

# Consent for Total Face Surgery



## **Consent for Endoscopic/Open Brow Lift**

**Section A:** An Endoscopic/Open Brow Lift is an aesthetic surgery to improve or reduce evidence of aging, such as wrinkles and sagging of the skin on the forehead and in some cases the upper eyelids. Although generally an Endoscopic/Open brow lift will provide a person with a more youthful appearance, it is impossible to precisely predict the exact result. The degree of improvement will be determined by age, heredity, bone structure and various individual characteristics of the skin and personal habits such as alcohol intake, nutrition and smoking. I have been completely candid and honest with my surgeon regarding my motivation for undergoing an Endoscopic/Open brow lift, realizing that a new appearance does not guarantee an improved life. When removal of pouches around the eyes is desired, eyelid surgery (blepharoplasty) may be done in conjunction with the Endoscopic/Open brow lift or as a separate procedure. Endoscopic/Open brow lift and eyelid surgery will not remove the small wrinkles around the eyes, remove discoloration around the eyes or remove skin blotches. Patients who are active smokers must cease at least two weeks prior to surgery. Failure to follow this instruction can have dramatic effects on the success of the surgery. Additionally, I have been advised and understand that the Endoscopic/Open brow lift surgery will not cease the aging process.

### **Section B: Surgical Considerations**

An Endoscopic/Open brow lift may be performed under a local anesthetic usually combined with intravenous sedation and/or general anesthetic. Preoperative sedation may be given to relieve anxiety. Incision placement is determined by the judgment of the surgeon before and at the time of surgery. Incisions are generally placed inside the hairline above the forehead and above the temples on either side. The Open technique normally follows the hairline. The surgeon will then separate skin and muscles from the bone of the forehead. This is accomplished by inserting the endoscope through one incision to visualize the surgical area while surgical instruments are inserted through another incision. The skin and muscles will be pulled upward and attached to the skull with fixation tacks that will dissolve. Every reasonable attempt will be made to place incisions along the natural skin lines and creases or in the existing hairline. In many cases, the incisions will result in some scarring. In most cases, the scar will fade or become less visible as healing occurs. However, in some cases, the scars may be permanent and in rare cases a second procedure (scar revision) may be necessary. I understand tisseal (tissue glue) may be used during my procedure. I am also aware of the possible use of a laser during my surgery.

### **Section C: Postoperative Considerations**

Postoperatively, swelling and bruising of the skin is common and may last up to two weeks. Persistent swelling may not resolve for up to six months. Patients often report a feeling of tightness, which is described as being uncomfortable. The duration and intensity varies with each individual. Healing is a gradual process and the final results may not be realized for six months or more. As a result of surgery and repositioning of the skin, some residual numbness can be expected. The numbness is usually temporary, lasting from six to twelve months. In rare cases, there can be areas of permanent numbness.

### **Section D: Risk and Complications**

Dr. has explained there are certain inherent and potential risks in any treatment plan or procedure, and in this specific instance such operative risks, but are not limited to the following: (a) Delayed healing. In rare cases, necrosis (death of the skin) can occur. This may require additional treatment and surgical procedures. (b) Infection and localized collection of blood are not uncommon. When necessary, antibiotics will be prescribed. In rare cases, serious infections may result in the need for additional treatment and/or hospitalization. Minor blood clots will be drained. (c) Poor healing may result in excessive and permanent scarring and/or hair loss around incision site necessitating a second operation or scar revision. (d) Nerve damage. The surgery will involve areas of certain cranial or facial nerves. Damage to the nerves can result in numbness, usually temporary. However, in rare cases, the numbness can 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. The condition is usually temporary; however, in rare conditions, it can be permanent.

## **Blepharoplasty Consent with Laser**

**Section A:** Eyelid surgery (blepharoplasty) is the procedure used to remove excessive folds of eyelid skin, pouches under the eyelids and, in some instances, is accompanied by an additional procedure to correct sagging brows. After consultation regarding my particular needs, my doctor has informed me of the extent of my proposed surgery. I understand that the procedure involves incisions in the upper and/or lower eyelid at locations based upon my doctor's surgical judgment. I have been advised and I understand that there is no guarantee that eyelid surgery will improve my appearance or correct any pre-existing condition. I have been completely candid and honest with my surgeon regarding my motivation for undergoing eyelid surgery, and realize that a new appearance to my eyes does not guarantee an improved life. If I use tobacco, I understand that I must cease all such use at least two weeks prior to surgery. Failure to do so may have serious negative effects on the success of my surgery such as improper healing of my scars, infection, even necrosis of tissues.

