



AMERICAN SOCIETY OF  
PLASTIC SURGEONS®

# Informed Consent

## Facial Fracture Repair (Skull, Orbit, Nose, Midface, & Jaw)

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**INSTRUCTIONS**

This informed consent document will help you learn about facial fracture repair surgery. This will also outline the risks and alternative treatments.

It is important that you read the whole document carefully. Please initial each page. Doing so means you have read the page. Signing the consent agreement means that you agree to the surgery that you have talked about with your plastic surgeon.

**GENERAL INFORMATION**

Facial injury can damage both the skin and deeper structures. Eyes, teeth, nasal bones, and the septum (the wall between the nostrils) can be fractured. Nerves that provide facial sensation and movement can be damaged. Depending on the injury, other facial structures may also require treatment. Some injuries may be minor and not require surgery. Surgery can repair soft tissues or damaged structures such as broken bones. Surgery minimizes defects caused by abnormal healing.

Most surgeries require cutting skin near the mouth, eyelid, or nose. Such surgery is done under local or general anesthesia. Timing is critical as bone fractures heal quickly and may be hard to correct later.

Facial fractures may create visible deformities. They may also lead to functional problems and reduced sensation in the face. Sometimes the teeth must be wired together for some time after surgery. More surgery may be needed to treat such deformities and functional problems.

**OTHER TREATMENTS**

Other treatments include not getting surgery. You can go in for a different surgery or do it at a later time. Risks of not doing the surgery include visible and palpable malformations, problems due to the incorrect position of teeth or eyes and breathing issues.

**RISKS OF FACIAL FRACTURE REPAIR SURGERY**

Every surgery has risks. It is important that you understand the risks and the possible problems that can result from them. All procedures have limits. Choosing to have a surgery means comparing the risks and benefits. Most patients do not face problems, but you should talk about them with your plastic surgeon. Make sure you understand all possible outcomes of the facial fracture repair surgery.

**SPECIFIC RISKS OF FACIAL FRACTURE REPAIR SURGERY****Nasal Airway Changes:**

Nasal injury or repair may affect the passage of air. It may change the appearance of the nose. Additional surgery may be necessary.

**Bleeding:**

Surgery may cause bleeding problems. Should this happen, emergency treatment is needed to stop the bleeding or remove the collected blood (hematoma). Do not take aspirin or anti-inflammatory medications for ten days before surgery. These increase the risk of bleeding. Nonprescription “herbs” and dietary supplements can also increase the risk of bleeding. High blood pressure may cause bleeding during or after surgery. The buildup of blood under the skin may delay healing and leave scars.

**Infection:**

Many germs are found in the mouth. Oral hygiene can prevent infection. You may need antibiotics or other treatment if you have an infection. In some cases, surgical implants or hardware placed during surgery may need to be removed.



**Eyelid Problems:**

Cuts near the eyelids may lead to scarring. The lids may not look or work right. The scars can also damage the eyes. You may need more surgery to fix this.

**Blindness/Change in Vision/Double Vision:**

In rare cases, this surgery may damage the eyes. You may have pain, vision problems, or even go blind. This risk cannot be predicted. You may have double vision after surgery. This may or may not go away. If it does not, you may need glasses or more surgery.

**Shifting of the Eyeball:**

The eyeball may stick out or sink in more than before. This may happen even months after surgery. You may need more surgery to fix this.

**Malocclusion:**

If there are injuries to bones that hold the teeth in place, it is likely that the teeth may not line up properly after surgery. You may need surgery or dental work to fix this.

**Tooth Injury/Removal:**

In rare cases, injury to teeth or their roots may occur. You may need more surgery or dental therapy to fix this. In some cases, loose or damaged teeth, or teeth that prevent the proper repair of a facial fracture, may need to be removed.

**Wiring of Upper and Lower Teeth:**

In some cases, it may be necessary to fix the position of the upper and lower teeth. Metal bands, wires, and elastic bands may be used to keep the teeth in proper position during the healing period. During this time, you may not be able to open your jaw at all. You will need to take only liquid food. This may result in weight loss and you may have difficulty speaking. This may last for six to eight weeks. During the use or removal of these devices, there may be injury to the teeth or gums. You will need to take more care to ensure oral hygiene with such devices on your teeth.

**Scars:**

You can expect good wound healing after surgery. However, abnormal scars may occur on the skin and in the deeper tissues. Scars may look bad and may be a different color than the rest of the skin. You may have visible marks from stitches. More treatment, including surgery, may be needed to fix this.

**Poor Results:**

In some cases, you may not get the results you want from the facial fracture repair surgery. The surgery may cause unacceptable deformities that may be seen or felt. You may also see loss of function or sensation or structural changes. More surgery may be needed if you are not satisfied with the results. Partial healing of damaged structures before surgery may interfere with your results. Unsatisfactory results may NOT improve with more treatment.

**Damage to Deeper or Surrounding Structures:**

Structures such as nerves, teeth, tear ducts, blood vessels, and muscles may be damaged during surgery. with the chance of this happening depends on the type of surgery done. Injury to deeper structures may be temporary or permanent. It may result in change in appearance and functional problems. For example, nerves near the jaw bone can be injured because of the original trauma or the surgery. This can lead to numbness or weakness. Injury or loss of function may occur in structures near the injury or site of surgery.

