Many people in the United Kingdom are self-conscious about their ears, often feeling they are too prominent, mis-sized or protrude too much. In most circumstances the shape of the ear is hereditary and in many cases prominent ears are lacking the usual fold in the ear, while in others an enlarged conchal cartilage or an in-turned ear lobe make the ears prominent. It is also quite common that one ear may be more prominent than the other and this can lead to further upset, self-consciousness and loss of self-confidence.

Prominent ear correction surgery is a relatively quick procedure and it can make a huge difference to a person’s self-confidence and general happiness and wellbeing.

earFold (TM)
This is a modern new approach in correcting prominent ears resulting from an underdeveloped earfold. The procedure is minimally invasive, is done under local anaesthesia as a day case on an outpatient basis and only takes about 20 minutes using a gold plated permanent implant and few stitches which do not have to be removed. Please follow the link https://www.earfold.co.uk for further information on this new exciting technique. You would be assessed for your suitability for this approach and this would be discussed at great length with you at the time of your initial consultation.

When is the best time to have Prominent Ear Correction?
A large proportion of patients seeking corrective ear surgery are children or teenagers who have suffered teasing or even bullying at school. For parents who have concerns it may even be a consideration before a child has any teasing, as this removes the chance of them becoming self-conscious. Many adults also consider and enquire about prominent ear correction surgery.

Surgery often works on producing the missing fold in the ear and it can be performed under general or local anaesthetic dependent on the patient. To be considered for ear reshaping and ear correction surgery you will usually have:

- Clearly prominent or protruding ears
- Significant discomfort and embarrassment about the shape of your ears
- Ears which are not in proportion with the rest of your facial features

Preparation and Recovery from Prominent Ear Corrective Surgery
Prominent ear correction procedure is often performed under general anaesthesia, although the procedure could also be performed under local anaesthesia in suitable adult patients. You should expect to leave the hospital either on the same day or at the most after an overnight stay. You should be prepared to wear a head bandage for around 10 days and to avoid contact sports for a period of six weeks following the procedure. There will also be some bruising, swelling and some pain in the ears for up to two weeks. In addition, as this procedure usually involves reshaping and
repositioning the cartilage of the ear, skin will be removed to reach the cartilage and this will leave a small scar tucked in tight on the back of the ear.

You can contact us today to discuss your requirements, expectations and we can arrange a full consultation to look at your situation.

**Patient Care Pathway**

My aim is always to ensure patient’s safety and patient's satisfaction. Virtually any operation carries with it a risk of complication, because it is a cosmetic procedure does not mean there is less risk. During the consultation with your surgeon, the potential risks will be discussed in detail and you will have your opportunity to ask any questions you have about the procedure. Here is the brief overview of the whole process of your journey:

1. **Medical History**

   It is extremely important that you give a full and honest account of your medical history. This should include illnesses, operations, drugs, allergies and any significant family history of disease. Your surgeon needs to be able to make a well-informed decision on your suitability to the procedure based on the information you give him/her. If you withhold any relevant information you might be placing your own wellbeing at risk and this could affect any complaint thereafter.

2. **Pre-Operative Screening**

   Your health and safety is our Number One priority. We therefore operate a “patient selection criteria”. In order to complete this we must make an accurate assessment of your condition of health along with your requirements.

   Following your pre-consultation and review of your past medical history, the physician or pre-operative nurse will choose any tests considered appropriate. Please note, for minor procedures there might not be a need for tests. Most of the tests will include routine blood tests but the medical team may request further tests such as an ECG, x-rays or ultrasound scans. These further tests will involve additional fees. All routine tests and screening programmes are included in your
inclusive fee package and your patient coordinator can advise you of any such fees. This is essential to help reduce risks during the operation itself and also to ensure a full recovery. You might like to look at this part of the procedure as a bonus – you are getting some extra health care screening which can be very reassuring!

Occasionally the gathering of this information can cause a delay in booking the date for your operation. It might even mean a postponement or cancellation of surgery if for medical reasons the surgeon believes it is not appropriate. In this event, we will try to give as much notice as possible but you must be mindful that if the booking has been made, the results of these tests may cause a change in your plans.

All patients must have pre-operative photographs taken. Surgery will not be permitted without these photographs taken. Please rest assured that the photographs will remain part of your confidential medical record. A separate consent form will be available, if you are willing to share your story or results of your procedure on social media or web site.

