



Affix Patient Label	
Patient Name:	Date of Birth:

**Informed Consent: Nasal Fracture Surgery**

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

**Reason and Purpose of the Procedure:**

Nasal fracture surgery is done to improve the position of the nasal bones and septum (separates the two sides of the nose) after an injury. The purpose is to reduce the deformity and/or the airway blockage that was caused by injury.

**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.

- Reduce nasal deformities
- Reduce nasal airway blockage

**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 or procedure:**

- **Small areas of the lungs may collapse.** This would increase the risk of infection. This may need antibiotics and breathing treatments.
- **Blood 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.** 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. This procedure would be done under a general anesthesia.

**Risks of this surgery:**

- Appearance of the nose: Surgery may not completely correct all deformities.
- Nasal obstruction: Airway blockage may be only partially improved.
- Bleeding: This is rare – more surgery may be needed to stop bleeding.
- Infection: More antibiotics or treatment is sometimes needed.
- Numbness: Nasal skin numbness is sometimes present. This is rarely permanent.
- Pain: Chronic pain after nasal repair is rare.
- Nasal septal perforation: Rarely, a hole may form in the septal cartilage after repair of nasal fracture. This may require more surgery to close.

**Risks specific to you:**

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**Obesity, Diabetes, and Smoking:**

These are linked to an increased risk of infections. They can also lead to heart and lung complications and blood clot formation.

**Alternative Treatments:**

Other choices:

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

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

- Nasal deformities will not change.
- Nasal airway blockage will probably not improve.

**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.

Pictures and videos may be done during the procedure. These may be added to my medical record. These may be published for teaching purposes. My identity will be protected.



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**By signing this form, I agree:**

- I have read this form or had it explained to me in words I can understand.
  - I understand its contents.
  - I have had time to speak with the doctor. My questions have been answered.
  - I want to have this procedure: **Nasal Fracture Surgery** \_\_\_\_\_
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- I understand that my doctor may ask a partner to do the procedure.
  - I understand that other doctors, including medical residents or other staff may help with procedure. The tasks will be based on their skill level. My doctor will supervise them.

**Provider:** This patient may require a type and screen or type and cross prior to surgery. If so, please obtain consent for blood/products.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Relationship:**  Patient       Closest relative (relationship) \_\_\_\_\_       Guardian/POA Healthcare

Interpreter’s Statement: I have interpreted the doctor’s explanation of the consent form to the patient, a parent, closest relative or legal guardian.

Interpreter’s Signature: \_\_\_\_\_ ID #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**For Provider Use ONLY:**

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention, I have answered questions, and patient has agreed to procedure.

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**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: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(Patient signature)

Validated/Witness: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_