



Dr Honeybrook

FACIAL PLASTIC SURGERY

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SURGICAL CONSENT – OTOPLASTY

READ INFORMATION CAREFULLY BEFORE SIGNING

PATIENT CONSENT TO MEDICAL TREATMENT OR SURGICAL PROCEDURE AND ACKNOWLEDGEMENT OF RECEIPT OF MEDICAL INFORMATION

TO THE PATIENT: You have been advised that you may benefit from a surgical procedure. You have the right, as a patient, to be informed about your condition and the recommended surgical procedure so that you may make an informed decision whether or not to undergo the procedure after knowing the risks and potential complications involved.

In keeping with Australian law, you are being asked to sign a confirmation that we have discussed these matters. We have already discussed with you the common risks and potential complications. We wish to inform you as completely as possible. Please read the form carefully. Ask about anything you do not understand, and we will be pleased to explain this to you further.

Patient Name:

Treatment/Procedure:

- Description of the treatment/procedure: **Otoplasty**
 - The above listed surgical procedures are aimed to reposition the ears
- Surgical indications: Prominent ears, asymmetric ears
- Purpose: To change the appearance of the ears

Material Risks of the Surgical Procedure

General Risks:

All surgical treatment involves some risk. General operative and anaesthetic risks include, but are not limited to, the following:

- A sore throat/breathing difficulties due to the general aesthetic or the endotracheal tube, which can cause swelling, noisy breathing or discomfort
- Short-term nausea following general anaesthesia
- Wound infection, which may result in treatment with antibiotics or further treatment/surgery. This is more likely in a smoker or a person with diabetes.
- Heavy bleeding from the wound, which may result in the need for further treatment/surgery
- Wound discharge
- Poor or slow healing of the skin; wound breakdown; skin necrosis
- Wound dehiscence (wound ruptures along the surgical incision)
- Bruising and swelling. This will start to subside in one to two weeks but can take up to several months to settle down
- Abscess/Haematoma/Seroma/Oedema
- Pain and discomfort
- Allergic reaction to sutures, dressing, antiseptic solutions
- Altered or loss of sensation in and around the treated area, which may persist for some months, numbness may be permanent
- Adverse scarring
- Revisionary surgery
- Psychological impact of change in appearance
- Unsatisfactory cosmetic appearance
- Acute medical event: Heart or lung complications (e.g., heart attack, stroke, chest infections)
- Death
- DVT/PE

Specific Risks:

There are also risks specific to this procedure. Listed below are those risks associated with this procedure that we believe a reasonable person in your (the patient's) position would likely consider significant when deciding whether to have or forego the proposed therapy. Please ask your surgeon if you would like additional information regarding the nature or consequences of these risks, their likelihood of occurrence, or other associated risks that you might consider significant but may not be listed below.

- Bleeding or hematoma (blood clot) that may need to be evaluated.
- Infection, skin loss, poor healing that may require prolonged treatment
- Hypertrophic (thick) scars that may need to be revised and injected to soften them
- Discoloration and swelling of the ears
- Numbness and/or pain in ears, may be permanent
- Asymmetric appearance of the ears (unequal appearance)

Additional risks (if any) particular to the patient because of a complicating medical condition are:

ACKNOWLEDGEMENT - AUTHORIZATION AND CONSENT

- **No Guarantees:** All information provided, in particular, all estimates made as to the likelihood of occurrence of risks of this or alternate procedures or as to prospects of success, are made in the best professional judgement of the surgeon. The possibility and nature of complications cannot always be accurately anticipated and, therefore, there it cannot be guaranteed, either expressed or implied, as to the success or result of the surgical procedure.
- **Additional Information:** Nothing has been said to me, no information has been given to me, and I have not relied upon any information that is inconsistent with the information set forth in the document.
- **Particular Concerns:** I have had an opportunity to disclose to and discuss with the surgeon providing such information, those risks or other potential consequences of the surgical procedure that are of particular concern to me.
- **Questions:** I have had an opportunity to ask, and I have asked, any questions I may have about the information in this document and any other questions I have about the proposed treatment or procedure, and all such questions were answered in a satisfactory manner.
- **Authorised Surgeon:** The surgeon authorised to administer or perform the surgical procedure listed in this document is **Dr Adam Honeybrook MBBS, FACS, FRACS**
- **Physician Certification:** I hereby certify that I have provided and explained the information set forth herein concerning the surgical procedure to the best of my knowledge and ability.

Signature of Surgeon

Date

Consent

- Consent: I hereby authorise and direct the designated authorised surgeon, together with associates and assistant/s of his choice, to administer or perform the surgical procedure described in this consent form, including any additional procedures or services as may be deemed necessary or reasonable, including the administration of any general or regional anaesthetic agent, radiological services, laboratory services, and the disposal of any tissue removed during a surgical procedure, and I hereby consent thereto.
- I have read and understand all information set forth in this document. The authorisation for, and consent to, the above listed surgical procedure shall remain valid until revoked.
- I understand the importance of following pre-treatment and post treatment instructions and failure to comply with these instructions may increase the possibility of complications or result in a poorer outcome
- I understand that ancillary procedures may be required and in the event that ancillary procedures are required, it could result in additional fees
- I acknowledge that I have had the opportunity to ask any questions about the contemplated surgical procedure described in this consent form, including risks and alternatives, and acknowledge that my questions have been answered to my satisfaction.

Patient or Person Authorised to Consent

Date

Signature of Patient

If signed by someone other than the patient, state the reason and relationship:
