



## **Radiofrequency Turbinate Reduction Consent**

**PROCEDURE:** The procedure for reduction in the inferior turbinate to treat the symptoms of nasal obstruction and congestion due to chronic turbinate hypertrophy.

**BACKGROUND:** The procedure has been cleared by the FDA for the treatment of chronic turbinate hypertrophy. The procedure uses low power, low temperature radio frequency energy to reduce the tissues in the inferior turbinate. Channels are created in the treated tissue for reduction in volume. Most of the effect will be realized immediately. Over the next few weeks, additional damaged tissue is removed naturally by the body, resulting in tissue volume reduction, relieving the nasal obstruction. This procedure will be performed in the office and typically takes approximately 20 minutes. It will involve numbing the nasal tissue with topical medications and an injection of local anesthetic, followed by placement of the wand to channel in the inferior turbinate. After a short period of observation, you should be able to drive home, or resume normal activities.

To date, there have been no significant complications reported. No nasal packing is required, and most patients do not require any kind of analgesic post-treatment. You may experience stuffiness for up to one week post-procedure. Potential side effects include mild crusting, bleeding and mild pain. Symptoms generally resolve within one week after treatment and non-narcotic over the counter analgesic medication is generally adequate to control pain that may result from the procedure.

Early and limited results indicate that the procedure can decrease or eliminate chronic hypertrophy in the majority of patients who are candidates for the procedure. However, individuals may vary in their response, and it is not possible to ensure you will receive any benefit from this procedure. It is also unknown how long any improvement from the procedure will last. If you have chronic sinusitis or structural nasal problems (i.e. a grossly deviated septum) in addition to turbinate hypertrophy, you may be a candidate for the procedure. However, you will probably also require additional treatment for sinus or structural ailments.

**CONSENT:** I, \_\_\_\_\_, have read the above. I have had the discussion of the risks, benefits and alternatives with Dr. Fletcher. All of my questions have been answered to my satisfaction. Based on this, I freely and willingly have decided to undergo the procedure.

---

---

Patient Signature

Date

---

Physician Signature

---

Date