



Septorhinoplasty Consent

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

This consent form and patient information sheet uses the words 'I/you/your/me/my' to mean the patient or another person who is providing consent on behalf of the patient.

A. Does the patient have capacity to provide consent?

Complete for ADULT patient only

- Yes → **GO TO section B**
 No → **COMPLETE section A**

You must adhere to the Advance Health Directive (AHD), or if there is no AHD, the consent obtained from a substitute decision-maker in the following order: Category 1. Tribunal-appointed guardian; 2. Enduring Power of Attorney; or 3. Statutory Health Attorney.

Name of substitute decision-maker:

Category of substitute decision-maker:

Complete for CHILD/YOUNG PERSON patient only

- Yes Although the patient is a child/young person, the patient may be capable of giving informed consent and having sufficient maturity, understanding and intelligence to enable them to fully understand the nature, consequences and risks of the proposed procedure and the consequences of non-treatment – 'Gillick competence' (*Gillick v West Norfolk and Wisbech Area Health Authority* [1986] AC 112). See the 'Guide to Informed Decision-making in Health Care' www.health.qld.gov.au/consent/clinician-resources/guide-to-informed-decision-making-in-healthcare for further information.
→ **GO TO section B**

- No Parent/legal guardian/other person* with parental rights and responsibilities to provide consent and complete this form.
→ **COMPLETE section A**

*Formal arrangements, such as parenting/custody orders, adoption, or other formally recognised carer/guardianship arrangements. Refer to the Queensland Health 'Guide to Informed Decision-making in Health Care' and local policy and procedures. Complete the source of decision-making authority as applicable below.

Name of parent/legal guardian/other person:

Relationship to child/young person:

B. Is an interpreter required?

- Yes No

If yes, the interpreter has translated:

- in person over the telephone

A verbal translation is a summary of the form.

Name of interpreter:

National Accreditation Authority for Translators and Interpreters (NAATI) code:

Language:

C. Procedure details

I confirm that the doctor has informed me about the following procedure(s) and I consent to:

- Septorhinoplasty: Yes
Turbinate reduction: Yes No
Sinus surgery: Yes No

Name of procedure, site/side of procedure, reason for procedure:

D. Risks specific to the patient in having a septorhinoplasty/turbinate reduction/sinus surgery

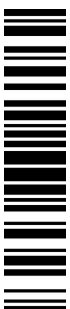
(Doctor to document additional risks not included in the patient information sheet)

E. Risks specific to the patient in *not* having a septorhinoplasty/turbinate reduction/sinus surgery

(Doctor to document specific risks in not having a septorhinoplasty/turbinate reduction/sinus surgery)

DO NOT WRITE IN THIS BINDING MARGIN

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Clinical check: 12/2025
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SW9145

SEPTORHINOPLASTY CONSENT



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F. Alternative procedure options

(Doctor to document alternative procedure not included in the patient information sheet)

G. Acknowledgment and consent

I acknowledge that the doctor has explained and I understand:

- the 'Septorhinoplasty' patient information sheet
 - the medical condition and proposed procedure, including the possibility of additional treatment
 - this procedure requires a general anaesthetic
 - the specific risks and benefits of the procedure
 - the risks of not having the procedure
 - alternative procedure options
 - that there is no guarantee the procedure will improve the medical condition
 - that if the procedure leads to the need for a blood or blood products transfusion, an additional consent form will be required
 - that tissues/blood may be removed and used for diagnosis/management of the condition
 - that if an immediate life-threatening event happens during the procedure:
 - for an adult patient, health care will be provided based on their AHD (Advance Health Directive) or ARP (Acute Resuscitation Plan). If no AHD or ARP is in place, health care will be provided in accordance with good clinical practice and the *Guardianship and Administration Act 2000 (Qld)*
 - for a child/young person, health care will be provided in accordance with good clinical practice and in the best interests of the patient
 - that a doctor other than the consultant/specialist may assist with/conduct the clinically appropriate procedure; this may include a doctor undergoing further training under supervision
 - that if the doctor wishes to record video, audio or images during the procedure where the recording is not required as part of the treatment (e.g. for training or research purposes), I will be asked to sign a separate consent form. If I choose not to consent, it will not adversely affect my access, outcome or rights to medical treatment in any way.
- I was able to ask questions and raise concerns with the doctor.
- I understand I have the right to change my mind regarding consent at any time, including after signing this form.

I have received the following consent and patient information sheet(s):

- 'Septorhinoplasty'
- 'About Your Anaesthesia' (*Adult patient only*)
- 'About Your Child's Anaesthesia' (*Child/young person patient only*)
- 'Blood and/or Manufactured Blood Products Transfusion (Full/Limited Consent)' (*Adult patient only*)
- 'Transfusion Consent: Fresh and/or Manufactured Blood Products (Full/Limited Consent)' (*Child/young person patient only*)
- Other (*specify*):

On the basis of the above statements,

I consent to having a septorhinoplasty/turbinate reduction/sinus surgery.