3. The Role of Your GP

Your General Practitioner (GP) is responsible for your on-going healthcare and the records thereof. I believe it is important that you keep him/her informed of your decision to proceed with any cosmetic surgery. You are within your rights to keep the matter private. In certain circumstances, such as unusual findings in your tests, or the need for further information, it may be vital for us to contact your GP and/or any other relevant specialist that you may have seen previously. This is entirely for your own medical safety. Should this be necessary, your surgeon will complete the request for information from your GP.

Your meeting with Mr. Mashhadi

We want you to feel empowered to ask your surgeon anything at all.
Whatever concerns or general queries you have, they should be talked through at this consultation. Specific actions and items for discussion are:

a) Your medical history in detail (including immediate family members). Requests for preoperative tests will be raised at this time.

b) An understanding of your expectations and a discussion on realistic achievements.

c) An examination of the area you are considering treatment for – noting any irregularities.

d) Photographs of the area. Your nurse may take the photographs during your pre-operative screening.

e) An explanation of the potential complications and dangers of any form of surgery and anaesthesia.

f) Care advice both pre, during and post operation.

g) Surgeon may ask for psychological/psychiatrist assessment before proceeding to the surgery.

Following the discussion and examination, the surgeon may decide it is not in your best medical interest to proceed with surgery. If for any reason the surgeon’s discussion with you falls short of your expectations, you may consult another surgeon for a further opinion.

**What Questions you may ask your Surgeon**

Below is a list of questions that you must feel have been explained fully before going ahead with surgery.

a) Is my choice of surgery right for me?

b) Exactly what is the procedure, end to end?

c) Will I have a designated go-to person for any problems/questions at any stage of the procedure?

d) What are possible risks and conditions associated with this type of surgery?
e) Will there be any pain or discomfort during or after the operation?
f) What is the aftercare like? Will I get access to support weeks/months after surgery?
g) How do I ensure good recovery?
h) What is considered a normal recovery time?
i) Will there be any scarring and where will it be?
j) Will other people be able to tell I have had surgery?
k) Does my GP need to know – and if so before or after?

Additional Information

Age Limit
The minimum age for any consultation and surgical procedure is 18.

Body Mass Index
The minimum BMI for any surgical procedure is 16 and maximum is 30.

Period of Reflection
Cosmetic surgery is an elective procedure and not without risk or potential regret. The Royal College of Surgeons recommends that following consultation with your surgeon for a cosmetic intervention, you allow a period of at least 14 days before making such a decision.

About the Consent Form
You need to have a clear understanding of all the potential risks and benefits of the planned surgical procedure before signing the consent form. These risks and benefits are also discussed with you during the initial consultation and also mentioned in the letter sent to you with the copy of the consent. You should also know the alternative treatment options discussed during the initial consultations. Please remember that it is a shared decision making and shared responsibility of patient and surgeon to have any elective cosmetic procedure and it’s consequences. Please don’t proceed to surgery if you have any doubts about the planned procedure and it’s risks potential risks. Your surgeon may refuse to perform the surgery if he thinks that you are not sure about the surgery or not in a healthy state of mind. You may not be allowed to
change your mind about the agreed plan e.g implant size on the surgery day. Any last minute cancellations as a result of your own circumstances would result into non-refundable procedure fee.

Second Consultation or Second Opinion
We encourage our patients to arrange a second consultation or even to seek a second opinion from another surgeon before making a final decision about their cosmetic surgery.

Fees
Please note that the consultation with your surgeon is £150, which will only be reimbursed if you would decide to book your surgical procedure, hence making the consultation free of cost. Your surgeon at consultation will determine the exact nature of your surgery and we will then be in a position to provide the fee for your proposed surgery. As a guideline the range of fees at present are from £3000 to £8000

General Risks and Complications:
The risks and conditions that might occur during or following your surgery are set out below. Please note this list is not exhaustive and that these are problems that have been reliably reported:

Pain and Discomfort: It is typical for most patients to feel some degree of pain or discomfort. Everyone is different and their idea of what calls for pain relief will be personal. Usually standard pain relief medication is sufficient for the period of time immediately after surgery.

Bruising and Swelling: In the majority of surgical procedures, bruising and swelling is normal immediately after surgery and for some weeks later. The swelling might initially obscure the evidence of surgical “success”. Therefore they should not be too quick to judge the results until most of the swelling has subsided.

Bleeding (haematoma): Occasionally, after surgery, bleeding may occur from the tissue within a wound cavity. If this happens, the treated area might be swollen and painful. In some cases, a drainage procedure may be
required which might mean a return to hospital.

