

EAR, NOSE & THROAT CONSULTANTS OF NEVADA

W.W. Schroeder, M.D., F.A.C.S., F.A.A.P. Ashley Sikand, M.D., F.A.C.S. Frederick Goll, III, M.D. Jonathan Salinas, M.D. LaKeisha Henry, M.D., F.A.C.S Allen Young M.D. Megan Jensen M.D. Nicole Molin M.D. Daniel Kim, D.O. Kathrina Paner PA-C Alisha Alexander APRN Theresa Walker APRN-C Anna-Joy Lingwood NP Shiyuan "Annie" Zhu SLP C.Gary Daniels Au.D

PHONE: (702) 792-6700 FAX: (702) 792-7198 <u>www.entc.com</u>

SEPTOPLASTY

You are considering an operation nasal septoplasty. This is an operation on the nasal septum, which is the "divider" between the two sides of the nose. The operation is usually done to straighten a deviation of the septum. This procedure could possibly alter the outside appearance, size and/or shape of your nose. Deviation of the nasal septum can contribute to nasal obstruction and sinus problems. Complications from operations on the nasal septum are uncommon, but they can occur. It is possible that the operation will not help you. It is even possible that you could be worse after the operation, but this is unlikely. Because of these facts, your doctor can make no guarantee to the result of the operation. However, in the great majority of patients, the desired result is achieved.

Infection and bleeding are the most like complications of a nasal septoplasty. These complications can cause prolonged illness, nasal deformity, and the need for blood transfusions. It is possible that a hole or perforation in the septum could result from this operation. Persistent nasal obstruction, nasal irritation, numbness, dryness and crusting can occur but are unlikely. Allergic reactions to anesthetic agents and substances used during the procedure are rare complications.

There are alternatives to this operation, such as the continued use of drug therapy. The alternatives carry their own risk of complications and varying degrees of success.

I CERTIFY: I have read or had read to me the contents of this form. I understand the risks, benefits, alternatives, and possible complications involved in this procedure and I agree and wish to proceed.

Patient/Guardian Signature:	Date:
Witness:	Date:
Patient Account #:	

Northwest Office

7040 Smoke Ranch Road

Las Vegas, NV 89128

Green Valley Office

3195 St Rose Parkway Suite 210 Henderson, NV 89052 (Mailing address) **Southwest Office**

8840 W Sunset Road Suite A Las Vegas, NV 89148