SAN DIEGO
EAR, NOSE & THROAT SPECIALISTS

SINUS SURGERY/TURBINATE REDUCTION/SEPTOPLASTY 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
Maxillary 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.
Inferior Turbinate Reduction: Reducing the overall size of the turbinates.

During endoscopic sinus surgery an endoscope, a thin camera rod with a light at the end, will be used to provide visualization and magnification of the sinus tissues. Specialized instruments can be used to safely and effectively remove causes of sinus blockage like natural blockages, nasal polyps and scar tissue. Specialized instruments are also used to straighten the septum and reduce the size of the turbinates if required. Endoscopic sinus surgery does not involve cutting through the skin, as it is performed entirely through the nostrils and will not change your outer appearance.
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 requiring additional treatment and/or surgery to repair.

Anesthesia: There are risks associated with any type of anesthesia including but not limited to respiratory problems, drug reaction, brain damage or even death. Other risks and hazards that may result from the use of general anesthetics include but are not limited to minor discomfort due to injury to the vocal cords, teeth or eyes. You can discuss these risks with your anesthesiologist before your surgery.

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

Print Name: _____

Signature: _____ Date: _____