

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

Procedure Information Sheet – Rhinoplasty

1. Introduction

- 1.1. It aims to correct the external nasal deformity and maintain nasal patency by means of straightening the nasal septum.

2. Procedural Preparation

- 2.1. Preoperative examinations may be ordered including blood tests, lung X-rays, and electrocardiogram (ECG).
- 2.2. The reason of operation, procedure and possible complications will be explained by the surgeon and consent form will be signed before operation.
- 2.3. Pre-operative anesthetic assessment will be performed. The anaesthetic management and its possible risks will be explained by the anesthetist with consent for anaesthesia signed.
- 2.4. Inform doctor for any drug allergy, regular medications or other medical conditions.
- 2.5. Do not eat or drink for 6 to 8 hours before operation if under general anaesthesia.

3. Procedure

- 3.1. Improve the appearance of the nose according to clearly established surgical objectives as discussed with your surgeon pre-operatively.
- 3.2. In the case of reconstruction of the nose in the rare situation of complete loss of nasal skeleton, implants may be used to shape the nose.
- 3.3. Implant cartilage harvested from other part of the body if needed.
- 3.4. Incision will be made outside and/or inside the nose.
- 3.5. Remove deformed nasal bone or cartilage.

4. Recovery Phase

- 4.1. May need analgesic for postoperative pain or discomfort.
- 4.2. Edema will be occurred after the surgery.
- 4.3. Sleep in slightly head up position may help to reduce postoperative oedema.
- 4.4. Nasal obstruction usually can improve within the first week.
- 4.5. Do not blow your nose.
- 4.6. Do not wear glasses after surgery until after follow up.

5. Possible Risks and Complications

- 5.1. Bleeding.
- 5.2. Minor Pain.
- 5.3. Rhinitis can last up to 8 weeks.
- 5.4. Harvest site pain, haematoma, infection and deformity.
- 5.5. Periorbital and upper cheek bruising due to osteotomies which will settle within 3-4 weeks.
- 5.6. Nasal deformity - saddle nose, columellar retraction with nasal tip saddling.
- 5.7. Septal haematoma.
- 5.8. Infection involving the nasal septum.
- 5.9. Septal perforation.
- 5.10. Infection and extrusion of implanted materials from external skin wound or inside the nose.
- 5.11. Persistent nasal obstruction.
- 5.12. Nasal adhesions.
- 5.13. Allergic reaction to tapes, implanted materials or splint materials.
- 5.14. Loss of smell.
- 5.15. Cerebrospinal fluid leaking.
- 5.16. Toxic shock syndrome.
- 5.17. Death due to serious surgical and anaesthetic complications.



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6. Follow up after surgery

- 6.1. Please follow as scheduled.
- 6.2. Usually can resume normal activity after 1 to 2 weeks.
- 6.3. Nasal irrigation or salt water spray may be needed.
- 6.4. Cleansing dry clots and mucus crusted by doctor may be required at follow up.
- 6.5. Seek immediate medical attention if you have any excessive bleeding, collapse, severe pain, fever or signs of wound infection.

7. Remark

- 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.

8. Reference

- 8.1. American Society of Plastic Surgeons (2017). Rhinoplasty Nose Surgery.

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: _____

