



The Association of Plastic & Reconstructive Surgeons of Southern Africa

INFORMED-CONSENT- EAR OTOPLASTY SURGERY

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.

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). 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.

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.

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.

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

ADDITIONAL SURGERY NECESSARY

Should complications occur, additional surgery or other treatments may be necessary. 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.

ADDITIONAL INFORMATION

If any dispute may arise the surgeon is only liable if litigation takes place in South Africa, under South African Law.

CONSENT FOR SURGERY / PROCEDURE or TREATMENT

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

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 as to the results that may be obtained
5. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
6. 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 certify that I have read the above authorisation, that the explanations referred to therein were made to my satisfaction, and that I fully understand such explanations and the above authorisation.

Patient:

Witness:

Print name _____

Print name _____

Signature _____

Signature _____

Date _____

Date _____
