

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

Procedure Information Sheet – Neck Dissection

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: _____

