

Dear Patient/ Legal Representative;

You have got information about the state of your health (health of your patient), medical treatment recommended for you, surgical or diagnostic procedures and their alternatives, advantages, risks and possible damages. You have a right to reject or approve them fully or partially, or stop their performance at any stage of their performance if you want to do so.

We would like to you to read this document and understand information about medical implementations in order to get your consent for their performance, not to scare or make you give up on treatment.

**INFORMATION**

PRELIMINARY DIAGNOSIS:.....

PLANNED TREATMENT/PROCEDURE:.....

NAME/SURNAME OF PHYSICIAN WHO PERFORMS THE PROCEDURE: .....

**INFORMATION ABOUT THE PROCEDURE:**

Rhinoplasty is the most common surgery performed by plastic surgeons. This surgery may cause a change in the appearance, structure and function of the nose. Rhinoplasty can increase or decrease the size of your nose. It can change the shape of your nose tip. It can narrow your nose wings and change the angle between your nose and lip. This surgery can correct congenital or accidental disorders, as well as some breathing problems. There is no common rhinoplasty method that will meet the needs of all patients. Rhinoplasty surgery is personalized according to the wishes of the patients. In open rhinoplasty surgery, incisions can be made into the nose or hidden in unobtrusive parts of the nose. Intra-nasal surgical interventions can be performed at the same time as rhinoplasty to correct some breathing problems. Rhinoplasty can also be performed with other surgical interventions. After the nose surgery, a second operation can be performed if the person and the plastic surgeon who performed the operation are not satisfied. Sometimes nasal surgery may have been performed for other non-aesthetic reasons (nose fracture, deviation, cleft lip and palate nose) and the desired result may not be obtained. In this case, the operations performed are called nasal revision or secondary rhinoplasty. These surgeries may sometimes include a very simple procedure and sometimes more difficult than the previous surgery. Removing the excesses from the nose usually requires simple procedures, while replacing excess removed tissues may require very complicated procedures. Among them; Taking cartilage or fascia behind the ear, cartilage or cartilage-bone removal from the rib. Usually visible scars are expected where the ribs were taken. Rarely, alloplastic (artificial) materials can be used to replace them.

**Additional Surgical Procedures That May Be Required:**

In addition to the risks and complications that may affect the long-term results of the Second Rhinoplasty (revision) or Secondary Rhinoplasty, there are different conditions. Secondary surgeries may be required for further tension or position change. Although they are rare, the mentioned risks are particularly related to rhinoplasty. Although other risks and complications can be seen, they are more rare. If complication develops, additional treatments or surgical intervention may be required. There are no certainty in medicine and surgery. Even if good results are expected, the results that might be obtained cannot be assured or guaranteed. Rarely, additional surgical procedures may be required to improve results.

**EXPECTED BENEFITS:**

The most suitable candidates for this surgery are those who expect improvement rather than perfection in nose shape. In addition to realistic expectations, good health and psychological

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balance are important features for the appropriate patient. The benefits expected from the transaction may vary from person to person due to these and similar situations.

**RESULTS CAN BE ENCOUNTERED IF THE PROCEDURE IS NOT APPLIED:**

Aesthetic nose surgery can often change the appearance and function of the nose. If you do not have surgery, there will be no change in your current appearance.

**ALTERNATIVES OF THE PROCEDURE, IF ANY:**

As an alternative treatment, it may be possible not to have aesthetic nose surgery (rhinoplasty) for minor problems. In some nasal airway diseases, there is no need for a surgical intervention outside the nose. Risks and potential side effects are associated with alternative treatment methods, including surgery, such as septoplasty to correct the airway.

**RISKS AND COMPLICATIONS OF THE PROCEDURE:**

Every surgical procedure has a certain risk. A second surgery in the same area usually carries more risk and is more difficult. A pre-existing problem can be fixed or a new problem may develop. The choice of a surgical procedure by a person is based on the comparison of risks to benefits. Although most patients do not experience these side effects, you should discuss each of them with your plastic surgeon to make sure you understand the risks, side effects and consequences of the second rhinoplasty.

