



Informed Consent for Control of Epistaxis (Nosebleed)

Introduction

This information is given to you so that you can make an informed decision about having control of epistaxis. Take as much time as you wish to read this information and ask questions of your doctor or the assistants. You have the right to ask questions about and understand the surgical procedure as well as you can before deciding to have the surgical procedure. After learning of your condition and your options for treatment, you and your doctor are the ones who decide together if and when you should have this surgery based on your needs and medical condition. This surgery may be an emergency. You may decide not to have this operation at all.

Nature of the Condition and Treatment

Except in unusual circumstances, control of epistaxis is appropriate when you have a poorly controlled nosebleed. If you choose to have control of epistaxis, it is important to understand that the nose will be sprayed and then packed with a numbing and decongesting fluid. Cautery will be attempted with an acidic chemical (silver nitrate) and possibly electric cautery. We may also need to pack your nose for several days, or even transport you to a hospital for admission or emergent control of epistaxis in the operating room.

1. **Complications of Surgery in General:** As with all types of surgery, the possibility of other complications exists due to anesthesia, drug reactions or other factors which may involve other parts of my body, including a possibility of brain damage or even death. The likelihood of these complications is very low. The benefits of a controlled nosebleed from successful surgery are significantly greater than the possibility of a complication noted below.
2. **Specific Complications of Control of Epistaxis:** Risks of control of epistaxis include incomplete control of nosebleed, nasal deformity, asymmetry, nasal irregularity, palpable and/or visible bony, cartilage, or skin deformity, dissatisfaction of patient, more bleeding (possibly severe), infection, septal perforation (hole in septum), infection in cartilage leading to collapse of external nose (saddle nose), septal deviation, nasal congestion, nasal valve collapse, loss or decrease of sense of smell, scarring and adhesions (scar from septal to lateral nasal wall), and need for further procedures. There is a risk we will not be able to control the bleeding in the office, and you may have to be taken emergently to the hospital. There is a risk of poorly controlled blood pressure, shock, myocardial infarction (heart attack), stroke, and bleeding to death.

Alternative Methods of Treatment of Epistaxis

Alternative treatment for epistaxis is applying pressure, or packing the nose.

Patient Statement and Consent for Operation

I hereby authorize _____, and any associates or assistants of his choice to perform upon me control of epistaxis.

I recognize that during the course of the procedure, unforeseen conditions may necessitate additional or different procedures than those explained. I, therefore, further authorize and request my doctor and any associates or assistants of his choice perform such as are, in their professional judgment, necessary or appropriate for such procedures.

I understand that the proposed care may involve risks and possibilities of complications, and that certain complications have been known to follow the procedure to which I am consenting even when the utmost care, judgment and skill are used. I acknowledge that no guarantees have been made to me as to the results of the procedure, nor are there any guarantees against unfavorable results.

I accept the risks of substantial and serious harm, if any, in hopes of obtaining desired beneficial results of such care and acknowledge that the physicians involved have explained my condition, the proposed health care, and alternative forms of treatment in a satisfactory manner.

The basic procedures of the proposed surgery, the advantages, disadvantages, risks, possible complications, and alternative treatments have been explained and discussed with me by my doctor. Although it is impossible for the doctor to inform me of every possible complication that may occur, the doctor has answered all my questions to my satisfaction. In signing this consent form, I am stating I have read this form (or it has been read to me), and I fully understand it and the possible risks, complications and benefits that can result from the surgery. I also acknowledge that the doctor has addressed all of my concerns regarding this surgery.

Patient's Name: _____ Age _____

Patient's Signature: _____

Date: _____ Time: _____ Place: _____

Witness' Signature: _____

Doctor's Signature: _____

As parent, guardian, caretaker, next of kin or other legal representative responsible for the patient whose name appears above on the appropriate patient signature line, I have read

this document and, to the limit of the patient's understanding, I have discussed this informed consent and its terms with the patient. Due to the patient's inability to sign this informed consent, I agree, on behalf of the patient, to sign for the patient and bind him/her to the terms of this informed consent.

Name: (printed)_____

Signature:_____

City:_____ State:_____ Zip:_____

Relationship to Patient:_____

Date:_____ Time:_____ Place:_____

I have received a copy of this informed consent for my own records. I have had the opportunity to read this informed consent and my questions regarding the surgery, alternatives, risks, and expected outcomes have been answered.

Signature:_____

Name: (printed)_____