Name of patient/substitute decision-maker/parent/legal guardian/other person:

Signature:

Date:

If the patient is a child/young person:

- I am not aware of any legal or other reason that prevents me from providing unrestricted consent for this child/young person for this procedure (*not applicable if the child/young person is Gillick competent and signs this form*).

H. Doctor confirms

I have explained to you the contents of this form and am of the opinion that the information has been understood.

Name of doctor:

Designation:

Signature:

Date:

I. Clinical student involvement

For the purpose of undertaking training, a clinical student(s) may observe medical examination(s) or procedure(s) and may also, subject to my consent, assist with/conduct an examination or procedure on me/the patient while under sedation or anaesthetic.

I consent to a clinical student(s) undergoing training to:

- observe examination(s)/procedure(s): Yes No
- assist with examination(s)/procedure(s): Yes No
- conduct examination(s)/procedure(s): Yes No

Note: you will also have the opportunity to say yes or no to student involvement, on the day of your procedure.

For further information please see www.health.qld.gov.au/consent/students

Septorhinoplasty

Adult and Child/Young Person
Informed consent: patient information

(Affix identification label here)

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Given name(s):

Address:

Date of birth:

Sex: M F I

This patient information sheet has been given to you to read carefully and allow time to ask your doctor any questions about this procedure. Your doctor will include the consent form and a copy of this patient information sheet in your medical record.

This patient information sheet uses the words 'I/you/your/me/my' to mean the patient or another person who is providing consent on behalf of the patient.



1. What is a septorhinoplasty and how will it help me?

A septorhinoplasty is a procedure on the nose to help improve breathing and the appearance of the nose at the same time.

Septoplasty straightens the septum (the wall inside your nose that separates the nostrils) so air can flow more easily.

Rhinoplasty can change the shape or size of the nose on the outside.

These procedures may help if you have trouble breathing through your nose, have frequent nose blockages, or if the shape of your nose affects your confidence or comfort.

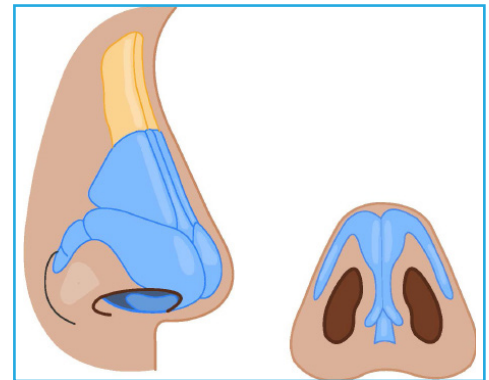


Image: Nose external anatomy
ID: 34790482. www.shutterstock.com

Preparing for the procedure

The healthcare team will give you instructions on how to prepare for the procedure. It is important to follow these instructions otherwise your procedure might be delayed.

Please tell the doctor if you:

- are breastfeeding or pregnant, or think that you may be pregnant
- have other medical conditions or health problems
- have allergies
- take prescribed, over the counter, or herbal medications (including blood thinning medications or weight loss medications)
- use recreational or illegal drugs.

Do not drink alcohol, smoke, vape or take recreational drugs for at least 24 hours before the procedure as these may alter the effects of the anaesthetic.

Fasting instructions: you will be told when to have your last meal and drink. After this time, **do not** eat (including lollies or gum) or drink. This ensures the stomach is empty and prevents food or fluid from getting into the lungs.

Medication instructions: most medications should be taken as usual. The healthcare team will notify you beforehand if you are required to stop taking any medications, such as blood thinners.

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Day procedure: this procedure is commonly performed as a day procedure. If it is clinically safe to do so, you will be discharged on the day of surgery.

During the procedure

An intravenous (I.V.) cannula is a small plastic tube that will be inserted into a vein, usually in your hand or arm. This is for any medications or fluids required during the procedure, including anaesthetic medications.

The doctor will straighten the septum (the wall inside your nose) and may reshape the outside of the nose. Sometimes, cartilage from inside the nose or another area of the body may be used to support the new shape.

The doctor will then close the cuts with fine stitches. Soft dressings or splints may be placed inside the nose, and an external splint is usually applied to protect and support the nose while it heals.



2. What are the risks?

In recommending the procedure, the doctor believes that the benefits to you from having the procedure exceed the risks involved. There are risks and possible complications associated with the procedure which can occur with all patients - these are set out below.

Your doctor will discuss any additional risks, specific to your individual condition and circumstances, with you. These should be written on the consent form before you sign it.