**Bleeding:** Although rare, bleeding may occur during or after surgery. In case of postoperative bleeding, the accumulated blood may need to be drained urgently and blood should be transfused to the patient. Do not use aspirin or other non-steroid anti-inflammatory drugs for ten days before surgery, as this may increase the risk of bleeding. Uncontrolled high blood pressure can cause bleeding during or after surgery. Blood accumulation under the skin can delay healing and cause scarring.

**Infection:** Infection is rare after this type of surgery. If infection develops, antibiotic treatment and surgical intervention may be required.

**Necrosis on Skin:** In the second surgeries, there may be skin thinning and permanent color changes in places. Very rarely, the skin of the nose is lost and may need to be repaired by surgical intervention.

**Scarring and irregularity in the skin:** The incisions made outside the nose leave more or less scars. Although good wound healing is expected after surgery abnormal scarring may develop in the skin and deeper tissues. Scarring may look unwelcome and may differ in color from the surrounding skin color. Visible scars from sutures may remain. These scars may be more prominent in the second surgeries. Especially if it is necessary to put cartilage or bone in the nose, they may cause irregularity in the skin, appear different in light or be mobile. In some people, scars may require surgical revision or treatment. In the area where the bone or cartilage was removed (scalp, groin, behind the ear or anterior chest), there are scars of 4-5 cm in length.

**Damage to deep structures:** Nerves, tear ducts, vessels, and muscles can be damaged during surgery. This possibility varies according to the rhinoplasty technique performed. Damage to deep structures can be temporary or permanent.

**Bad result:** The result of the second aesthetic nose surgery may not satisfy you. Visible and palpable defects, loss of function and structural defects may occur. You may think the result did not meet your expectations and you may be disappointed. Additional surgical procedures may be required if the results are unsatisfactory.

**Numbness:** Permanent numbness may develop in your nasal skin after the second aesthetic nose surgery. This situation cannot be predicted. The decrease or loss of sensation in the skin of the nose may not be completely go away.

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**Asymmetry:** The human face is normally asymmetrical. After aesthetic nose surgery (Rhinoplasty), one side may be different from the other. This may not be completely removed after the second aesthetic nose surgery.

**Chronic pain:** Very rarely, chronic (long-term) pain may occur after rhinoplasty.

**Skin diseases / skin cancer:** Rhinoplasty is a surgical procedure that changes both the inside and outside of the nose. Skin diseases and skin cancer can develop independently of rhinoplasty. Performing a second surgery does not increase this risk.

**Allergic reactions:** In rare cases, local allergic reactions have been reported to the bands, suturing materials or topical medications used. More severe systemic reactions may occur to drugs used during surgery or prescribed later. In these cases, additional treatments are required.

**Delay in recovery:** There may be dehiscence and delay in wound healing after the second rhinoplasty. Some areas of the face may not heal normally and recovery may take time. There may be skin loss. In this case, frequent dressings or additional surgery may be required.

**Long-term effects:** There may be changes in the appearance of the nose as a result of aging, sun exposure and other factors independent of rhinoplasty. Additional treatments and surgical interventions may be required to preserve the results of rhinoplasty.

**Nasal septum perforation:** If there is a need to remove cartilage from the nasal septum for corrections in the second aesthetic nose surgery, there is a risk of perforation. This risk is low, but when it occurs, surgical intervention may be required to repair it.

**Surgical anesthesia:** Both local and general anesthesia involves risks. Any type of surgical anesthesia or sedation has the potential for side effects, injury, and even death.

