



IN OFFICE SINUPLASTY INFORMED CONSENT

I hereby request and authorize San Diego Ear Nose and Throat Specialists, aided by any assistants if necessary, to perform: Sinuplasty/MiniFESS and possible nasal turbinate reduction in-office.

In general terms, the nature and purpose of the procedure(s) is:

To surgically remove irreversibly diseased tissue from the paranasal sinuses and enlarge the natural openings of these sinuses in an attempt to improve chronic sinus infections/to surgically alter nasal turbinates in an attempt to improve nasal breathing or improve chronic facial pain and headaches.

It has been fully explained in terms clear to me, the effect and nature of the procedure(s) to be performed, the foreseeable risks involved, alternative methods of treatment including not operating and not treating at all, as well as what I can expect to experience if recovery is uneventful. Lastly, I acknowledge that I have been given an opportunity to ask questions and that these questions have been answered to my satisfaction.

In office sinuplasty is generally a very well tolerated procedure. Most patients experience just a few days of mind discomfort, temporary nasal congestion, and infrequently some minimal bleeding. All surgical procedure inherently harbor some risk. Possible complications related to sinuplasty, though very rare, include the following:

1. Bleeding or infection.
2. Failure to improve symptoms.
3. Formation of scar tissue with possible worsening of sinonasal function.
4. Damage to surrounding structures including the olfactory systems, or leakage of spinal fluid.
5. Need for revision or staged procedure.
6. Adverse reactions to medication.

I also authorize the operating surgeon to perform any other procedures that he may deem necessary or desirable in attempting to achieve the desired result of the procedure(s) or the elimination of unhealthy or unforeseen conditions that he may encounter during the procedure(s).

I understand every effort to ensure a pleasing surgical outcome. I also realize that individual healing cannot be assured and that imperfections may ensue. Furthermore, I have been advised that minor revision procedures sometimes prove necessary and that I may incur additional financial responsibility for expenses not under the direct control of our office. I hereby give my consent to proceed.

Print Name: _____

Signature: _____ Date: _____