

ANNEXE TO THE RHINOLOGICAL GUIDELINES

It was agreed that all patients should be given a written Information Sheet at the time of obtaining Consent whether written or verbal. This Information Sheet should:

- Outline the definition and goals of surgery.
- The alternative treatments other than surgery.
- It should also outline the morbidity associated with the operation.
- The operative risks including those occurring in the immediate period and delayed risks should be outlined.

It should be emphasised to the patients that risks have to be stratified, that is, if they have complex systemic disease or recurrent disease, the risks of surgery are greater.

It was agreed that in Academic Centres the patient should be informed that the operation maybe carried out by a Trainee under supervision of the Surgeon.

All patients should be given an agreed simple questionnaire both pre-operative and post-operatively. This is to allow for validation of procedures and as quality control in accumulating evidence-based information.

The majority of rhinological operations should be only performed after a trial of medical therapy and in all cases patients should be warned that recurrence of disease is likely especially if they have a systemic disease that predisposes to recurrence such as allergy, aspirin sensitivity, asthma or cystic fibrosis.

All patients prior to rhinological procedures should have nase-endoscopy, a trial of decongestant therapy in the clinic to assess the extent of mucosal disease and a validated pre and post-operative questionnaire. Rhinomanometry is not routinely indicated, as it has not yet scientifically been proven to be universally accepted as a routine pre-operative and post-operative assessment tool. Imaging is recommended? Madatory? especially when extensive surgery is decided.