

CONSENT FOR NECKLIFT SURGERY



I hereby authorize Dr. Bourget and staff to perform the above **procedure**.

If you have any questions, please ask your doctor before signing.

Section A:

1. A necklift is an aesthetic surgery to attempt to minimize or reduce evidence of aging, such as wrinkles and sagging of the skin of the face and neck. Although in general a necklift will provide a person with a more youthful appearance, it is impossible to predict the exact result of surgery. The degree of improvement is a subjective opinion and will be partly determined by age, heredity, bone structure and various individual characteristics of the skin as well as personal habits such as smoking, alcohol intake and nutrition.
2. I have been completely candid and honest with regarding my motivation for undergoing necklift surgery, and realize that a new appearance does not guarantee an improved life.
3. When removal of pouches around the eyes is desired, eyelid surgery (blepharoplasty) may be done in conjunction with the necklift. Elevation of my Brows may also be done at the same time via an open or endoscopic brow lift.
4. Necklift and eyelid surgery will **not** remove small wrinkles around the eyes and lips or remove any discoloration or skin blotches.
5. If I use tobacco, I understand that I must cease all such use. Failure to do so may have serious negative effects on the success of my surgery, such as infection or necrosis of tissues.
6. I have been advised and understand that necklift surgery will not cease the aging process. Future and additional necklift surgeries may be necessary, depending upon aesthetic and cosmetic considerations. Surgical results may not match expectations and anticipations. I am aware my surgery will take place at Scotia Surgery Inc, which is an accredited facility located in Dartmouth.

Section B: Surgical Considerations

1. Necklift surgery is usually performed first on one side of the face and then the other. Incision placement is determined by the surgeon's judgment before and at the time of surgery. In many cases, incisions are started inside the hairline at the temples, continued down in a natural skin line around the ear lobe, and extend into the back of the scalp or nape of the neck. Occasionally, an incision may extend inside the front of the ear. A small incision is frequently necessary under the chin to provide for the removal of excess neck skin, removal of fat and treatment of sagging neck muscles.
2. After initial incisions, skin is separated from underlying fat and muscle; skin is gently stretched upwards and backwards and excess skin is removed. In some cases, fat deposits beneath the chin and in the neck may be removed and deeper layers of neck tissues may also be corrected.
3. Every reasonable attempt will be made to place incisions along natural skin lines and creases. In many cases, incision will result in some scarring, which usually fade and become less visible as healing occurs. Scars are most noticeable behind the ears; however, they can generally be covered by the hair. In some patients scarring may be noticeable and permanent and a second procedure (scar revision) may be indicated (3-6 month post surgery). Tisseal (tissue glue) could be used throughout the procedure. I am also aware of the possible use of a laser during my surgery.

Section C: Post-Operative Considerations

1. Swelling and bruising of the face is common and may last for two or three weeks. Keeping the head elevated for several days after surgery will help reduce such complications. Swelling may not completely resolve for up to six months, but the duration and intensity varies with each individual. Patients often report a feeling of tightness, which is described as being uncomfortable.
2. Healing is a gradual process and the final result may not be realized for six to twelve months.
3. As a result of surgery and repositioning of the facial skin, some numbness can be expected. Such numbness is usually temporary, lasting from six to twelve months. In some cases, there can be residual areas of permanent numbness. Post-operatively I understand I must avoid excessive exercise such as aerobics, heavy lifting, or other strenuous activities (2-4 weeks).

Section D: Risks and Complications

1. Delayed healing. In rare cases, necrosis (death of the skin) can occur. This complication may require additional treatment and surgery.
2. Infection and localized collections of blood are not uncommon. Minor blood clots will be drained locally; major hematomas may require deeper surgical drainage. In rare cases, infection may require additional treatment or hospitalization.
3. Poor healing may result in excessive and permanent scarring which may require a second operation of scar revision.
4. Nerve damage: the surgery will involve areas of certain cranial or facial nerves. Damage to sensory nerves may cause numbness, usually temporary. However, in rare cases, such numbness of the skin may be permanent. Additionally, there is a risk of damage to nerves that affect motor function. For example, there may be an inability to raise the eyebrows. Decreased function of motor nerves may also be permanent in nature.
5. Simultaneous laser resurfacing and necklift has been shown to be safe when combined together. Using laser over the necklift flap can cause healing problems and tissue loss that could result in scarring and need further reconstructive treatment. I understand that although necklift and laser can improve the level of rejuvenation, there are some risks when combining these two procedures and I have discussed these with my surgeon.

Section E: Anesthesia

I consent to the administration of, _____ Intravenous Sedation, or _____ General Anesthesia, having first had the risks and benefits of each explained to me.

ANESTHETIC RISKS include: discomfort, swelling, bruising, infection, prolonged numbness and allergic reactions. There may be inflammation at the site of an intravenous injection (phlebitis), which may cause prolonged discomfort and/or disability and may require special care. Nausea and vomiting, although rare, may be unfortunate side effects of IV anesthesia. Intravenous anesthesia is a serious medical procedure and, although considered safe, carries with it the risk of heart irregularities, heart attack, stroke, brain damage or death.

PATIENT OBLIGATIONS IF IV ANESTHESIA IS USED

- A. Because anesthetic medications cause prolonged drowsiness, you **MUST** be accompanied by a responsible adult to drive you home and stay with you until you are sufficiently recovered to care for yourself. This may be up to 24 Hours.
- B. During recovery time (24 hours) you should not drive, operate complicated machinery or devices, or make important decisions such as signing documents, etc.
- C. You must have a completely empty stomach. **IT IS VITAL THAT YOU HAVE NOTHING TO EAT OR DRINK FOR EIGHT (8) HOURS PRIOR TO YOUR ANESTHETIC. TO DO SO MAY BE LIFE-THREATENING!**

However, it is important that you take any regular medications (high blood pressure, antibiotics, etc.) or any medications prescribed by this office, using only a sip

Section F: No Guarantee of Treatment Results

1. No guarantee or assurance has been given to me that the proposed treatment will curative and/or successful to my complete satisfaction. Due to individual patient differences, there is a risk of failure or relapse, my condition may worsen, and selective re-treatment may be required in spite of the care provided.
2. I have had an opportunity to discuss my past medical and social history, including drug and alcohol use, also have informed him of all medication taken, especially any ASA type. I have fully informed him of all aspects of my health history and recognize that withholding information may jeopardize the planned goals of surgery.
3. I agree to cooperate fully with my doctor's recommendations while under treatment, realizing that any lack of cooperation can result in a less-than-optimal result, or **may be life threatening.**
4. If any unforeseen condition should arise during surgery that may call for additional or different procedures from those planned, I authorize my doctor to use surgical judgment to provide the appropriate care.
5. I understand that the surgeon's fees are separate from the anesthesia and facility charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.

Consent

I agree to have both preoperative and postoperative photos taken for my records as well as for use in medical, scientific, educational and promotional purposes. My name will not be used on any such photographs.

I, certify that I have had an opportunity to fully read this consent, and that all blanks were filled in before my signing. I also certify that I read, speak and write English. My signature below indicates my understanding of my proposed treatment and I hereby give my willing consent to the surgery.

This facility is a member of the Canadian Association for Accreditation of Ambulatory Surgical Facilities and as part of the requirements your chart will be retained and may be subject to peer review for quality control by the Canadian Association for Accreditation of Ambulatory Surgical Facilities.

Patient's (or Legal Guardian's) Signature

Date:

Witness' Signature

Date: