

PLEASE BRING THIS FORM WITH  
YOU TO THE HOSPITAL.



# Otoplasty (Ear Surgery)

## Consent Form

### Section 1: Surgery

You have requested Doctor Konrat to perform the following surgery:

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This is a legal requirement, and Dr Konrat needs to have your consent to operate on you.

To give your consent, you need to be informed of the risks as well as the options & alternatives to surgery. Dr Konrat has explained these during your consultation.

If you are uncertain about anything in this form, please call Brisbane Cosmetic Clinic on 07 3391 5710 to ask a question or make an appointment for another consultation.

### Third Party Consent

A training Doctor or Surgeon or other third party may be required to attend your surgery. You will be informed of this prior to your procedure.

Tick Yes, if you consent for a third-party person to be present.

Tick No if you do NOT wish to have a training Doctor or Surgeon to be present at your surgery.

Yes  No

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Patient Signature

## Otoplasty (Ear Surgery) Procedure

Otoplasty requires the following procedure:

- Incisions are carefully placed behind your ears in the crease between the ear(s) and the skull.
- The skin behind the ears is lifted to expose the cartilage.
- Permanent stitches are placed in the cartilage to reshape and reposition the prominent cartilage.
- The opening, or incision, is then sutured with a dissolvable suture or stitch.
- The operation usually takes between 1 and 2 hours.
- Long-acting local anaesthetic with sedation called 'light or simple sedation' is usually used. If requested, a general anaesthetic may be administered, and if so, will be performed by a doctor who is a specialist anaesthetist.

## Section 2: Risks and Complications

You should not undertake surgery unless you accept the possibility that you may wish to have, or need to have, further surgery at some time in the future. If further procedures or surgery were required due to complications, there would be out-of-pocket expenses. These would include the hospital and specialist anaesthetist fees.

Further operations may occasionally be requested to achieve the results desired. In this case, the out-of-pocket expenses may include surgical fees.

Dr Konrat has explained that the following facts, risks and post-operative complications apply specifically to Otoplasty surgery:

- **Infection** is very rare. The onset usually occurs on day 3/4 post-operatively and is accompanied by severe pain. Infection may result in inflammation and necrosis (death) of the ear cartilage, resulting in residual deformity requiring revision reconstructive surgery.
- **Haematoma** occurs as a result of excessive oozing or bleeding at the site of surgery. This is an uncommon complication and rarely occurs. If it does, it is removed or drained the day following surgery. It is important to rest for the first 48 hours after surgery to reduce high blood pressure, as this can cause a haematoma. Placing frozen pea ice packs over the ears the first 24 hours post surgery reduces this risk significantly.
- **Pain** is usually well treated with the prescribed medication, but extreme pain can be a sign of a developing infection around days 3 and 4 post-surgery. It is important to report any concerns to your doctor early.
- **Skin Necrosis and Cartilage Necrosis:** This complication is extremely rare because of the excellent blood supply to the ear. Ensuring that dressings, head bands and garments are protective but not tight will reduce your risk of skin damage and necrosis after ear surgery.
- **Scarring, puckering/dimpling** of the skin (usually temporary).
- **Asymmetry:** no two ears are symmetrical to start with and are unlikely to be perfectly symmetrical post-surgery.

## Section 2: Risks and Complications cont'd

- **Nerve Damage and/or numbness:** there will be some areas of numbness for up to 9 months.
- **Bruising.**
- **Recurrence of the deformity:** Unfolding of the ears back to or similar to their pre-operative state due to tearing of the cartilage stitches.
- **Telephone Ear Deformity:** this is a result of loosening or tearing of the stitches in the cartilage in the top and bottom of the ears and requires revision surgery.

You should not undertake Otoplasty surgery unless you accept the possibility that you may wish to have or need to have further surgery at some time in the future. If further surgery were required due to complications, there will be an out-of-pocket expense. This will include the hospital and specialist anaesthetist fees.

Further operations may occasionally be requested to achieve the results desired. In this case, the out-of-pocket expense will include surgical fees.

## Risks related to Anaesthesia & Sedation

Dr Konrat has also explained that there are general risks associated with any operation, including the following:

- Aspiration
- High temperature
- Incomplete anaesthesia
- Rash
- Anaphylaxis
- Unknown reaction to medications
- Allergy
- Difficulty breathing.
- Lung secretions causing chest infection post- operatively.
- **DVT:** Clot in leg veins. May cause leg swelling and pain in the calf muscles. Clots may travel to the lungs causing severe breathing difficulty and rarely, death. With adequate precautions including medications, compression stockings and early mobilisation the risk of DVT is significantly reduced.

