Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:	HKID No.:	
Case No.	:		
Name	:		
DOB	:	M / F	
Adm Date	:		
Contact No.	:		

Procedure Information Sheet – Closed Reduction of Nasal Fracture

1. Introduction

1.1. To straighten a deviated nasal bone due to recent injury.
1.2. Indications
  1.2.1. Nasal obstruction attributed by a recently deviated nasal bone.
  1.2.2. Cosmetic deformity due to a recently deviated nasal bone.

2. Procedural Preparation

2.1. It is possible to undergo preoperative examinations including blood tests, Chest X-Ray and Electrocardiogram (ECG).
2.2. The indication of operation, procedure and possible complications will be explained by the surgeon and consent will be signed before operation.
2.3. Pre-operative anaesthetic assessment will be performed.The anaesthetic management and its possible risks will be explained by the anaesthetist.
2.4. Inform doctor for any drug allergy, regular medications or other medical conditions.
2.5. Do not eat or drink for 8 hours before operation.

3. Procedure

3.1. The procedure will be performed under local or general anesthesia.
3.2. The surgeon will reposition nasal bone, and apply external nasal splint to support the nasal bone.

4. Recovery Phase

4.1. External nasal splint may be applied to support nasal bone.
4.2. Mild transient epistaxis may occur, please attend the nearby emergency department if bleeding persists.
4.3. Sleep in slightly head up position may help reduce postoperative oedema.
4.4. Do not blow nose

5. Risks and Complications

5.1. Common Risks and Complications
  5.1.1. Bleeding
  5.1.2. Persistent nasal obstruction
  5.1.3. Infection
  5.1.4. Nasal adhesion
  5.1.5. Septal haematoma
  5.1.6. Persistent nasal deformity
5.2. Uncommon but serious complications (<1% risk):
  5.2.1. Toxic shock syndrome if nasal packing is used
  5.2.2. Death due to serious surgical and anaesthetic complications

6. Follow up after surgery

6.1. Avoid wearing glasses for 2 weeks.
6.2. After the procedure, avoid rigorous exercise or contact sports for 2 weeks.
6.3. Follow up as scheduled.

7. Remarks

7.1. The above-mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or individual differently. Please contact your physician for further enquiry.

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8. Reference

8.1. Hospital Authority Smart Patient Website.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____