

PLASTIC SURGERY CENTER OF ST. JOSEPH, INC.
MICHAEL D. DE PRIEST, M.D.

CONSENT FOR RHINOPLASTY

PATIENT: _____

DATE of SURGERY: _____

1. I authorize Dr. Michael De Priest to perform a nose operation known as rhinoplasty. Dr. De Priest has explained this procedure to me, and I completely understand the nature and consequences of the procedure.
2. I understand that the doctor may remove part of the nasal septum to improve the nasal passage. The doctor may also fracture the bones, rasp or reduce bones, remove or reshape cartilage in the process of improving the function and/or appearance of the nose.
3. I am aware that the practice of medicine and surgery is not an exact science, and I know that there are no guarantees regarding the results of the operation, permanency of the results, or my satisfaction with the results.
4. The following are expected results after Rhinoplasty:
 - a. Nasal skin swelling such that the final form of the nose may not be apparent for as long as one year.
 - b. Lack of perfect nasal symmetry in the nose, particularly when it is crooked preoperatively.
 - c. numbness or increased sensitivity of the nose or cheek which usually resolves, but which may be permanent.
 - d. Permanent scars in the nostril region if incisions are made there.
 - e. Discoloration or swelling around the eyes which may last for weeks.
5. I know that every surgical procedure involves certain risks and possibilities of complications such as bleeding, infection, poor wound healing, etc. I know that certain complications may follow this surgery, even

when the surgeon uses the utmost care, judgment and skill. The list below contains several (but not all) possible complications that can follow rhinoplasty. We have discussed these points to my satisfaction, and I accept the risk of their occurrence.

- a. Excessive bleeding or infection that may necessitate hospitalization or a second operation.
 - b. Ability to feel or see the fracture sites through the skin.
 - c. Remaining or resulting irregularities requiring a second operation.
 - d. Perforation or fistula of the septum that could require additional surgery.
 - e. Inability to adjust to my new facial image.
6. I recognize that during the course of the operation, unforeseen conditions may necessitate additional or different procedure than those explained. I further authorize and request that Dr. De Priest perform such procedures as are, in his professional judgment, necessary and desirable. The authority granted under this paragraph extends to remedy conditions that are not known to (or could not be anticipated by) Dr. De Priest at the time the operation begins. This may include transfer and admission to a hospital.
7. I consent to the administration of local anesthesia and IV sedation agents by Dr. De Priest. I accept this risk and agree to discuss any questions I have concerning local anesthesia or sedation with the surgeon prior to surgery. If I need general anesthesia, trained and licensed anesthesia personnel will provide this care. I understand that the use of general anesthesia presents additional risks over which Dr. De Priest has no control. I accept this risk and agree to discuss any questions I have concerning anesthesia with the anesthesia personnel prior to surgery.
8. I consent to photographs before, during and after the surgery. These photographs and x rays shall be the property of Dr. De Priest.
9. I agree to keep Dr. De Priest informed of any change in address, and I agree to cooperate with him in my care after surgery until completely discharged.

10. I have read this consent and received a copy of it. I understand the contents, and have had the opportunity to ask questions concerning it. I request and authorize Dr. De Priest to perform a rhinoplasty on me. I have also received and studied the informational brochure on this procedure.

This permit also includes a release to draw blood if the physician or an assistant is accidentally stuck with a needle contaminated with my blood or body fluids.

PATIENT: _____ **DATE:** _____

WITNESS: _____

M.D. SIGNATURE: _____