Common risks and complications

- bleeding, bruising, or swelling; bleeding or bruising is more common if you have been taking blood-thinning medications
- pain and discomfort

- blocked or stuffy nose
- numbness or stiffness around the nose, lip, or upper teeth
- nasal dryness.

Uncommon risks and complications

- ongoing nasal blockage
- scarring
- infection
- impaired sense of smell and taste
- breathing difficulties.

Rare risks and complications

- persistence or recurrence of the original problem or an unsatisfactory appearance of the nose
- severe infection (sepsis)
- permanent changes to smell or taste
- septal haematoma or abscess
- a hole inside the nose (septal perforation)
- death is extremely rare.

For more information about the anaesthetic and the risks involved, please read the information sheet '*About Your Anaesthesia*' or '*About Your Child's Anaesthesia*'. Discuss any concerns with the doctor. If you do not have one of these information sheets, please ask for one.

What are the risks of not having a septorhinoplasty?

There may be adverse consequences for your health if you choose not to have the proposed procedure. You and your doctor should discuss these risks.

Your symptoms may continue, or worsen over time, which could include, difficulty breathing, frequent nasal problems, poor sleep, and possible worsening of the nasal shape after injury if not treated.

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3. Are there alternatives?

Making the decision to have a procedure requires you to understand the options available.

Non surgical options may include medications or sprays, and nasal dilation devices to reduce swelling and clear the nose.

Cosmetic treatments such as dermal fillers may help with the shape of the nose. These are temporary and do not improve breathing.

Your doctor will discuss any alternative procedure options and their risks or benefits with you before signing the consent form.



4. What should I expect after the procedure?

Your healthcare team will talk to you about what to expect after your procedure and upon discharge from hospital.

It is normal to have swelling, bruising, and some discomfort in the first few days. Pain relief and saline sprays can help with pain and healing. Sleeping with your head raised can help reduce swelling.

You may have dressings or splints inside your nose, and an external splint for up to 2 weeks.

You may gently blow your nose and sniff following the procedure but avoid forceful blowing.

Avoid heavy lifting, strenuous activity, and contact sports for at least 4 weeks. It is best to avoid participating in contact sports in the future as there is a risk of re-injury and the need for further surgery.

You will receive a discharge plan and contact details to help guide your recovery after

leaving the hospital.

The healthcare team may also contact you to check in with you to see how you are going and answer any questions you may have.

Go to your nearest Emergency department or GP (your local doctor) if you become unwell or have:

- pain unrelieved by simple pain relievers or those prescribed for you
- bleeding, swelling, redness or inflammation at the wound site
- a fever (temperature 38°C or higher)
- other warning signs the doctor/clinician may have asked you to be aware of.

An anaesthetic will affect your judgement for about 24 hours. It is very important that you do not drive a car, travel on public transport alone, operate machinery, sign legal documents, or drink alcohol for 24 hours after the procedure. It is strongly advised that a responsible adult takes you home and stays with you for 24 hours after the procedure.



5. Who will be performing the procedure?

A doctor other than the consultant/specialist may assist with/conduct your procedure. This could include a registered doctor who is undergoing further training. All trainees are supervised according to relevant professional guidelines.

If you have any concerns about who will be performing your procedure, please discuss this with the doctor.

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Clinical students

For the purpose of undertaking professional training in this teaching hospital, subject to your consent, a clinical student(s) may observe medical examination(s) or procedure(s).

A clinical student may also, subject to your consent, assist with/conduct a clinically necessary examination or procedure on you while you are under the influence of anaesthetic.

You are under no obligation to agree to an examination(s) or a procedure(s) being observed or undertaken by a clinical student(s) for training purposes.

If you choose not to consent, it will not adversely affect your access, outcome or rights to medical treatment in any way.

For more information on student care, please visit www.health.qld.gov.au/consent/students



6. Where can I find support or more information?

For information about going to hospital and your rights as a patient, visit www.qld.gov.au/health/services/hospital-care/going-to-hospital

Queensland Health respects the privacy of patients and their families. To learn more about health records and personal information visit our website www.health.qld.gov.au/system-governance/records-privacy/health-personal

You can see a list of blood thinning medications at www.health.qld.gov.au/consent/bloodthinner

Further information about informed consent can be found on the Informed Consent website www.health.qld.gov.au/consent. Additional statewide consent forms and patient information sheets are also available.

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss this with your doctor/clinician.

Queensland Health recognises that First Nations peoples' cultures must be considered in the patient's clinical care to ensure their holistic health and individual needs are met.



7. Questions

Please ask the doctor if you do not understand any aspect of this patient information sheet or if you have questions about your proposed procedure.

If you have further questions prior to your appointment, please contact the facility where your procedure is booked.



8. Contact us

In an emergency, call Triple Zero (000).

If it is not an emergency, but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.