Inferior turbinate surgery Consent Form

This form should only be used if the patient has capacity to give consent. If support is required with consent (interpreter, witness, carer, guardian, parent, or any other relevant support) please ensure they are present. If the patient does not legally have capacity, please use an appropriate alternative consent form from your hospital or hub. This form will be the result of a shared decision conversation between a clinician and patient. "You / your / me / my" hereby refers to the patient.

Please note it is common NHS practice for your consent to be taken by a clinician other than the operating or listing surgeon. This clinician will be suitably trained and competent to take consent. They will be referred to as the "responsible healthcare professional" in this form.

You will be provided with additional patient information about your procedure by your hospital or hub site. These will be provided in a language and format that suits you.

You may have questions before starting, during or after your procedure. Contact details are provided for any further queries, concerns or if you would like to discuss your treatment further. The risks quoted in this consent form for surgery assume that you have no additional factors which would increase your risk. The clinician discussing the consent with you will explain if you have health conditions or factors that may increase your risk.

Your details (Print or sticker)

First name:

Last name:

Date of birth:

NHS or Hospital number:

Responsible Health Professional:

My requirements: e.g, transport, interpreter, assistance

Patient name: _____ **NHS or Hospital number:** _____

Details of Inferior turbinate surgery

Inferior turbinate surgery:

Inferior turbinate surgery is a procedure to reduce the size of the inferior turbinates to improve nasal breathing. The turbinates are bony shelves in your nose covered by glandular tissue rich in blood vessels and nerves. inferior turbinates can sometimes become permanently enlarged and block your nose. In such cases surgery to reduce the turbinates can improve the nasal airway. The operation is usually all done inside your nose - there will be no scars or bruises on your face. We make a cut inside your nose and straighten out the septum by taking away some of the cartilage and bone and moving the rest of the septum back to the middle of the nose. It is all held in place with some stitches.

Extra procedures:
(Tick as appropriate)

- ☐ **Nose packing required** If there is any bleeding during the procedure, a nose pack may be inserted to help stop any further bleeding. It can be uncomfortable afterwards as the nose will feel full and you won't be able to breathe through the nose while the pack is in place. If a nose pack is used it is usually removed the day after surgery.
- ☐ **Dressings, nasal packing, splints and sutures** At the end of the operation the surgeon may use internal or external splints and dressings which will help protect and cover the operated area. Similar structures will be used for the operation. Some splints and dressings will require removal at home or in the hospital, and some will be dissolvable. Your surgeon will explain to you what this will involve as part of the after care of surgery.

Surgical technique:
(Tick as appropriate)

- ☐ **Submucosal diathermy**
- ☐ **Coblation**
- ☐ **Direct reduction**
- ☐ **Microdebrider**

Site and side:
(Tick as appropriate)

- ☐ **Nose**

Indication for, and purpose of surgery / benefits:
(Tick as appropriate)

- ☐ **Nasal obstruction** (to improve how air flows through the nose to help breathing)
- ☐ **Facilitate delivery of medication into the nose**
- ☐ **Other(s)** _____

Alternatives considered:
(Tick as appropriate)

- ☐ **Conservative management**

Conservative management is a term used when a condition is managed without surgery or other invasive procedures or treatments. You may choose not to have surgery and live with these symptoms which may stay the same or get worse. If symptoms worsen you might choose to have surgery later in life if appropriate. Changes such as weight-loss, reducing strenuous activity, physiotherapy, and anti-inflammatory medications may help to reduce symptoms.

- ☐ **Other(s)** _____

Patient name: _____ **NHS or Hospital number:** _____

Possible early or short-term risks

Rare
Probably won't happen
(fewer than 1 in 100)

Significant bleeding Some bleeding is expected during most procedures, however significant bleeding may require further treatment and admission to hospital. Usually it can be dealt with during the procedure but may lead to a change from the planned procedure, need a blood transfusion, or need further emergency treatment.

Possible late or long-term risks

Expected
Will probably happen

Discomfort It is normal to have some discomfort for a few days or weeks after the operation. Pain relief options will be discussed with you.

Bloodstained nasal discharge This often occurs following surgery and will usually resolve within a few days.

Crusting Dried blood and crusts can form inside the nose following inferior turbinate surgery. These crusts will often soften and pass out of the nose following surgery with the application of nasal drops. Sometimes they can remain in the nose and cause nasal blockage. If this occurs and are causing symptoms, the crusts can often be removed under local anaesthesia in clinic.

Uncommon
Unlikely to happen
(fewer than 1 in 20)

Wound infection A wound infection is an infection of the skin or underlying tissues, where a cut has been made, often causing redness or swelling. It may require treatment with antibiotics. Occasionally, drainage of a collection of infected fluid (pus) or further surgery is also needed.

The risk of developing a wound infection is higher in some patients, including those who are obese, are smokers, and patients with diabetes.

If you notice the nose becoming increasingly sore and blocked, you should seek medical advice as a serious infection can develop if untreated.

Postoperative bleeding Postoperative bleeding describes bleeding after surgery. It is usually a mild ooze from the wound but can be more severe. Significant bleeding may be able to be managed with dressings and monitoring, but sometimes requires further treatment to stop the bleeding.

Nose packing may be used initially to reduce the risk of bleeding. Usually this bleeding will be within the first 8 hours following surgery but may occur during the first 10 days.

Loss of smell or loss and or change in flavor Some patients may experience a loss of smell or change or loss in flavor. This should be temporary and may last up to 2-4 weeks but in rare case this may be permanent.

Adhesions Following nasal surgery, bridges of tissue can form between the nasal septum and side walls of the nose called adhesions. This can cause nasal obstruction. If this occurs and causes symptoms, the adhesions can be divided under local anaesthetic in clinic or via another operation under general anaesthetic.

