



## The Association of Plastic & Reconstructive Surgeons of Southern Africa

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### AUTHORISATION FOR RHINOPLASTY

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#### INTRODUCTION:

This informed-consent document helps your plastic surgeon inform you about your proposed surgery, its risks, and alternative treatment. It is important that you read this information carefully and have all your questions answered.

- 1 I authorise Dr Dower and his assistant(s) to perform on me (or my \_\_\_\_\_ ) the operation known as rhinoplasty (cosmetic surgery to the nose). This may also include a procedure on the nasal septum.
- 2 The nature and effects of this operation, the risks and complications involved, as well as alternative methods of treatment, have been fully explained to me by Dr Dower and I understand them.

**The following points, among others, have been specifically made clear:**

- a) Swelling will be present for an indeterminate period of time. Most of the swelling will normally subside within a week. The remainder may require several weeks, or even months, to disappear completely.
  - b) There will be bruising (black and blue marks), principally around the eyes, for several days. In some cases, this discolouration can persist for considerably longer periods.
  - c) Operations on the septum can result in a permanent perforation.
  - d) No exact end-result can be predicted given the nature of the procedure.  
(Computer generated or altered photographic images cannot be guaranteed for similar reasons as given above)
  - e) The procedure is subject to the same post-operative complications as other surgical procedures e.g. infection, bleeding, pain.
  - f) If the quality and quantity of cartilage available from the nasal septum for reconstruction of the nose is inadequate, it may be necessary to harvest additional cartilage from the ear or rib. Harvesting of rib cartilage can very rarely result in pneumothorax.
- 3 I authorise Dr Dower to perform any other procedure that he may deem desirable in attempting to improve the condition stated in paragraph 1, or any unhealthy or unforeseen condition that may be encountered during the operation.
  - 4 I consent to the administration of anaesthetics by a suitably qualified doctor.

- 5 The practice of medicine and surgery is not an exact science. I therefore understand that no guarantee or assurance can be given by Dr Dower as to the results that may be obtained.
- 6 The two sides of the human body are not the same and can never be made the same.
- 7 I have authorised Dr Dower to take clinical photographs. Such photographs remain the property of Dr Dower
- 8 I am not known to be allergic to anything except:  
\_\_\_\_\_
- 9 In the event of a contractual dispute, or any other cause of action, litigation shall be ONLY instituted in a court of the Republic of South Africa.
- 10 Additional costs may occur should complications result from surgery. The patient will be liable for all such additional costs.

I certify that I have read the above authorisation, that the explanations referred to therein were made to my satisfaction, and that I fully understand such explanations and the above authorisation.

**Patient or person authorised to consent for patient**

**Witness:**

Print name \_\_\_\_\_

Print name \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

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