

# Nasal septoplasty 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:**

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**Last name:**

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**Date of birth:**

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**NHS or Hospital number:**

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**Responsible Health Professional:**

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

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## Details of Nasal septoplasty

### Nasal septoplasty Procedure:

A nasal septoplasty is an operation to straighten a piece of cartilage and bone inside the nose, to improve the breathing. 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. Then we hold it all in place with some stitches.

### Extra procedures: (Tick as appropriate)

- +/- inferior turbinate reduction**
- 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 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.

### 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 they worsen it may be you might to 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)** \_\_\_\_\_

## 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 to a week.

### 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.

**Septal perforation** Septal perforation is when a hole occurs in the septum (the thin piece of cartilage and bone inside the nose between the two sides). Following surgery, if this occurs it is usually caused by a septal haematoma (a collection of blood within the septum tissue).

It can cause a whistling noise when you breathe, crusting with blockage or nosebleeds. Most of the time it causes no problems and needs no treatment. Further surgery can be carried out if necessary, to repair a hole in the septum.

**Numbness of upper teeth of nasal skin** Numbness is the term for reduced touch sensation of the skin and may also include reduced sensation of pain or temperature. It is often temporary but can be permanent. After a nasal septoplasty, the upper teeth can be affected. Any numbness of the teeth will usually settle with time but there is a risk of permanent numbness of the nasal skin.

**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** Septal 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 your symptoms.

### Rare

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



**Change in shape of nose and visual dissatisfaction** This describes a situation where you are not satisfied with the outcome of the procedure in terms of appearance. Although the operation usually does not change the external appearance of your nose, rarely, the shape of the nose can change slightly, with a dip in the bridge of the nose or change to the shape or position of the nasal tip.

Occasionally further surgery is requested is correct this.

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).

**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: \_\_\_\_\_

## Statement of interpreter witness

(where appropriate)

- I have interpreted the information contained in this form 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: \_\_\_\_\_

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:

The responsibility for informed consent is between the patient and the consenting clinician and the NHS trust. NHS England, Getting It Right First Time (GIRFT) and associated organisations are supplying this resource which should be used/amended by the clinician as they see fit according to their clinical judgement. NHS England, GIRFT and associated organisations do not accept any liability for the consent collected using this resource or the subsequent treatment including surgical and additional procedures.