Failure to improve nasal symptoms Inferior turbinate reduction surgery may not improve your symptoms of nasal obstruction especially if you suffer from rhinitis (allergic or non-allergic). If this occurs you may discuss with your treating clinician other medical and surgical options to improve yours symptoms.

Rare
Probably won't happen
(fewer than 1 in 100)

Empty nose syndrome Empty nose syndrome is a condition that is characterized by paradoxical nasal obstruction following nasal surgery. Other symptoms associated with the condition include sensation of crusting, dryness, diminished airflow and the nose feeling too open.

Patient name: **NHS or Hospital number:**

Patient specific risks

Patient Specific Risks	

Patient specific concerns

If you have any **specific concerns or personal risks** to you from your treatment, you can record them here. Please use this space to **record any concerns around allergies / reactions** and also any life saving **procedures that you do not wish to be carried out** without further discussion.

Any extra procedures which may become necessary during the procedure:

☐ Blood transfusion:

☐ Other procedures (please specify): _____

Patient name:

NHS or Hospital number:

Statement of healthcare professional

(to be filled in by health professional with appropriate knowledge of proposed procedure)

– I am suitably trained and competent and have sufficient knowledge to consent this patient in line with the requirements of my regulatory body.
– I have discussed what the treatment is likely to involve, the benefits and risks of this procedure.
– I have discussed the benefits and risks of any available alternative procedures or treatments including no treatment.
– I have considered any additional patient-specific factors and discussed these with the patient alongside their particular concerns.
– I can confirm that the patient has the capacity to give consent.

Patient information leaflet provided: ☐ Yes / ☐ No – Details:

Copy of consent form accepted by patient: ☐ Yes / ☐ No

Name:

Job title:

Date:

Signature:

Statement of patient

Please read this form carefully. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

You must consent to the following section to proceed with your surgery:

– I confirm that I have read and understood pages 1 to 5 of the consent form.
– I understand the diagnosis and agree with the course of treatment described on this form.
– I have had the opportunity to discuss treatment alternatives, including no treatment.
– I have had the purpose, aims and possible risks of treatment explained to me.
– I understand that the operating person, who will have appropriate expertise to carry out the procedure, may not have been involved in my pre-operative assessment or care to date.
– I understand my anaesthetic options will be or have been discussed with an anaesthetist where we will jointly decide which option is best for me. I understand that the type of anaesthesia may need to be altered if there are any complications during the procedure.
– I have been told about additional procedures which are necessary prior to treatment or may become necessary during my treatment. This may include permanent skin marks, photographs, and / or tissue samples to help with treatment planning and identification.
– I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health. I have spoken to my health care professional about any lifesaving procedures I do not wish to happen.
– I understand that relevant and appropriate patient specific data for this procedure will be collected and may be used in the context of providing clinical care, and/or audit purposes in compliance with Data Protection Act (2018).

Statement of: interpreter witness

(where appropriate)

☐ I have interpreted the information contained in this form to the patient to the best of my ability and in a way in which I believe they can understand.

or

☐ I confirm that the patient is unable to sign but has indicated their consent.

Name:

Signature:

Additional Consent: ***This section will not stop you from receiving surgery but will help with future learning and training.*** **Please tick if you consent:**

☐ I understand that there may be health care professionals that are training during my procedures such as medical students, and trainee nurses. I consent that they may participate in examinations relevant to my procedure, supervised by a fully qualified professional.

☐ I understand that information collected during my procedure including images, may be used for education and research (which may be published in medical journals). All information will be anonymised and used in a way that I cannot be identified.

☐ I agree that my health records may be used by authorised members of staff, who are not directly involved in my clinical care, for research approved by a research ethics committee and in compliance with the Data Protection Act (2018).

Tick if relevant: ☐ I confirm that there is no risk that I could be pregnant.

Name:

Date:

Signature:

Patient name: **NHS or Hospital number:**

Anaesthesia

Anaesthetic is used to allow surgery to take place painlessly. It may include medicines which put you to sleep or those which only numb the area you are having operated on while you remain awake. This can be done in a variety of ways and your anaesthetist will advise you on your options and talk to you about the risks, complications, and benefits of types of anaesthetic. If there are particular anaesthetic risks/concerns for any particular patient these should be separately documented in the patient's records.

Anaesthetic options and risks will be discussed with you on the day of surgery with an anaesthetist. This is a shared decision-making process, and you will jointly decide and agree which anaesthetic option is best for you. Please remember that if there are any complications during surgery, your anaesthetist may need to alter the type of anaesthesia and will explain this to you before the procedure.

For further information about the types of anaesthetic you may receive, and potential risks please see information below.

Types

Risks

https://www.rcoa.ac.uk/documents/anaesthesia-explained/types-anaesthesia

https://www.rcoa.ac.uk/patient-information/patient-information-resources

If you do not wish to access the additional patient information via link or QR code, please speak to your clinician and they will provide you with a hard copy. These will be provided in a language and format that suits you.

To be filled out by Anaesthetist (On day of surgery)

Name of Anaesthetists on the day: **Date:**

☐ I confirm I have discussed the different anaesthetic options with the patient, including risks and benefits and we have jointly decided what the preferred anaesthetic is.

Please note the preferred method of anaesthesia as discussed between the patient and anaesthetist below:

Signature:

To be filled out by your responsible healthcare professional (On day of surgery)

Reconfirmation of consent / Withdrawal of consent (where appropriate)

Reconfirmation of consent: ☐ Withdrawal of consent: ☐ See advance decision to refuse treatment: ☐

Name: **Date:**

Signature: