ISAPS® PATIENT SAFETY

INFORMED CONSENT OF THE INTERNATIONAL SOCIETY OF AESTHETIC PLASTIC SURGERY

INFORMED CONSENT FOR RHINOPLASTY

March 7, 2026

PROCEDURE SCOPE **(check all that apply):**

- ☐ Cosmetic goals (aesthetic refinement)
- ☐ Functional goals (breathing/airway)
- ☐ Combined cosmetic + functional goals

MAIN PATIENT-STATED GOALS **(in own words):**

1. **Procedure Description**
   Rhinoplasty is a surgical procedure intended to modify the shape and/or function of the nose. It may involve changes to the nasal bones, cartilage, septum, turbinates, nasal valves and soft tissues. The procedure may include, when clinically indicated, septoplasty, turbinate reduction, valve support, grafting or related maneuvers to improve airway function and/or achieve aesthetic balance.

   I understand that rhinoplasty is an individualized procedure and that outcomes depend on anatomical factors, tissue characteristics, healing response and surgical judgment.

2. **Surgical Plan and Intraoperative Modifications**
   The surgical plan is based on clinical evaluation, imaging and discussion of goals and limitations. I understand that **the surgical plan may be modified intraoperatively** based on anatomical findings and medical judgment to **achieve safe and reasonable objectives**, including functional stability and structural support.

   I understand that no specific technique (open, closed, hybrid, preservation-based or structural) guarantees a particular result.

3. **Anesthesia and Perioperative Care**
   Rhinoplasty is typically performed under local anesthesia with sedation or general anesthesia, depending on the clinical context and local practice.

   I understand that:
   - An anesthesia professional may be involved and **a separate anesthesia consent** may be required according to local regulations.
   - Anesthesia carries risks, including but not limited to adverse reactions to medications, airway events, nausea/vomiting, cardiovascular or respiratory complications, and rare serious events.

   I understand the importance of preoperative disclosure of medical history, medications, allergies and prior anesthesia issues.

4. Preoperative Evaluation and Patient Responsibilities

I agree to provide complete and accurate information regarding:

- Medical conditions (including cardiovascular disease, hypertension, diabetes, bleeding disorders, sleep apnea and chronic respiratory disease)
- Allergies
- Prior nasal trauma or surgery
- Medication use (including anticoagulants, antiplatelet agents, NSAIDs and any prescribed drugs)
- Supplements, herbal products and over-the-counter substances
- Smoking / vaping / nicotine use and recreational drug use
- Pregnancy status, if applicable

I understand that failure to disclose relevant information may increase the risk of complications and affect outcomes.

I confirm that I have had adequate time to consider the procedure, ask questions and understand that I may seek a second opinion.

5. Expected Recovery and Healing Timeline

I understand that postoperative swelling, bruising, congestion, discomfort and temporary changes in breathing are common. Healing is gradual and individualized.

Typical recovery considerations include:

- Early swelling and bruising commonly improve over 2–4 weeks
- Nasal congestion may persist for several weeks
- Subtle swelling, particularly of the nasal tip, may persist for months
- The **result may take 12–18 months**, and in some cases longer, to fully stabilize
- Revision decisions, if needed, are generally deferred until healing is mature (often ~12 months or more)

I understand that the appearance may fluctuate during healing and that patience is required.

6. Risks and Complications (General and Specific)

All surgical procedures carry risks. I understand that complications may occur despite appropriate technique and care. Potential risks include, but are not limited to:

A. General Surgical Risks

- Bleeding, hematoma
- Infection
- Poor wound healing, scarring
- Adverse reactions to medications
- Need for additional procedures (medical or surgical) to treat complications
- Pain, swelling, bruising
- Prolonged recovery

B. Rhinoplasty-Specific Risks

- Asymmetry or irregularities (minor asymmetries are common; **perfect symmetry is not achievable**)
- Dorsal irregularities, contour deformities
- Tip asymmetry, alar retraction and nostril asymmetry
- Overcorrection or under correction
- Skin/surface irregularities or soft-tissue contracture
- Altered sensation (temporary or permanent numbness)
- Nasal obstruction, valve collapse and septal deviation recurrence
- Septal perforation
- Persistent swelling, prolonged edema (especially in thick skin)
- Dissatisfaction with aesthetic outcome
- Need for revision rhinoplasty

C. Rare but Serious Complications

I understand that **rare but serious complications may occur**, including severe infection, significant bleeding or life-threatening events related to surgery or anesthesia.

I understand that risk levels vary by patient-specific factors and operative complexity.

7. Functional Outcomes (Breathing)

If functional improvement is a goal, I understand that breathing outcomes depend on anatomy, mucosal factors, healing response and underlying conditions (e.g., allergic rhinitis, turbinate hypertrophy).

I understand that functional improvement may be partial, may fluctuate during healing and **may require medical management or additional procedures** in selected cases.

8. Aesthetic Limitations and Anatomical Constraints

I understand that aesthetic outcomes are influenced by:

- Skin thickness and quality
- Underlying framework (bone/cartilage)
- Soft-tissue envelope behavior and scarring tendencies
- Facial proportions and baseline asymmetries
- Prior trauma or surgery

I understand that a **skin–framework mismatch** or soft-tissue limitations may limit the degree of visible change that can be achieved safely.

9. Revision Surgery (Timing, Indications and Policy)

I understand that revision rhinoplasty may be required for functional or aesthetic reasons and is not always avoidable.

- Revision needs, timing and complexity vary.
- Revision is generally considered only after adequate healing (commonly ~12 months).
- The need, timing, and **financial implications** of revision are subject to **local policies** and will be discussed if applicable.
- Revision may be indicated due to complications, variability in healing, trauma or dissatisfaction.

10. Psychological Factors, Expectations and Decision-Making

I understand that motivation, expectations and emotional factors can influence satisfaction. I have discussed my goals and understand realistic outcomes.

If concerns exist regarding unrealistic expectations or potential psychological vulnerability (including symptoms consistent with body dysmorphic disorder), I understand that referral for specialized evaluation may be recommended in the interest of patient safety and ethical practice.

11. Technology, Imaging and 3D Simulation (if used)

If photography, 3D imaging or digital simulation is used, I understand that:

- These tools support planning and communication
- **Simulations are educational tools** and do not guarantee results
- Final outcomes may differ due to anatomy and healing

12. Postoperative Care, Compliance and Risk Reduction

I understand that outcomes and complication risk are influenced by compliance with postoperative instructions, including:

- Wound care and hygiene
- Activity restrictions
- Avoiding trauma or pressure to the nose
- Medication adherence

- Follow-up visits and timely reporting of symptoms
- Disclosing all medications, supplements and herbal products, and discontinuing them when indicated
- Avoiding smoking /vaping / nicotine and other substances that impair healing

I understand that non-compliance increases risks and may compromise results.

13. Photographs, Data Privacy and Image Use

I understand that medical photographs and documentation may be taken for clinical care, medical records and quality assessment.

I understand that:

- Images may be stored in secure medical record systems
- Use for teaching, publication or presentations will be de-identified whenever possible
- If identifiable use is intended, **additional written consent** may be required
- Use in marketing or social media typically requires separate explicit consent (where applicable)

I understand that privacy practices are also subject to local laws and institutional policies.

14. Unforeseen Conditions and Additional Treatment

During surgery or recovery, unforeseen conditions may be identified that require additional measures. I authorize medically reasonable steps deemed necessary to address such conditions, including additional procedures if urgent and appropriate, consistent with local regulations and standard of care.

15. Alternatives to Surgery

I understand that alternatives to rhinoplasty may include:

- No treatment/observation
- Medical management for nasal obstruction (as appropriate)
- Non-surgical aesthetic options (limited, temporary and not equivalent to surgery)
- Referral for further evaluation (e.g., ENT assessment)

I have had the opportunity to discuss alternatives and their limitations.

16. No Guarantee / Acknowledgment of Variability

I understand that medicine and surgery are not exact sciences. **No guarantees** can be given regarding the exact outcome, degree of improvement, symmetry, satisfaction or long-term stability. Healing varies between individuals.

17. Consent Confirmation and Signatures

By signing below, I confirm that:

- I have read (or had read to me) and understood this informed consent.
- I have had the opportunity to ask questions and received satisfactory answers.
- I understand risks, benefits, alternatives and limitations.
- I consent voluntarily to proceed with rhinoplasty (and any indicated adjunct procedures consistent with the scope above).
- I understand that local legal requirements and institutional policies may apply.

ISAPS Patient Safety Committee

INTERNATIONAL DISCLAIMER (UNIVERSAL USE)

This document is intended as an **international reference template** and **does not replace local legal requirements**. It must be adapted to applicable local laws, regulations, institutional policies and clinical context. If any section conflicts with local requirements or standards, local requirements or standards prevail.

Patient Signature: _____ Date: ___/ ___/ ___

Printed Name: _____

Surgeon Signature: _____ Date: ___/ ___/ ___

Printed Name: _____

Witness Signature (optional/local policy): _____ Date: ___/ ___/ ___

Printed Name: _____

Interpreter Signature (if applicable): _____ Date: ___/ ___/ ___

Printed Name / ID: _____