#### **ESTIMATED DURATION OF THE OPERATION**

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#### **PROBABLE UNDESIRABLE EFFECTS OF THE MEDICATION AND MATTERS TO BE CONSIDERED:**

Use the medicines recommended by your doctor in accordance with the instructions for use. Your doctor will inform you about the possible undesirable effects of the drugs and the points to be considered.

#### **MATTERS TO BE CONSIDERED BY PATIENT BEFORE AND AFTER THE PROCEDURE:**

Your doctor will inform you about the issues you need to pay attention to before and after the procedure.

#### **PROBLEMS THAT MAY ARISE IN CASE OF NOT PAYING ATTENTION TO THE MATTERS THAT MUST BE CONSIDERED:**

If you do not pay attention to the matters to be considered, your doctor will inform you about the problems you may experience.

#### **HOW TO GET MEDICAL HELP ON THE SAME MATTER WHEN NEEDED:**

Accepting the treatment / surgery is a decision you make with your free will. If you change your mind you can personally apply to our hospital/ hospitals which perform this kind of treatment/ operation. **Phone: 0850 811 3400**

**Medical research:** To review clinical information from my medical records to advance medical study, medical research and doctor education; I give consent on the condition of adhering to the patient privacy rules in the patient rights regulation. As long as the results of the research maintain patient confidentiality, I give my approval for publication in the medical literature. **I am aware that I may refuse to participate in such work and that this refusal will not in any way affect my treatment negatively.**

**INFORMED CONSENT FORM FOR  
RHINOPLASTY REVISION PROCEDURE  
(RİNOPLASTİ REVİZYON AMELİYATI  
HASTA BİLGİLENDİRME VE RIZA  
BELGESİ)****BARCODE**

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**APPROVAL**

I have read the information above and I have been informed by the doctor who signed below. I was informed about the purpose, causes and benefits, risks, complications, alternatives and additional treatment interventions of the treatment. I approve this procedure under no influence and consciously, without needing any additional explanation.

I authorize a person named ..... to give consent and to receive all kinds of information about my treatment when I lose consciousness in any way or when I am unable to give consent for the attempts to be made to me regarding my treatment (the person authorized by the patient must sign as the patient's representative/legal representative).

I accept the application of Turkish Law and the jurisdiction of Istanbul Courts in legal disputes that may arise as a result of the treatment I received at BHT CLINIC Istanbul Tema Hospital.

.....(Please write "I understood what I have read and I approve it")

Patient	Signature	<u>Date / Time of Consent</u>
Name-Surname (handwritten)		...../...../..... ..:.....
.....		

If the patient cannot give consent:

<u>Patient / legal representative</u>	<u>Signature</u>	<u>Date / Time of Consent</u>
Name-Surname (handwritten)		...../...../..... ..:.....
.....		

Reason of the patient's failure to give consent (to be filled by the Physician):

Adequate and satisfactory explanations have been made to the patient/ legal representative whose name is written above by me regarding his or her illness, treatment/procedure to be performed, the aim, reason and benefits of the treatment / procedure, care required after the treatment / procedure, risks and complications of the treatment / procedure, alternatives to the treatment / procedure, the type of anesthesia that will be applied if necessary for the treatment / procedure and anesthesia risks and complications. The patient / legal representative has signed and approved this form with his / her consent that he / she was adequately informed about the treatment / procedure.

Physician to Apply Treatment / Procedure	Signature	Date / Time
Name Surname:.....		...../...../.....
.....:.....		
Title:.....		

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**If the patient has a language / communication problem;**

I have translated the explanations made by the doctor to the patient. In my opinion, the patient understood the information I translated.

Translator

Signature

Date / Time

Name Surname (handwritten): .....

...../...../..... :.....

You can contact the Patient Rights Office during the day and the Supervisor/Night Administrative Supervisor at night for all complaints about medical practices or for any matter you wish to address.

\* Legal Representative: Guardian for those under guardianship, parents for minors, 1st degree legal heirs in the absence of these. Signing this consent (approval) does not invalidate the patient's legal rights.