## Section 3: Patient Consent

### Consent for Otoplasty (Ear Surgery)

- **Disclosure:** Dr. Konrat and her staff have fully informed me regarding my surgery. I have also read, and I understand the Pre/ Post-Operation Instruction sheet.
- **Procedure:** I understand what procedure I am having and the extent of the surgery that has been planned.
- **Questions:** I have had a chance to ask all the questions I have requested and have been satisfied with the answers given. I am free to ask questions at any time. I have no further questions at this time.
- **Options:** The options for treatment have been fully disclosed and I fully understand them.
- **Risks:** The risks have been fully disclosed and I completely understand and accept these risks, including, but not limited to those in Section 2. Dr Konrat has explained to me that sometimes during surgery it is discovered that additional or other surgery is needed to achieve the desired results. Life-threatening incidents will be treated at my doctor's discretion.
- I understand that every individual heals differently.
- I understand that variable blood supply may hamper proper healing.
- I understand that activities I perform may damage the procedure performed and that strict adherence to my post-op instructions is critical.
- I understand that scarring from reaction to stitches, infections, and/or keloids may occur and that all scars may not be hidden from view, or may be more prominent, depending on the healing process.
- Revision surgery may be needed to achieve the desired look and appearance and may incur further operating theatre and/or surgical fees. I understand that revision may not be able to accomplish the cosmetic goals I am seeking.
- I understand that consultations and revisions performed by other surgeons are my financial responsibility.
- I understand that Dr Konrat does not guarantee that she will be able to achieve the results I am seeking. No guarantees have been implied or given.
- I understand that I must be discharged into the care of a responsible adult, and that this person must stay with me overnight.
- Since this is an elective procedure, I have had the chance to research other surgeons and surgical approaches.
- The options of care have been fully discussed, such as outside consultations and surgery, no surgery, expectant management (wait and see), medical management, or to proceed with the agreed-upon procedure. I have chosen to proceed with the elective procedure willingly and without hesitation at the time frame of my choosing.

## Photography / Video Film Release

- I understand that Dr Konrat needs to take photographs of the treatment area from several angles as part of evaluating the outcome of the surgery. I consent to the taking of these pictures.

Initial here: \_\_\_\_\_

- In addition, I voluntarily consent to the publication and use of my pre- and post-surgery pictures and/or video footage by Dr Konrat for the following purposes: educational, medical publications, medical journals, research papers and medical conference presentations.

Initial here: \_\_\_\_\_

I acknowledge that I have been informed about the surgery's risks and complications and accept responsibility for the clinical decisions that were made, along with the financial costs of all future treatments.

By signing this form, I undertake to keep any post-operative appointments deemed necessary. Not doing so might result in my not receiving the correct treatment and therefore may adversely affect the result of my surgery. may occur, should complications develop from the surgery.

## Financial Consent

I understand that the cost of surgery involves several charges for the services provided, and these have been itemised in the formal quotation I received prior to booking this surgery. I am aware that the total includes fees charged by Dr Konrat as my surgeon, the Day Surgery fees (if that is applicable), the specialist Anaesthetist fees, and in some instances, laboratory and pathology tests if required.

The fees charged for this procedure do not include any potential future costs for additional procedures that I might elect to have or require to revise, optimise or complete my outcome. Additional costs charges may occur, should complications develop from the surgery. Secondary surgery or hospital day surgery charges involved with revision surgery will be my responsibility.

## Declaration by Patient

I acknowledge that Dr Konrat has provided me with information concerning the procedure, the likely results, available alternative treatments, including the option of no treatment at all, and has answered all my specific queries and concerns about my surgery.

I understand that some of the above risks are more likely if I smoke, am overweight, diabetic, have high blood pressure or have had previous heart disease.

I undertake to keep any post-operative appointments deemed necessary. Not doing so might result in my not receiving the correct treatment and therefore may adversely affect the result of my surgery.

I acknowledge that no guarantee has been made that the surgery will improve the condition. Improvement is the aim not perfection. Complications may develop and a further operation may be required to improve the result.

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Patient Name

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Patient Signature

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Date

## Section 4: Declaration by Dr Konrat

I declare that I have personally explained the nature of the patient's condition, the need for treatment, the operation to be performed and the risks and alternatives outlined above.

I have given the patient, or the person named above an opportunity to ask questions which I have answered as comprehensively as possible to the best of my knowledge.

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Dr Georgina Konrat  
Bsc (Melb), Bsc Syd (Hons), MBBS (Syd) FACCSM

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Date