### **Section B: Surgical Considerations**

Incisions will be made in the upper and/or lower eyelids that will follow natural lines and creases, and usually extend into the fine wrinkles (crow's feet) at the outer edge of the eye. Underlying compartments of fat are then removed and, in some cases, excess skin and muscle tissue will also be removed. I have had an opportunity to discuss with my doctor my past medical and social history, including any serious health problems, drug, alcohol, tobacco use or any ASA type medication taken, also including birth control pill. I have provided full details and recognize that the withholding of information may jeopardize the surgical result. I agree to have 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. Tisseal (tissue glue) may be used during the procedure. I am also aware of the possible use of a laser throughout my surgery.

### **Section C: Post-Operative Considerations**

A certain amount of bruising and swelling can be expected for several days after surgery. Dryness of the eyes and blurred vision may persist for a few months. Eyelid surgery may improve, but not eliminate, fine wrinkling of the outer edges of the eyes (crow's feet). You should avoid strenuous activity such as exercise, heavy housework, bending or lifting, etc. for several weeks. It is often advisable to wear dark glasses for a few weeks after surgery to protect the eyes from sun and wind irritation. The incisions will be closed with small sutures. Usually the scar lines are small and eventually are almost unnoticed. However, scarring is unpredictable. I have been advised and I acknowledge that there is no guarantee that the procedure will improve my appearance. Patients react differently depending upon age, health and skin elasticity, and some individuals may require additional procedures to remove or tighten excess skin. Furthermore, some individual's skin may tend to wrinkle more than others. Aging will continue and there may be a future need for this same surgery.

### **Section D: Risks and Complications**

It has been explained to me that there are certain inherent and potential risks in any surgical treatment and that in this specific instance such operative risks include, but are not limited to the following: Corneal abrasion or other eye injury. Excessive bleeding, particularly in patients with high blood pressure. Difficulty in closing the eyelids post-operatively due to swelling. Residual dryness of the eyes. Infection that may require antibiotic therapy and, in rare cases, hospitalization. Due to individual patient differences, there may be asymmetry of the eyelids (eyes not appearing equal in size). Some numbness of the skin of the eyelid may occur. Usually it is temporary, but rarely may be permanent. In some cases, the lower eyelids may need taping for support during healing.

Some patients may require a second procedure to correct residual sagging of the lower lids. In some cases, the lower eyelid may appear to turn outward. Such a response to surgery is predictable and a second corrective procedure may be required. In some cases, some small skin necrosis can result requiring a surgical modification. In fat repositioning procedures: asymmetry of fat position, loss of tissue transfer, cutaneous defect, skin necrosis, ectropion, hypertrophic scar, incomplete or over correction, vision change, some cases, the lower eyelid may appear to turn outward. Such a response to surgery is predictable and a second corrective procedure may be required. Bleeding may occur behind the eye that can lead to permanent blindness if not corrected within a short time. If required, such surgery is done in the hospital. **I have been told that I MUST notify my doctor immediately if undue pain or swelling develops around my eyes, or if I have any change in vision.**

## **Consent for Facelift Surgery (Rhytidectomy)**

**Section A:** A facelift 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 facelift 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. I have been completely candid and honest with Dr. Bourget regarding my motivation for undergoing facelift surgery, and realize that a new appearance does not guarantee an improved life. When removal of pouches around the eyes is desired, eyelid surgery (blepharoplasty) may be done in conjunction with the facelift. Elevation of my Brows may also be done at the same time via an open or endoscopic brow lift. Facelift and eyelid surgery will **not** remove small wrinkles around the eyes and lips or remove any discoloration or skin blotches. 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. I have been advised and understand that facelift surgery will not cease the aging process. Future and additional facelift surgeries may be necessary, depending upon aesthetic and cosmetic considerations. Surgical results may not match expectations and anticipations.

#### **Section B: Surgical Considerations**

Facelift 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. 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. 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**

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. Healing is a gradual process and the final result may not be realized for six to twelve months. 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**

Delayed healing. In rare cases, necrosis (death of the skin) can occur. This complication may require additional treatment and surgery. 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. Poor healing may result in excessive and permanent scarring which may require a second operation of scar revision. 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. Simultaneous laser resurfacing and facelift has been shown to be safe when combined together. Using laser over the facelift flap can cause healing problems and tissue loss that could result in scarring and need further reconstructive treatment. I understand that although facelift 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.