**Asymmetry:**

The human face is normally asymmetrical. Facial fracture repair may make one side of the face look different from the other.



**Numbness/Weakness:**

You may have permanent numbness in the skin after injury or surgery. This cannot be predicted. Less sensation or loss of sensation in the face may not go away after surgery. Weakness or paralysis of facial movements may occur. This can be temporary or permanent

**Chronic Pain:**

In rare cases, you may have chronic pain after facial injury.

**Bone or Cartilage Grafts:**

In some cases, you may need bone or cartilage to fix facial structures. This may be taken from other areas of the body, like the ribs, skull, nose, or ear. This may cause bleeding. It may also lead to a collapsed lung, deformity, nose block, or brain injury.

**Hardware and Deeper Sutures:**

Some surgeries use small screws, metal plates, or wire to fix damaged structures. You may see these items after surgery. These may be exposed in a wound or in the mouth. You may need to remove these later.

**Long-Term Effects:**

More changes in facial appearance may occur after injury or surgery. Aging, sun exposure, and other factors not related to facial fracture repair surgery can also change your appearance. More surgery or other treatments may be needed.

**Compliance:**

It is critical that you comply with any restrictions we advise during the healing period. You must stay away from personal and work activities that could re-injure your face until healing is complete.

**Delayed Healing or Lack of Union:**

You may have fracture disruption or delayed healing. Some areas of the face may not heal properly or may heal slowly. Bones may fail to heal together in a stable way. Areas of skin may die and may require frequent bandage changes or more surgery.

**Nasal Septal Perforation:**

Rarely, a hole may form in the nasal septum. More surgery may be needed to fix this. In some cases, it cannot be fixed.

**Additional Surgeries:**

You may need more surgery in case of issues. Many conditions may impact the risk and long-term results. The issues listed above for facial fracture repair surgery are rare but could raise a need for more surgery or other treatments. Other issues and risks are even more rare. Medical practice and surgery are not an exact science. We expect good results, but there is no guarantee for the results.

**DISCLAIMER**

Informed consent documents give you information about a surgery you are considering. These documents explain the risks of that surgery. They also discuss other treatment options, including not having surgery. However, informed consent documents can't cover everything. Your plastic surgeon may give you more or different information. This may be based on the facts of your case.

Informed consent documents are not meant to define or serve as the standard of medical care. Standards of medical care are determined based on the facts involved in an individual case. They may change with advances in science and technology. They can also change with the way doctors practice medicine.



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



## CONSENT FOR PROCEDURE OR TREATMENT

1. I permit Dr. Emil J. Kohan, M.D. and the doctor’s assistants to do the procedure **Facial Fracture Repair (Skull, Orbit, Nose, Midface, & Jaw)**.
2. I got the information sheet on Facial Fracture Repair (Skull, Orbit, Nose, Midface, & Jaw).
3. I understand that, during the surgery, an unexpected situation may require a different medical procedure than the surgery listed above. I permit the doctor listed above, the assistants and/or designees to provide any treatment that my doctor thinks is needed or helpful. My permission includes all treatments that my doctor does not plan to do at the start of the surgery.
4. I understand what my surgeon can and cannot do. I understand that no warranties or guarantees have been hinted at or stated outright about the outcome of the surgery. I have explained my goals. I understand which outcomes are realistic and which are not. All my questions have been answered. I understand the surgery’s risks. I am aware of other risks and possible issues, benefits, and options. I understand and choose to have the surgery.
5. I agree to the anesthetics that are needed or helpful. I understand that all types of anesthesia have risks and may result in complications, injury, and even death.
6. I am aware of the serious risks to my health when blood products are used. I agree to my doctor using them if my doctor, assistants, and/or designees think they are needed or helpful.
7. I agree to the disposal of any tissue, medical devices, or body parts taken out during or after surgery. I also agree to any additional surgeries or treatment that is needed or helpful.
8. I agree to have parts of my body photographed or televised appropriately before, during, and after the surgery for medical, scientific, or educational reasons, if the pictures do not reveal my identity.
9. For medical education, I agree that onlookers can be in the operating room.
10. I permit my Social Security Number to be given to the right agencies for legal reasons and medical device registration, when necessary.
11. I agree to the charges for this surgery. I understand that the doctor’s charges are separate from the charges for the hospital and the anesthesia. I understand that there may be more charges if more procedures or treatments are needed or helpful. I agree to those charges, if any.
12. I understand that not having the surgery is an option and that I can opt-out of having the surgery.
13. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
  - a. THE ABOVE SURGERY TO BE PERFORMED
  - b. THERE MAY BE OTHER SURGERIES OR TREATMENT OPTIONS
  - c. THERE ARE RISKS TO THE SURGERY

I CONSENT TO THE SURGERY AND THE ITEMS THAT ARE LISTED ABOVE (1-13).  
 I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS.

\_\_\_\_\_  
 Patient or Person Authorized to Sign for Patient

\_\_\_\_\_  
 Date/Time

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Date/Time