

Baljit Dheansa FRCS MSc FRCS(Plast)
Consultant Plastic, Cosmetic & Reconstructive Surgeon

Patient:	Procedure: Pinnaplasty	On Date:
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RISKS / COMPLICATIONS (rare or unusual complications can occur and may not be listed)

General

Allergic reactions to any drugs, antiseptics or equipment used	Dehiscence – wound opening up – may require prolonged dressings
Asymmetry (this may be better or worse than pre-operatively)	Skin loss/necrosis – may require prolonged dressings or surgery including skin grafts
Bleeding – may require further procedure	Swelling, Inflammation – may take months to resolve
Bruising – may take weeks to resolve	Slow healing
Haematoma (collection of blood under skin) – may require further procedure	Poor scarring – Keloid, Hypertrophic, unsightly – may be difficult to treat or improve
Infection – may require antibiotics or surgery or may cause tissue loss	Numbness around or beyond the area treated – may increase risk of inadvertent injury in future
Pain – may be long term	Pulmonary Embolus or Deep Vein Thrombosis – clots in the lung or legs
Changes in contour of tissues – may be visually apparent	Change over time – tissues may become thinner, droop or lose the effect of surgery

Specific to: Pinnaplasty

Inadequate improvement	Sensitivity of the ears – can be uncomfortable
Differential improvement – some parts of the ear may improve more than others	Excessive scarring of the incision – keloid scarring – which may be visible
Too much correction – ears too close to head	Suture failure
Difficulty wearing glasses or sunglasses	Difficulty sleeping on side
Loss of correction	Disappointment with final appearance
Protrusion of sutures – may occur a long time postop	

Mr Baljit Dheansa has discussed the above risks and complications with me. I understand these. I have read Mr Dheansa's Pinnaplasty information leaflet **(Please Tick)**. I also understand other risks and complications can occur but may be less common as the practice of medicine and surgery is not an exact science. I understand the risks, benefits and limitations of the proposed procedure. Certain complications may affect my ability to work, socialise or do certain activities. This may sometimes be long term.

I permit the use of my non-identifiable photographs (pre-and post-operative) to be used for teaching, publication and to be shown to other patients. I can withdraw this permission at any time.

Patient Signature:

Patient Name:

Date:

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ADDITIONAL NOTES OR COMMENTS:

