Closed Reduction Nasal Fracture Consent Form

Possible risks include (but are not limited to):

Bleeding, immediate or delayed.

Infection.

Septal perforation (hole in the nasal septum). This can lead to crusting or recurrent bleeding, but in most people does not cause any significant discomfort. This uncommon problem is potentially correctable with additional surgery.

Anosmia (loss of smell) partial or complete.

Nasal airway obstruction, partial or complete.

Changes in the external nasal appearance which do not meet your expectations. These may be repairable or non-repairable. Most unsatisfactory changes are amendable to revision surgery.

Numbness in the skin over the nose.

There can be some minor color changes of the nasal facial skin.

I have read the above information and all of my questions have been answered to my satisfaction. I understand this surgery is elective (optional) and my alternatives include not having surgery. I understand that the goal of this procedure is improvement in my appearance and that a return to my appearance prior to the fracture may not be achievable.

________________________________________  ______________________
Patient, Parent, or Guardian                   Date

Copy given to patient