### **Consent for Laser resurfacing**

**Section A:** Laser skin resurfacing is a process by which laser light is applied to the skin of the face in an attempt to change the appearance of lines, wrinkles, skin blemishes, scars and certain other localized skin conditions. Laser skin resurfacing will neither stop the aging process nor totally eliminate wrinkles. The final result of treatment may not be apparent for several months. Future treatment may be necessary, depending upon the success of this initial treatment.

#### **Section B: Surgical Considerations**

Laser resurfacing is done with a CO2 (Carbon Dioxide ) laser where the top layer of the epidermis and the dermis are affected. This may be in the form of a continuous skin removal or a fractionated type, or mixture of both. Feather is done in order to decrease the demarcation lines. This may be done in all area of the face, neck and decolte as discussed with Dr Bourget.

### **Section C: Post-Operative Considerations**

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. Healing is a gradual process and the final result may not be realized for six to twelve months. Post-operatively I understand I must avoid excessive exercise such as aerobics, heavy lifting, or other strenuous activities (2-4 weeks). Treated areas will have a reddish appearance that will persist for several weeks or longer. At the junction between treated and untreated areas, a different skin color or blotching may occur. The texture of the skin may be permanently altered. Deep areas of skin wrinkling may be minimized or softened, but not eliminated. Areas of deep skin scarring (usually from acne) may require additional resurfacing treatment. The risk of infection is rare, but should it occur, topical and/or systemic antibiotic therapy may be necessary. Laser skin resurfacing usually causes some discomfort and swelling. Oozing typically occurs and the area may become covered with a crust that will normally separate within a few weeks. A skin dressing may be applied to aid in healing. If no dressing is used, it will be necessary to clean the resurfaced area 4-5 times daily and to keep the area covered with prescribed medications or ointments. Failure to do so may have negative effects on healing and the final result of surgery.

### **Section D: Risks and Complications**

Delayed healing. In rare cases, necrosis (death of the skin) can occur. This complication may require additional treatment and surgery. Infection and localized collections of blood are not uncommon. 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. Using laser over the facelift flap can cause healing problems and tissue loss that could result in scarring and need further reconstructive treatment. I understand that although facelift 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. Hyperpigmentation (the color of the treated areas becomes darker than the surrounding skin) is the most common side effect. Certain medications may be prescribed or recommended to help minimize this effect. Hypopigmentation (lightening of the skin color) is a rare complication. Both of these pigment complications usually fade in 6-12 months; however, they may be permanent. Please inform your doctor if you have used Accutane within the past year, or if you have ever had cold sores or other blister lesions on your face. Scarring, although rare, is a possible complication. The scars may be hypertrophic scars that are thickened scars, and/or keloid scars that are abnormal, raised scars that may extend beyond the limits of the original scar. There is a risk of eye injury from laser energy. Pre-existing hypopigmentation will not be corrected with laser surgery. This is elective, cosmetic surgery and I understand that results may vary due to individual patient differences. It is possible that my skin condition may worsen and that selective re-treatment may be required. I realize there can be no guarantee that the proposed treatment will be curative (healing) or meet all aesthetic (sense of beauty) expectations.

I have provided a full and truthful health and social history, including drug, alcohol and tobacco use. I understand that withholding information may delay healing and jeopardize the planned goals of surgery. I agree to cooperate fully with my doctor's recommendations while under treatment, realizing that lack of cooperation can increase risks and complications. If any unforeseen condition should arise during surgery that may call for additional or different treatment from that planned, I authorize my doctor to use professional judgment to provide appropriate care. I agree to avoid direct sunlight for two (2) months after treatment and to use sun block of at least SPF 30 for 6-12 months thereafter. I also agree to decrease alcohol and tobacco use as much as possible, recognizing their negative effect on healing.

### **Section E: Anesthesia**

I consent to the administration of anesthesia as discussed during our pre-operative discussion (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!**
- D. 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 of water.**

**Section F: No Guarantee of Treatment Results**

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. 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. 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**. 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.

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 am aware my surgery will take place at Atlantic Oral Surgery or Scotia Surgery Inc., an accredited facility located in Dartmouth, Nova Scotia.

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.

---

Patient's (or Legal Guardian's) Signature

Date

---

Doctor's Signature

Date