, bleeding, infection tissue loss, deformity and changes in shape and position which can lead to the worsening asymmetry of the ears.

SECONDARY OR SUBSEQUENT SURGERY:

Secondary surgery (revision) aims to improve the situation, and a full correction should not be expected. It can also be subject to complications and the need for revision. Scarring may be improved but there is a possibility it may worsen, and this also applies to deformity and function. This chances of this eventuality are increased if complications occur.

Declaration:

The information above has been clearly explained to me by Mr Waseem Saeed. I fully understand it and the choices given to me, including benefits, limits, aftercare, risks. and the implications of all of these.

Signed: Date:

PATIENT Name (BLOCK CAPITALS)

