

I have been informed that if the surgical defect reached a size that requires closure with a flap of graft, then complications particular to these procedures may follow. These complications include but are not limited to failure of the flap of graft with resultant scarring.

Operations that are carried out on the nose carry their own particular complications, such as perforation. If a graft or flap is placed over a surgical defect on the nose, and this graft or flap fails, a perforation may occur.

Also when an operation is being performed on the nose, there is the possibility that the cancer can extend down into the nasal mucosa. If this is the case, a possible perforation may also occur.

If the operation occurs over the ear, excision of a lesion in this area may leave a deforming scar. If the lesion extends down into the cartilage, part of the cartilage may have to be removed. And this may result in deformity of the ear.

I fully understand the above outlined complications. I know that I have the option of consultation with another surgeon for a second opinion and/or performance of the operation. I know that the practice of medicine and surgery is not an exact science, and that therefore, reputable physicians can not guarantee result. I acknowledge that no guarantee or assurance has been made by anyone regarding the operation, which I have herein requested and authorized. In this connection, I have been advised of the goal of the operation and that there is the possibility that imperfections may ensue, and that the results might not live up to my expectations or the goals that have been established. I have been given an opportunity to ask questions I desired regarding the matters stated above, and these questions have been answered to my satisfaction.

Date: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
(Patient or person authorized to give consent for the patient)

WITNESS: \_\_\_\_\_  
(Not a member of the family)