



Affix Patient Label

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Informed Consent: Otoplasty

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

This information is given to you so that you can make an informed decision about having Otoplasty surgery.

#### Reason and Purpose of the Procedure:

An Otoplasty changes the shape of the ear to improve the shape and evenness in the look of your ears. It may improve your opinion about the way your ears look.

#### Benefits of this surgery:

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the benefits are worth the risk.

- Improve your opinion of the appearance of your ears

#### Risks of Surgery:

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect.

#### General risks of surgery:

- Small areas of the lungs may collapse. This would increase the risk of infection. This may need antibiotics and breathing treatments.
- Clots may form in the legs, with pain and swelling. These are called DVTs or deep vein thrombosis. Rarely, part of the clot may break off and go to the lungs. This can be fatal.
- A strain on the heart or a stroke may occur.
- Bleeding may occur. If bleeding is excessive, you may need a transfusion.
- Reaction to the anesthetic may occur. The most common reactions are nausea and vomiting. In rare cases, death may occur. The anesthesiologist will discuss this with you.

#### Risks of this surgery:

- Bleeding: You may need more surgery to stop and/or drain the blood. This is rare.
- Infection: You may need surgery to open and drain the area.
- Relapse: Ear cartilage may return to its original shape. More surgery may be recommended.
- Unsightly scars: Scars are permanent so this is difficult to improve.
- Asymmetry: The ears vary in shape and size. Minor differences are normal and expected.
- Delayed healing: In rare cases, it may take longer to heal. This can be due to skin loss, wound opening or sutures.



Affix Patient Label	
Patient Name:	Date of Birth:

**Risks associated with smoking:**

Smoking is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

**Risks associated with obesity:**

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

**Any and all of the risks and complications can result in:**

- More surgery
- Hospitalizations

**Risks specific to you:**

---

---

---

---

**Alternative Treatments:**

Other choices:

- Do nothing. You can decide not to have the procedure.

**If you choose not to have this treatment:**

- You may be unhappy with the appearance of your ears

**General Information**

During this procedure, the doctor may need to perform more or different procedures than I agreed to.

During the procedure the doctor may need to do more tests or treatment.

Tissues or organs taken from the body may be tested. They may be kept for research or teaching. I agree the hospital may discard these in a proper way.

Students, technical sales people and other staff may be present during the procedure. My doctor will supervise them.





Affix Patient Label	
Patient Name:	Date of Birth:

**Teach Back**

Patient shows understanding by stating in his or her own words:

\_\_\_ Reason(s) for the treatment/procedure: \_\_\_\_\_

\_\_\_ Area(s) of the body that will be affected: \_\_\_\_\_

\_\_\_ Benefit(s) of the procedure: \_\_\_\_\_

\_\_\_ Risk(s) of the procedure: \_\_\_\_\_

\_\_\_ Alternative(s) to the procedure: \_\_\_\_\_

**or**

\_\_\_ Patient elects not to proceed \_\_\_\_\_ (patient signature)

Validated/Witness:

Date: