

Rhinoplasty Complication Checklist

Please read the Purity Bridge Rhinoplasty information booklet and other information leaflets that you have received in full. Then please read through and initial beside each point in the complication checklist for your procedure below to indicate that you are aware of and understand each potential risk or complication. Once completed and any questions answered, please sign and date at the end of the last page.

IMPORTANT:

Ms Nugent must receive this completed paperwork **prior to your date of surgery**.

Early complications (within the first week of surgery)

Bleeding (haematoma)

If there is any suggestion that excessive bleeding after nose reshaping surgery has occurred after surgery you will need to go back to the operating theatre to have the bleeding stopped and the wound washed out to evacuate the collected blood. The nose will then be packed and the packs left in for 24-48 hours. Occasionally blood can collect in the septum (the wall that separates the nostrils) – known as a septal haematoma. If this occurs, it may need to be drained in the clinic with a syringe and needle. This might need to be repeated until it settles. The nose may also need to be packed after drainage. Disclosure of all medications and supplements to Ms Nugent before surgery is important as some can increase bleeding and bruising after surgery.

Patient initials

Infection

Rates of severe infection in rhinoplasty are low (despite the surgery being in the nose) – quoted at around 2%. However, minor wound infections or inflammation may occur - if it does happen, an infection will be treated with antibiotics. Rarely, a return to the operating theatre to wash out the nose might be required. Infections can affect the quality of a rhinoplasty result.

Patient initials

Blood clots

Blood clots in the veins of the legs (DVT - deep venous thrombosis) may rarely occur after rhinoplasty, which is why important preventative measures are taken (calf compression stockings and blood thinning injections while in hospital). You should continue to wear the calf compression stockings for 2 weeks after discharge from hospital. If a DVT does develop, you will need various investigations and treatment as appropriate. A pulmonary embolus (PE) describes a blood clot that has broken off from the DVT and lodged in the blood vessels in the lungs. This can be serious, and again, appropriate investigations and treatment are instigated should this be suspected after your operation.

Patient initials

External skin damage

During a rhinoplasty, the skin of your nose is lifted from underneath to allow access to reshape the underlying cartilage and bone. Rarely a cut can happen through the skin to the outside or a small area of skin can struggle to heal or breakdown after surgery due to disruption of its blood supply. This is a higher risk if you have had a rhinoplasty before or trauma to your nose, as there may be scar tissue underneath your skin that makes it difficult to lift your skin without damaging it. Should this happen, it normally heals very well but may leave a scar.

Patient initials

Nasal swelling

Swelling to the nose is normal after a rhinoplasty operation. It usually peaks about day 3 after surgery and gradually resolves after that. In some cases it can be more severe – particularly in those with thick skin who are having a significant reduction in nasal size. Whilst most of the swelling has usually reduced during the first 6 weeks after surgery, some residual swelling may last up to a year after surgery. Sometimes swelling on one side of the nose goes down quicker than the other. There is also often some swelling in the cheeks under your eyes. This too is not unusual and will resolve over time. Following the instructions regarding elevation in the information booklet helps reduce the amount of swelling and resolve it quicker.

Patient initials

Intermediate complications (within 6 weeks of surgery)

Delayed wound healing

In some people the wounds take longer to heal than in others: this may be due to having had a mild infection of the wound, due to a reaction with the stitches or from “overdoing it” straight after surgery. Normally this is a minor inconvenience, which can be managed with special dressings as an outpatient. Occasionally it can lead to a troublesome infection developing as described above.

Patient initials

Open roof deformity

When a nasal hump is reduced, it is usually necessary to “in-fracture” or break the nasal bones, to allow them to gently fall in towards the middle of the nose. This aims to both narrow the nose (when appropriate) and to seal the gap (or open roof) between the nasal bones that may have been created when the dorsal hump was removed. If the gap was not adequately sealed, the skin may drape into the opening, resulting in a v-shaped dip. Should this happen (which is unusual), it may need further surgery for correction.

Patient initials

Asymmetries and irregularities

While no-one is perfectly symmetrical, and no nose is 100% symmetrical, every effort will be made to achieve good symmetry after your surgery. There will inevitably be subtle differences to each side of the nose and the potential for these differences must be accepted by you if you are undergoing rhinoplasty surgery. However, occasionally there are significant asymmetries and irregularities that need to be addressed with further surgery (a revision operation). Revision rates for rhinoplasty surgery are around 10%.

Patient initials

Numbness

The tip of your nose will be numb after surgery, and will remain so for some time. The feeling will come back eventually but can take several weeks or even months in some cases. Rarely sensation does not return fully.

Patient initials

Change in colour or texture of the skin

Normally surgery will not affect the colour or texture of the skin. However, occasionally, small blood vessels (telangiectasia) may appear after surgery. These may disappear on their own accord, but if they remain and you would like them treated, then treatment (at extra cost) can be carried out using a laser or similar technology. You should expect your nose to feel stiff for some months after surgery. This is due to small residual amounts of swelling in the tissues. This will eventually settle, as described above.

Patient initials

Contact dermatitis

Occasionally the skin may be sensitive to the splint and the dressings used after surgery. An allergic rash may develop which might need treatment with anti-histamines and steroids to settle it down.

Patient initials

CSF rhinorrhoea

Very rarely, damage to the thin plate of bone separating the nose from the nerves that detect smell (which lie under the front of the brain) can be damaged. This is an extremely unusual but important risk. The fluid that may leak out is clear and is called CSF (cerebrospinal fluid). Most leaks heal spontaneously, but occasionally further surgery is required. Until this resolves, there is a risk of infection that can result in meningitis with serious consequences.

Patient initials

Skin necrosis

Despite the skin being lifted off the underlying nose, the blood supply is usually very good, and the skin heals very well. Rarely, the blood supply to the skin of the nose is damaged during surgery, and areas of skin death can occur. If so, these are most likely to be at the nasal tip. Dressings may be required to speed up healing, and further surgery in the future may be needed should this happen.

Patient initials

Swelling/lymphatic obstruction following previous dermal filler treatments

While unusual to occur, sometimes unexpected amounts of prolonged swelling can occur in the surrounding tissues after surgery when dermal fillers have been placed in the surgical area or nearby in the past. It may be worse in warm weather. Over time and repeated dermal filler treatments, there is the possibility that the dermal filler may obstruct or hinder the normal lymphatic fluid drainage of the facial tissues.

Patient initials

Late complications (more 6 weeks from surgery)

Stiffness/firmness of the tip

It is quite common for the tip of your nose to feel more firm and rigid after a rhinoplasty than before. Some of this is due to swelling and this will gradually reduce and your nose soften. However, it is important to be aware that if you have needed cartilage grafts to support your nose, to significantly alter the shape of your tip or to lengthen your nose, then your nose tip will permanently feel firmer and more rigid than before your rhinoplasty. This is not something that normally causes a problem but may be something that you are aware of after your rhinoplasty.

Patient initials

Change in sense of smell

A small proportion of people may experience a reduction in their sense of smell after rhinoplasty surgery. Whilst in some this will be due to prolonged internal swelling (which will then resolve and the sense of smell will return), in others, it is due to the nerves that detect smells being affected by the surgery. In these instances, which are fortunately rare, the change or reduction in sense of smell may be permanent.

Patient initials

Voice changes

Rhinoplasty surgery can alter the size and shape of your internal nasal passages. Rarely this can alter your voice somewhat. This may be particularly important to consider if you sing.

Patient initials

Excessive callus formation

When the nasal bones are broken so they can be realigned, they take several weeks to heal. The healing process involves the body laying down a substance known as callus, which is new bone scar tissue. In some people, excessive amounts of callus are produced, leaving hard lumps palpable (or occasionally visible) under the skin, either side of the nose. If these occur and do not settle down in time, surgery might be required to remove them. However, further surgery, in turn carries the risk that more callus is laid down to heal the new wound. Therefore an assessment of your individual situation would need to be done in order to plan the best course of action.

Patient initials

Polly beak deformity

This describes a post-rhinoplasty nasal deformity, characterized by the appearance of a bulbous tip. It usually requires surgical correction, to reduce the internal cartilage that may not have been adequately addressed at initial surgery.

Patient initials

Saddle nose

This is a post-surgical deformity that is a result of loss of support of the nose. Typically it occurs because too much of the supportive septal cartilage has been removed. Further surgery is required should this occur.

Patient initials

Nasal obstruction

Long term swelling of the internal tissues, or thickening of the tissues on the inside of the nose may rarely result in reduced air flow in the nostrils. This can leave you feeling as though you have a permanently blocked nose. Further procedures may be needed should this occur. The procedures required are usually performed by an ENT surgeon.

Patient initials

Damage to the nasal septum

In a septorhinoplasty operation, surgery is performed on the septum of the nose – the wall that separates right and left nostrils. If the blood supply to the septum is damaged during surgery, it may result in wound healing problems to the septum. These will normally heal on their own accord, but if they don't (which is rare), and the wound on the septum persists, then a hole may develop in the septum. This may well be asymptomatic (i.e. it does not cause any problems), but occasionally it can cause problems with nasal dryness, nose bleeds and a whistling sound on breathing.

Patient initials

Poor columella scar

In an open rhinoplasty, the scar between the nostrils is very carefully stitched after the surgery. Sometimes, a notch or step may appear in the scar. If this does not settle with massage, it may be necessary to revise this surgically. If so, this can usually be done under local anaesthetic.

Patient initials

Poor healing of nasal bones

Fracturing of nasal bones is often part of a rhinoplasty surgery to reshape the bridge of your nose and to narrow or widen your nose. Rarely, they can fail to heal solidly or can slip and heal in the wrong place. This may affect shape and/or breathing. Further surgery may be need to correct this if it happens.

Patient initials.....

Distortion of nostril shape

If you are having your nostrils narrowed or widened, this involves an incision at the base of your nostril. While usually it improves the shape and size of your nostrils, occasionally the natural curve and shape of your nostril can be lost after the surgery. This is a difficult problem to fix and often involves further surgery.

Patient initials.....

Chronic pain

Occasionally patients suffer from chronic pain after surgery. This is not always predictable or easily treated. It is more likely to occur if you suffer from severe or complex pain prior to your surgery. Further surgery or referral to a pain specialist may be indicated in this situation although it must be appreciated that there is not always a surgical solution to chronic pain.

Patient initials

The sub-optimal result

Despite performing the operation as accurately and carefully as possible, some people will feel that their result is not exactly as they were hoping it would be. This may be due to an under or over-corrected nose, or due to irregularities or asymmetries. Results are also dependant on how your tissues heal after surgery. This varies from person to person and is not fully predictable. No-one can guarantee the "perfect nose" after rhinoplasty surgery, and an understanding of what is achievable in your particular case is essential prior to undergoing surgery. Should you be left with a sub-optimal result, this will be discussed with you along with the subsequent appropriate treatment options. Treatment may include revision surgery, which may be needed in up to 10% of rhinoplasty patients. Extra charges may be applicable for further surgery.

Patient initials.....

Other points about rhinoplasty surgery

Correction of a deviated nose

Straightening a nose that is crooked or going to one side is a common reason for having a rhinoplasty. While most of the time this is achievable, sometimes it is not possible to fully correct this. If you have significant facial asymmetry or differences in size or shape between each side of your face (everyone has small differences), this can be a reason for the nasal deviation in the first place. In these situations, rhinoplasty will not fully correct this as the base of the nose or foundations of the nose will not allow for it. The nose will gradually drift back to its original position or it will not alter enough at the time of surgery.

Patient initials.....

Donor site complications

If you need cartilage taken from your ear or rib for your rhinoplasty or a fascial graft from your scalp, there will be a scar at the back of your ear, over your rib or in your scalp (usually hidden by hair). These areas can be prone to some of the same complications discussed earlier such as poor scars, infection, bleeding, slow healing. There is a small risk of a pneumothorax (punctured lung) when taking part of your rib out for a cartilage graft and a small risk of altering the shape of your ear noticeably when taking a cartilage graft from the bowl of your ear.

Patient initials.....

Secondary rhinoplasty

If you are having a secondary rhinoplasty (repeat or redo rhinoplasty), it is important to be aware that it may be more difficult and more limited in what it can achieve than first time round. There will be scar tissue from the previous surgery which can affect some of the risks discussed earlier. You may have had cartilage removed or reshaped as part of your first rhinoplasty (a very common and often necessary part of rhinoplasty surgery). This can mean that if cartilage grafts are required for this operation, they may need to be taken from your ear or one of your ribs rather than from inside your nose. Your cartilage, bones and skin may be weakened or scarred from the previous surgery and this can make the result less predictable. It is crucial that you weigh up your reasons for having a second rhinoplasty against the risks and that you have clear and realistic expectations about what the surgery can achieve (compared to your previous surgery) and what its limitations are.