**Infection:** It is important to recognize that a surgical incision or the introduction into the body of any foreign material contributes to a risk of the introduction of bacteria from the patient’s own skin. Indications of infection might be tiredness, weakness, fever and muscle aches and pains. Antibiotics given during most operations reduce this risk to a minimum. Rarely a patient may require readmission to hospital. If you experience any symptoms of infection, contact your clinic nurse or the advised emergency contact number.

**A) Wound Healing**

Healing of wounds varies from patient to patient and even from one part of the body to another and is a gradual process. Smoking (this includes all nicotine based products such as e-cigarettes, gums or patches;), for the period leading up to your surgery and afterwards can seriously hinder the healing process.

**B) Necrotic Wounds (dead tissue)**

Usually black or brown in appearance, this problem may occur (albeit rarely) as a result of healing complications. The wound will not heal until the necrotic tissue is removed and this may mean a prolonged period of wound management and additional visits to the clinic.

**Fat Necrosis:** Applicable to abdominal surgery and those where excess fatty tissue is removed, a clear liquid (tinged yellow or brown) may drain from the wound the day after surgery. This happens because blood supply to fat cells is poor and surgical intervention exacerbates this – causing fat particles to rise to the surface. Although this is rare, the final result can mean hardened or calcified skin tissue.

**Neuropathic (nerve) Pain:** Rarely neuropathic (nerve) pain can occur for an undetermined period of time. You will have advice on further treatment from your surgeon.

**Changes in Sensitivity:** It is entirely normal for patients to experience some changes in sensitivity to the area that has been treated and even beyond that
area. It might be numbness, increases sensitivity or something very different altogether. This usually passes in time, but some patients report permanent numbness.

**Seroma**: In a very small number of patients, fluid builds up around the wound site (this is known as a seroma). Additional surgery might be required to remove this fluid. Subsequent seromas can occur.

**Location and variable nature of scar**: All prospective patients must be aware that the rate at which their scars may heal and fade are entirely variable and individual. Uncommonly, a scar does not heal in the normal way, this is known as hypertrophic scarring. Scars may be red (or highly coloured), thick, painful and may take several years to improve, if at all. Although this is an unusual problem, it cannot be avoided or diagnosed in advance. There is a treatment to improve hypertrophic scarring but this would not be recommended until well beyond the full recovery period of your surgery.

**Residual Bulges**: Also known as "dog ears", these bulges can occur after operations where excess fatty tissue and/or skin is removed. If this happens, further treatment can be performed by the surgeon and this will be included in the readmissions policy.

**Allergic reaction/retained sutures**: Rarely, local allergies to tape, suture material or other preparations used in surgery can occur. Please ensure you inform your surgeon of any known allergies. Occasionally dissolvable sutures do not dissolve as intended and may require removal in the future. On rare occasions the wound healing process can mask the presence of sutures at the time of your nurse appointments and you may need to return for further suture removal in the future.

**Asymmetry**: It is important to understand that it is normal for patients to have some asymmetry in their body. In fact it is rare that anyone has perfect symmetry. A different degree of asymmetry can sometimes following surgery depending upon the procedure the natural healing process.

**Deep Ven Thrombosis and Pulmonary Embolism**: This is a rare but
serious complication of surgery and anaesthesia, where a blood clot forms in the veins, usually the legs, and then moves to the lungs interfering with their normal function. You may be asked to wear special stockings during your admission and will be actively encouraged to mobilise early following surgery. You can further reduce the risks after discharge by avoiding dehydration and remaining mobile. If you experience sudden chest pain or breathlessness, you should seek medical help without delay. Please note you should not fly for at least two weeks following major surgery and you should not take a long haul flight for six weeks.

**Revision:** As with any type of surgery, there is always a possibility that your surgeon is of the opinion that you could benefit from some form of revision operation after your original surgery. Please refer to the Readmission Policy (within this booklet) for the relevant terms and conditions.

**Subjectivity:** Patients must recognize that this procedure is performed for cosmetic reasons and because of this, the results can only be assessed subjectively. Therefore, it is important to understand that while you will be advised as to the probable results this should in no way be interpreted as a guarantee. This list of risks and conditions associated with any procedure is not exhaustive. It is important that patients recognize that it is not always possible for the surgeon to predetermine the individual and psychological reaction of patients to post-operative complications.

**Further Investigations**
Occasionally a surgeon might feel the need to order a scan for the patient to check post-operative progress if he/she has any concerns about the recovery. This will be an added cost for the patient.

**Emergency Support**
I'll provides a 24 hour emergency telephone support service for any complications that may arise outside normal office hours.

**Risks of General anesthesia:**
Side effects are the unwanted effects of drugs or treatments but are generally predictable and or even expected. For example, nausea is a side effect of a general anaesthetic but there are ways to prevent this side effect.

Complications are unwanted and unexpected events due to a treatment. However, they are recognised as events that can happen. An example is a severe allergic reaction to a drug or damage to your teeth when inserting a breathing tube. Anaesthetists are trained to prevent complications and to treat them if they happen.

**Index of side effects and complications**

This index lists possible side effects and complications according to how likely they are to happen.

Very common

Common Uncommon Rare Very rare

1 in 10 1 in 100 1 in 1000 1 in 10,000 1 in 100,000

**Very Common and common**

1. Nausea and vomiting – RA GA

Some operations and anaesthetics and pain-relieving drugs are more likely to cause sickness than others. Anti-sickness drugs are routinely given with most anaesthetics and extra doses can be given to treat nausea or vomiting.

2. Sore throat - GA

For most general anaesthetics, the anaesthetist will place a tube in your airway to help you breathe. This may cause your throat to feel sore after the procedure. It is treated with pain relief medications.

3. Dizziness and feeling faint – RA GA

Anaesthetics can cause low blood pressure. Your anaesthetist will treat low blood pressure with drugs and fluid into your drip, both during
your operation and in the recovery room. You will only go from the recovery room back to the ward when your blood pressure is stable.

4. Shivering – RA GA
You may shiver if you get cold during your operation. Care is taken to keep you warm and to warm you afterwards if you are cold. A hot-air blanket may be used. Shivering can also happen even when you are not cold, as a side effect of anaesthetic drugs.

5. Headache – RA GA
There are many causes of headache after anaesthetic. These include the operation, dehydration and feeling anxious. Most headaches get better within a few hours and can be treated with pain-relief medicines. Severe headaches can happen after a spinal or epidural anaesthetic. If this happens to you, your nurses should ask the anaesthetist to come and see you. You may need other treatment to cure your headache.

6. Chest infection – RA GA
A chest infection is more likely to happen after major surgery on the chest or abdomen, after emergency surgery and after surgery in people who smoke. It is treated with antibiotics and physiotherapy. In some circumstances, having an RA, rather than a GA, can reduce the risk of a chest infection. Occasionally severe chest infections develop which may need treatment in the intensive care unit. These infections can be life-threatening.

7. Itch – RA GA
This is a side effect of opiate pain-relief medicines. It can also be caused by an allergy to anything you have been in contact with, include drugs, sterilising fluids, stitch material, latex and dressings. It can be treated with drugs.

8. Aches, pains and backache – RA GA
During your operation you may lie in the same position on a firm operating table for a long time. You will be positioned with care, but
some people still feel uncomfortable afterwards.

Muscle pains can also happen if you receive a drug called suxamethonium. Your anaesthetist will tell you if you need this drug.

Some drugs are used for general anaesthesia or for sedation given with regional anaesthesia cause pain when injected.

9. Pain when drugs are injected – RA GA

Some drugs used for general anaesthesia or for sedation given with regional anaesthesia cause pain when injected.

10. Bruising and soreness – RA GA

This can happen around injection and drip sites. It may be caused by a vein leaking blood around the cannula (device used to insert the drip into the skin) or by an infection developing. It normally settles without treatment other than removing the cannula.

11. Confusion or memory loss – GA

This is common among older people who have had a GA. It may be due to an illness developing such as chest or urine infection. There are other causes which the team looking after you will take care to treat. It usually recovers but this can take some days, weeks or months.

12. Bladder problems – RA GA

Difficulty passing urine, or leaking urine, can happen after most kinds of moderate or major surgery. If this happens, the team looking after you will consider whether you need a urinary catheter (soft tube) placed in the bladder which drains the urine into a bag. If the difficulty is expected to get better very soon, it is best to avoid a catheter due to increase risk of urinary tract infection (UTI). Your nurses will make sure that you are clean and dry as soon as possible. Most bladder problems get better so that your normal urinary habit returns before you leave hospital.

**Uncommon risks**

1. Breathing difficulty – GA
Some people wake up after a general anesthetic with slow or slightly difficult breathing. If this happens to you, you will be cared for in the recovery room with your own recovery nurse until your breathing is better.

2. Damage to teeth, lips and tongue – GA
Damage to teeth happens in 1 in 4,500 anaesthetics. Your anaesthetist will place a breathing tube into your throat at the beginning of the anaesthetic, and this is when the damage can happen. It is more likely if you have fragile teeth, a small mouth or a stiff neck. Minor bruising or small splits in the lips or tongue are common, but heal quickly.

3. Awareness – GA
Awareness is becoming conscious during some part of a general anaesthetic. It happens because you are not receiving enough anaesthetic to keep you unconscious. The anaesthetist uses monitors during the anaesthetic which show how much anesthetic is being given and how your body is responding to it. These should allow your anaesthetist to judge how much anaesthetic you need. If you think you may have been conscious during your operation, you should tell any member of the team looking after you. Your anaesthetist will want to know so they can help you at this time and with any future anaesthetic you may have.

4. Damage to the eyes – GA
It is possible that surgical drapes or other equipment can rub the cornea (clear surface of the eye) and cause a graze. This is uncomfortable for a few days but with some eye-drop treatment it normally heals fully. Anaesthetists take care to prevent this. Small pieces of sticky tape are often used to keep the eyelids together or ointment is used to protect the surface of the eye. Serious and permanent loss of vision can happen but it is very rare.
5. Nerve damage – RA GA
Nerve damage (paralysis or numbness) has a number of causes during local, regional or general anaesthetics. It varies with the type of anaesthetic you are having. Temporary nerve damage can be common with some types of anaesthetic, but full recovery often follows. Permanent nerve damage to nerves outside the spinal column is uncommon.

6. Existing medical conditions getting worse – RA
Your anaesthetist will make sure that any medical condition you have is well treated before your surgery. If you have previously had a heart attack or a stroke the risk that you will have another one is slightly increased during and after your operation. Other conditions such as diabetes, high blood pressure and asthma will be closely monitored and treated as necessary.

**Rare or very rare complications**

1. Serious allergy to drugs – RA GA
Allergic reactions can happen with almost any drug. Your anaesthetist uses continuous monitoring which helps to ensure any reaction is noticed and treated before it become serious. Very rarely, people die of an allergic reaction during an anaesthetic. It is important to tell your anaesthetist about any allergies you know you have.

2. Damage to nerves in the spine – RA GA
Permanent damage to the nerves in your spine is very rare after either general anaesthetic, spinal or epidural anaesthetic.

3. Equipment failure – RA GA
Many types of equipment are used during an anaesthetic. Monitors are used which give immediate warning of problems and anaesthetists have immediate access to back-up equipment. The chance of a serious event due to equipment failure is rare or very rare.

4. Death – RA GA
Deaths caused by anaesthesia are very rare. There are probably about five deaths for every million anaesthetics given in the UK. Although there are risks associated with anaesthesia, these are uncommon and Juvea’s surgeons, anaesthetists and nurses work as a team to minimize the chance of any unexpected harmful events. Further information regarding anaesthetists is available from the Royal College of Anaesthetists. www.rcoa.ac.uk/patients-and-relatives/risks

**Arrangements for the Surgery**

At this stage, you are probably quite confident that surgery is right for you. We understand that a straight forward booking process is important, even if you still have some concerns or questions that you wish to discuss with a medical professional. Below is a recommended schedule that should ensure you have a smooth pre and post surgery experience:

1. We can help you arrange a suitable date for your surgery. Think carefully about the timing for your operation. It might be that you have a big event in the year that you want to feel and look your best for, but with any surgery, you must always remember that any risks are likely to cause a setback. In other words - don’t book the surgery just one month before your wedding! Consider the following first:

   a) **Time required off work.** For major surgery, we usually recommend 2-4 week off work, depending upon the surgical procedure and the nature of employment. Please note that some occupations will require a longer period of recovery, for example those which are physically demanding (eg. Manual working, armed forces) and if you are unable to cease work for the required period of recovery you should defer surgery. This also applies to patients who have similar hobbies (eg. horse riding, gym activities). If you do experience a complication the period to refrain from such activities will be extended until you have recovered. Please note lack of compliance could lead to the readmission policy being voided.
b) **Childcare**: If you have young children you may need help from family or friends. For example, lifting children following surgery might be painful at first and should be avoided.

2. **Your fees** will need to be paid promptly by the required date. Please make sure your funds are properly organized. Last minute delays can cause unnecessary frustration, and possibly a cancellation of your operation.

3. Ensure your **GP** has been informed of your planned

4. Arrange to attend for your **pre-operative screening** with any and us other tests deemed necessary by the surgeon or anaesthetist.

5. Arrange your **transport** to the hospital and back home again. On no account can you drive or travel home alone. Failure to arrange transport home, by a nominated responsible person, may result in the operation being postponed.

6. Prepare an **overnight bag** to take with you. Read your pre-operative instruction sheet before the day. This will help prepare you for the operation and suggest what to bring with you and what to leave at home.

7. Please inform your clinic nurse or patient coordinator if you feel ill, have a cold/flu or any other signs of an infection prior to surgery.

8. It is not possible to proceed with treatment **if you become pregnant**. Please ensure you take necessary precautions. And if you are in any doubt use a pregnancy testing kit.

9. Call your patient coordinator if you need any help or reassurance.

**Postoperative Recovery**

1. We want you to have the best possible recovery and that means getting you to feeling really well and happy soon after the surgery. We have a great aftercare package and all the right procedures in place but we will also require your participation to aid a full and speedy recovery. Please note, however, that we are unable to offer a District
Nurse service and all appointments will be arranged at your local clinic. Occasionally we may require a patient to return to the hospital, such a decision is only made in your best medical interest. So that you are informed on what will happen when you first leave the operating theatre, read the following steps and make sure you understand the post-op events:

2. You will feel sleepy and groggy but the depleting anaesthetic should ensure that you will not feel very much pain.
3. Depending upon the surgery, you are likely to have some dressing to prevent infection from airborne bacteria.
4. Before being discharged from hospital you will be given an information guide on what you should or should not do over the coming weeks.
5. You might be given medication to take.
6. An emergency help number will be part of your leaving package so that you can be assured of help at any time if you are worried or feel ill. This is recommended over and above calling your GP or going to your local hospital.
7. Although rest and avoiding heavy work is important, it is vital that you do not spend too much time in bed or lying down, this behavior can bring on other medical problems.
8. For those having stitches, it is usually around 10-14 days after surgery that your stitches are removed.
9. At this time you should make a “first review” appointment with one of the clinic’s nurses or surgeon.
10. After this, you will have periodic assessments over the following months. You are expected to make these appointments to suit you. The number of appointments will depend upon your recovery rate, your surgeon will advise on this.
11. Please note that occasionally a patient needs to return to hospital, but this is only done if absolutely necessary.
How soon can I drive?
You must not drive until your stiches are not removed. Due to the effects of the anaesthetic you would technically be driving under the influence of drugs and therefore your insurance would be null and void, you may even be subject to a driving penalty. As this is very serious, then should you choose to ignore this information and drive yourself to the hospital, intending to drive yourself home post surgery, we must cancel your operation. A cancellation in such circumstances will mean that no refund of fees is due.

In order to ensure the effects of the anaesthetic have worn off, we advise waiting for 2-3 days before driving. You must also bear in mind any strong medications for pain relief can impair your judgment. Other than these factors, you should wait until you feel completely confident to handle a vehicle and react accordingly in case of accident or emergency.

Tests, investigations, consultations
Any general tests and investigations like ultrasound scan indicated by your surgeon, following your surgery will cost you. Any care commenced during this period will be continued on this basis as deemed necessary by the clinical team will be provided free of charge, however, if you need to go back to theatre, you’ll need to bear the cost of hospital charges. Also any personal expenses such as travel or loss of earnings are the patient’s own responsibility and we will take no legal responsibilities to compensate these. Please note that the assessment of the outcome of a cosmetic surgery procedure involves a great deal of subjectivity and if your surgeon decides that the results of your surgery are within the normal limits then further surgery at no cost will not be possible. We cannot commit to providing continuing surgery where the results of the surgery originally provided has been affected by changes in life style, pregnancy, illness or the natural ageing process.

If you decide to undergo further consultations or surgery with another surgeon, you will also be responsible for any additional fees this will incur.
This policy may be affected if a patient fails to attend review appointments or follow advice and guidance as indicated by the your surgeon.

**Review Appointments**

Post operative review appointments with the clinic nurse or your surgeon will be provided in line with the post operative care regime for your procedure, or as your recovery dictates. No further appointments are required unless clinical indicated. There will be a fee for surgical consultations and surgical procedure outside of our readmission period ie. three years after surgery.

**THE PRIVATE HEALTHCARE INFORMATION NETWORK (PHIN)**

PHIN has a legal mandate to gather and publish performance information regarding all hospitals and consultants providing private treatment. From the 1st April 2016, it is mandatory for all private healthcare providers to submit patient treatment data to PHIN.