

CONSENT FOR SECONDARY PALATAL MANAGEMENT

Secondary Palatal Management is a term used for a group of surgeries designed to improve velopharyngeal insufficiency (VPI) or hypernasality (too much airflow through the nose during speech). Pharyngeal Flap, Sphincter Pharyngoplasty and Palatal Lengthening (“Furlow”) are the most common procedures performed. The decision of which surgery to be performed is typically decided by physical exam, nasonendoscopy or videoflouroscopy. It is possible that this surgery might overcorrect the problem and the speech might be *hyponasal* (too little airflow through nose or stuffy sounding). The severe decrease in nasal airflow might lead to snoring, nasal airway obstruction or the development of obstructive sleep apnea. These results could be temporary or permanent and could require treatment including CPAP or reversal of the surgery. If this reversal is required, often time the gains made with speech are maintained. The additional risks associated include bleeding, infection, dehiscence, under correction (continued VPI), injury to teeth, airway obstruction, stunting of facial growth and/or the need for further surgery.

Every surgical procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. 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 the risks, potential complications, and consequences of Secondary Palatal Management. The more common risks associated with Secondary Palatal Management are:

- **Bleeding-** It is possible, though unusual, to experience a bleeding episode during or after surgery. Intraoperative blood transfusions may be required. Should post-operative bleeding occur, it may require an emergency treatment to drain the accumulated blood or blood transfusion. Hypertension (high blood pressure) that is not under good medical control may cause bleeding during or after surgery. Accumulations of blood under the skin may delay healing and cause scarring. Do not take any aspirin or anti-inflammatory medications for ten days before or after surgery, as this may increase the risk of bleeding. Non-prescription “herbs” and dietary supplements can increase the risk of surgical bleeding. Hematoma can occur at any time following injury. If blood transfusions are necessary to treat blood loss, there is the risk of blood-related infections such as hepatitis and HIV (AIDS). Heparin medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets.
- **Medications-** When taking the prescribed pain medications after surgery, realize that they can affect your thought process and coordination. Do not drive or operate complex equipment, do not make any important decisions and do not drink any alcohol while taking these medications. Be sure to take your prescribed medication only as directed. There are adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Be sure to check with your physician about any drug interactions that may exist with medications which you are already taking.
- **Infection-** Infection is unusual after surgery. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary.
- **Damage to Deeper Structures-** There is the potential for injury to deeper structures including nerves, tear ducts, blood vessels, muscles, and lungs (pneumothorax) during any surgical procedure. Injury to deeper structures may be temporary or permanent.
- **Allergic Reactions-** In rare cases, local allergies to tape, suture materials and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur to drugs used during surgery and prescription medications. Allergic reactions may require additional treatment.

- **Nasal Airway Alterations**- Changes may occur after a Secondary Palatal Management operation that may interfere with normal passage of air through the nose. This may result in hyponasality, nasal obstruction or obstructive sleep apnea. This may cause long term medical complications and more surgery may be necessary.
- **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.
- **Substance Abuse Disorders**- Individuals with substance abuse problems that involve the inhalation of vasoconstrictive drugs such as cocaine are at risk for major complications including poor healing and nasal septal perforation.
- **Sutures**- Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible or produce irritation that requires removal.
- **Cardiac and Pulmonary Complications**- Surgery, especially longer procedures, may be associated with the formation of, or increase in, blood clots in the venous system. Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. Pulmonary and fat emboli can be life-threatening or fatal in some circumstances. Air travel, inactivity and other conditions may increase the incidence of blood clots traveling to the lungs causing a major blood clot that may result in death. It is important to discuss with your physician any past history of blood clots or swollen legs that may contribute to this condition. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pains, or unusual heart beats, seek medical attention immediately.

Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray)-

Patients, who are currently smoking, use tobacco products, or nicotine products (patch, gum, or nasal spray) are at a greater risk for significant surgical complications of skin dying, delayed healing, and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication. Please indicate your current status regarding these items below:

_____ I am a non-smoker and do not use nicotine products. I understand the risk of second-hand smoke exposure causing surgical complications.

_____ I am a smoker or use tobacco / nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products.

It is important to refrain from smoking at least 6 weeks before surgery and until your physician states it is safe to return, if desired.

ADDITIONAL SURGERY NECESSARY

There are many variable conditions that may influence the long-term result of brow lift surgery. Secondary surgery may be necessary to obtain optimal results. Should complications occur, additional surgery or other

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treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with facelift surgery. 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. In some situations, it may not be possible to achieve optimal results with a single surgical procedure. Surgical revisions may be necessary. If what needs correction is due to a problem with the original surgery, there will be no charge by the surgeon but a facility or hospital fee cannot be waived.

PATIENT COMPLIANCE

Follow all physician instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted. Protective dressings and splints should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation and the need for return to surgery. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s), including no surgery. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the current state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.

Medicine is not an exact science, so no guarantees can be made regarding complications or outcome. We do everything possible to ensure your safety, and strive for the best result in every case. We hope that you will also do your part by following your post-operative instructions, using good judgment, and letting us know if there are any problems.

Please ask any questions you may have regarding the surgery or potential risks prior to signing this form. Your signature means that you have had a chance to read and discuss the common risks associated with facelift

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surgery, and that you agree to proceed. A separate consent form from the hospital will also need to be signed for the medical record.

I CONSENT TO THE TREATMENT OF SECONDARY PALATAL MANAGEMENT I HAVE READ THE ABOVE LISTED ITEMS. I AM SATISFIED WITH THE INFORMED CONSENT PROCESS

Patient or Person Authorized to Sign for Patient

Date

Witness

Date