Patient initials

Ageing of the nose

Ageing of the nose occurs over time as with all other body areas. Skin tends to get looser and have more lines and wrinkles while the underlying bones of the face shrink down. The tip of your nose tends to drop somewhat over the years too. This can alter the proportions and shape of your nose relative to the rest of your face compared to how they used to be. This degree of change will happen whether or not you have a rhinoplasty – it is part of the natural ageing process.

Patient initials.....

Altering of nasal proportions

If you alter part of your nose e.g. reduce a hump, it can affect how the rest of the nose appears. If the bridge of your nose is lowered, proportionally the tip can appear to stick out more. This is part of the reason that Ms Nugent may recommend additional components to your surgery. The other reason is that sometimes altering one area affects the structure and support of another. At times, this is a beneficial effect of your rhinoplasty. Other times it means another part of your nose will be modified to maintain balance and harmony of your features.

Patient initials.....

Effects over time

Usually a period of 12 months is described as the time to see your final result after a rhinoplasty. This is to allow time for tissue healing and for swelling to go down. However, please be aware that small changes in the cartilage and skin can continue and alterations in the shape and appearance of your nose can appear quite some time in the future (several years). Usually these are not of significance but at times they can affect the quality of your result.

Patient initials.....

Selfies and photographs

Many more people now seek rhinoplasty because of how they appear in photographs than in the past. Partly this is due to the huge increase in and trend for taking selfies. When you take a selfie, your phone camera is quite close to your face and held at different angles. This distorts the appearance of your nose and often makes it appear a larger feature of your face than it actually is. When planning a rhinoplasty, you will need to step back from this distortion and look at your face and nose from an undistorted image. Surgery cannot be planned around an image that does not accurately represent the appearance of your nose. Equally photoshopped and filtered noses do not represent reality and cannot usually be replicated by surgery.

Patient initials.....

COVID-19 measures

As well as the standard process to ensure you are ready for treatment and to plan treatment, there are likely to be additional requirements due to COVID-19. You will need to undertake a COVID-19 screening questionnaire and follow the safety measures and protocols that are in place in the clinic and hospitals. Other measures that may be considered in some situations are a COVID-19 test, self-isolation in advance of treatment and during the early recovery period. You must also consider the risk of contracting COVID-19 around the time of your treatment and how this might affect you. Contracting COVID-19 during or after a time you have undergone a general anaesthetic or significant surgery may lead to a worse or more protracted course of illness than if you had not undergone the surgery.

Patient initials

I acknowledge that I have read and understood the nature of a rhinoplasty operation. I have read the information booklet provided to me and I understand the potential risks and complications associated with this procedure.

I agree to follow the postoperative care instructions given to me, including attendance at the postoperative follow up appointments, compliance with instructions to stop smoking/nicotine products (when relevant) and cessation of exercise and heavy lifting during the recovery after surgery.

I agree to communicate any concerns I may have in a timely manner and to inform Ms Nugent of any changes in my health or circumstances that may affect my suitability for, or recovery from rhinoplasty surgery.

I understand that the administration of an anaesthetic (general and/or local) will be needed and consent to this. I understand that all forms of anaesthetic involve risk and the possibility of complications.

Occasionally during surgery, unexpected events can occur or there are unexpected findings which affect or prevent performing the planned surgery or require adjusting of the surgical plan or procedure. Should this happen, Ms Nugent and/or the operating room team will carry out any emergency treatment required and will adhere as much as possible to the planned surgery if safe to do so. If this should occur, you will be informed of this, any consequences of this and if any further treatment or assessment is required at the earliest opportunity.

I acknowledge that no guarantee has been given to me as to the result that may be obtained or maintained. I understand this will depend on several factors including but not limited to my pre-existing health, my body weight, skin and tissue type, the procedure chosen and performed, how my body heals during the recovery period, my lifestyle and if a complication occurs.

I agree that the procedure(s), recovery, after care, expected results, potential risks and complications and alternative treatments have been explained to me in a way that I understand.

I understand that I have the option of not undertaking any surgery at all.

Patient signature Date

Patient name