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SEPTOPLASTY/TURBINOPLASTY/SINUS PROCEDURES INFORMED CONSENT

Sinus surgery is typically an outpatient procedure performed under general anesthesia. Not all sinus surgery is the same for everybody since it involves operating on any of the 4-paired sinuses in the face: frontal, maxillary, ethmoid and sphenoid. Both endoscopic and open techniques may be employed depending on each individual's needs. There are usually several steps in the procedure, which may involve one or more of the following:

Septoplasty: Straightening the middle wall of the nose to provide better airflow and to relieve obstruction.

Antrostomy: Opening the maxillary (cheek) sinus.

Ethmoidectomy: Opening the sinuses between your eyes.

Sphenoidotomy: Opening the small sinus in the very back of the nose.

Frontal Sinusotomy: Opening the forehead sinus.

Turbinectomy: Reducing the overall size of the turbinates.

Risks of septoplasty include, but are not limited to, bleeding, infection, nasal synechia (scar bands), septal perforation, a decreased sense of smell, temporary front teeth pain and/or numbness, failure to improve nasal stuffiness, nasal crusting, and very rarely a change in the external appearance of the nose.

In addition, the risks of sinus surgery include but are not limited to: failure to improve symptoms with recurring symptoms, the need for additional surgery (10%), and damage to surrounding structures including the nasolacrimal duct which carries tears from the eye to the nose resulting in postoperative epiphora (excessive tears). The following risks to the eye and brain are reported in the medical literature but are considered extremely rare: eye complications include change in vision change or loss; intracranial complications include CSF (spinal fluid) leak and infections required additional treatment and/or surgery to repair.

Lastly, since you are undergoing a general anesthetic, this alone carries its own risks regardless of the surgery considered. The risks of general anesthesia include, but are not limited to, the risk of heart attack, stroke, drug reactions, and even death. You should discuss your specific risks assessment with the anesthesiologist during your preoperative anesthetic appointment.

I/We have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of non- treatment, the procedures to be used, and the risks and hazards involved, and I/we have sufficient information to give this informed consent. I/We certify this form has been fully explained to me/us, and I/we understand its contents. I/We understand every effort will be made to provide a positive outcome, but there are no guarantees.

Patient Name: _____

Patient/Legal Guardian Signature: _____

Date: _____