

# INFORMED-CONSENT-OTOPLASTY SURGERY

## **Instructions**

This is an informed-consent document that has been prepared to help inform you of otoplasty surgery, its risks, as well as alternative treatments.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by your plastic surgeon.

## **Introduction**

Otoplasty is a surgical process to reshape the ear. A variety of different techniques and approaches may be used to reshape congenital prominence in the ears or to restore damaged ears. Each individual seeking otoplasty is unique both in terms of the appearance of their ears and expectations for results following otoplasty surgery. It is important that you fully discuss your expectations with your plastic surgeon prior to surgery.

## **Alternative Treatments**

Alternative forms of management consist of not undergoing the otoplasty operation.

## **Risks Of Otoplasty Surgery**

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with otoplasty. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with your plastic surgeon to make sure you understand all possible consequences of otoplasty.

### **Bleeding**

It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood (hematoma). Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may increase the risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. Accumulations of blood under the skin may delay healing and cause scarring.

### **Infection**

Infection is unusual after this type of surgery. Should an infection occur, treatment including antibiotics or additional surgery may be necessary.

### **Change In Skin Sensation**

Diminished (or loss) of skin sensation in the ear area may not totally resolve after otoplasty surgery.

### **Ear Trauma**

Physical injury after the otoplasty procedure would disrupt the results of surgery. Care must be given to protect the ear(s) from injury during the healing process. Additional surgery may be necessary to correct damage.

### **Skin Contour Irregularities**

Contour irregularities and depressions may occur after otoplasty. Visible and palpable wrinkling of skin and ear cartilage can occur.

### **Skin Scarring**

In rare cases, excessive or abnormal scars may result. Scars may be unattractive and of a different color than surrounding skin. There is the possibility of visible marks from sutures used during a otoplasty. Additional treatments including surgery may be necessary to treat abnormal scarring.

### **Surgical Anesthesia**

Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

### **Asymmetry**

The human face is normally asymmetrical. There can be normal differences between ears in terms of shape and size. There can be a variation from one side to the other in the results obtained from a otoplasty procedure.

## **Risks of Otoplasty surgery, continued**

### **Delayed Healing**

Wound disruption or delayed wound healing is possible. Some areas of the ear may heal abnormally or slowly. Frequent dressing changes or further surgery to remove the non-healed tissue may be required.

### **Allergic Reactions**

In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions which are more serious may result from drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

### **Long Term Effects**

Subsequent alternations in ear appearance may occur as the result of aging or other circumstances not related to otoplasty surgery. Due to the resilient nature of ear cartilage, revisionary surgery may be necessary in order to improve the results following otoplasty surgery.

### **Pain**

Very infrequently, chronic pain may occur from nerves trapped in scar tissue after a otoplasty.

### **Deeper Sutures**

Some surgical techniques use deep non-absorbable sutures. These items may be noticed by the patient following surgery. Sutures may spontaneously poke through the skin, be visible, or produce irritation that requires removal.

### **Unsatisfactory Result**

You may be disappointed with the results of surgery. Infrequently, it is necessary to perform additional surgery to improve your results.

### **Additional Surgery Necessary**

Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with otoplasty. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied on the results that may be obtained.

### **Health Insurance**

Most health insurance companies exclude coverage for procedures such as otoplasty or any complications that might occur from surgery. Please carefully review your health insurance subscriber-information pamphlet.

### **Financial Responsibilities**

The cost of surgery involves several charges for the services provided. The total includes fees charged by your doctor, the cost of surgical supplies, anesthesia, laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revisionary surgery would also be your responsibility.

### **Disclaimer**

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, every patient is unique and informed-consent documents should not be considered all inclusive in defining other methods of care and risks encountered when medical care is reasonable and directed at obtaining appropriate results. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the state of medical knowledge.

## **Risks of Otoplasty surgery, continued**

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

**It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.**

# CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby authorize DR. EDUARDO BARROSO and such assistants as may be selected to perform the following procedure or treatment:

I have received the following information sheet:

## INFORMED-CONSENT OTOPLASTY SURGERY

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involves risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
5. I consent to the photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
9. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:  
a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN  
b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT  
c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9).  
I AM SATISFIED WITH THE EXPLANATION.

\_\_\_\_\_  
Patient or Person Authorized to Sign for Patient

Date \_\_\_\_\_

\_\_\_\_\_ Witness