

PROVIDENCE
FACIAL PLASTIC & COSMETIC SURGERY
DR. MARK GINSBURG

Re: Informed Consent for Rhinoplasty and Potential Need for Revision Surgery

I, the undersigned, understand and acknowledge that I have chosen to undergo rhinoplasty, a surgical procedure intended to enhance the aesthetic appearance and/or function of my nose. I have had the opportunity to discuss the nature, purpose, risks, and potential benefits of the procedure with my surgeon, Dr. Mark Ginsburg, who has provided me with information about the surgery.

I am aware that rhinoplasty, like any surgical procedure, carries inherent risks and uncertainties. While the goal is to achieve the desired outcome, there is a possibility that the results may not meet my expectations or that unforeseen complications may arise. One such potential complication is the need for revision surgery. While Dr. Ginsburg does not charge for his revisions, you will still be responsible for the anesthesia and OR fees.

Revision surgery may be required in certain cases, including but not limited to:

1. **Unsatisfactory Aesthetic Outcome:** Despite the surgeon's best efforts, there may be variations in the final aesthetic result that could necessitate further adjustments.
2. **Functional Concerns:** Issues related to nasal breathing or other functional aspects may arise, requiring additional procedures to address these concerns.
3. **Healing Variability:** Individual healing responses can vary, and in some instances, the healing process may not proceed as expected, leading to the need for revision surgery.

I understand that the decision for revision surgery will be made in consultation with my surgeon, based on a thorough evaluation of the circumstances. I have had the opportunity to ask questions and seek clarification regarding the potential need for revision surgery, and my concerns have been addressed to my satisfaction.

I am aware that no surgical outcome can be guaranteed, and unforeseen complications may arise during or after the procedure. I acknowledge that I have been given the chance to seek independent medical advice before making this decision.

I hereby give my informed consent to undergo rhinoplasty, understanding the potential need for revision surgery, and accept the associated risks. I confirm that I have read and understood the information provided in this consent form.

Patient's Name: _____ Signature: _____

Date: _____

Please retain a copy of this form for your records. If you have any further questions or concerns, do not hesitate to contact our office.