



Colorado *Facial*
Plastic Surgery
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Creating Beautiful Faces

Aesthetics *by Design*
Creating Beautiful Skin

BLEPHAROPLASTY CONSENT

I. INSTRUCTIONS

This informed-consent document has been prepared to help inform you about blepharoplasty surgery, its risks, and alternative treatment. It is important that you read this information carefully and completely. **Please initial each page to signify that you have read the page and sign and date the consent for surgery as proposed by your plastic surgeon.**

II. INTRODUCTION

Blepharoplasty is a surgical procedure to remove excess skin and muscle from both the upper and lower eyelids along with underlying fatty tissue. Blepharoplasty can improve drooping skin and bagginess. It can help improve vision in older patients who experience hooding of their upper eyelids. Blepharoplasty will not:

- A) Completely remove "crow's feet" or other wrinkles
- B) Completely eliminate dark circles under the eyes
- C) Lift sagging eyebrows

Blepharoplasty surgery is customized for every patient, depending on his or her particular needs. It can be performed alone involving upper, lower or both eyelid regions, or in conjunction with other surgical procedures of the eye, face, brow, or nose. Eyelid surgery cannot stop the process of aging; however, it can diminish the look of loose skin and bagginess in the eyelid region.

III. ALTERNATIVE TREATMENTS

Alternative forms of management include not treating the skin laxity and bagginess in the eyelids by surgery. Improvement of skin laxness, fatty deposits and skin wrinkled may be accomplished by other treatments of surgery when indicated, such as a brow lift. Other forms of eyelid surgery may be needed should you have disorders affecting the functions of the eyelid such as drooping eyelids due to muscle problems (eyelid ptosis) or looseness between the eyelid and eyeball (ectropion). Minor skin wrinkling may be improved through chemical skin-peels or other skin treatments. Risks and potential complications are associated with alternative forms of treatment.

IV. RISK OF BLEPHAROPLASTY SURGERY

Every surgery involves a certain amount of risk, and it is important that you understand the risks involved. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to the potential benefit. Although the majority of patients do not experience the following complications, you should discuss each possibility with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of blepharoplasty surgery. Complications following blepharoplasty can be divided into 2 groups: Early and late complications. Early complications occur within the first 3 to 4 weeks following surgery. Late complications appear several months following surgery.

Early Complications

- 1) **Bleeding** – It is possible, though unusual, to have a bleeding episode during or after surgery. Bleeding may occur under the skin or internally around the eyelid. Should you develop post-operative bleeding, it may require emergency treatment or surgery. Do not take and aspirin or anti-inflammatory medications for ten days before surgery, as this may contribute to a greater risk of a bleeding problem. Hypertension (high blood pressure) that is not under good medical control may cause bleeding during or after surgery. Accumulations of blood under the eyelids may delay healing and cause scarring.
- 2) **Blindness** – Blindness is extremely rare after blepharoplasty. However, it can be caused by internal bleeding around the eye during or after surgery. The occurrence of this is not predictable.
- 3) **Infection** – Infection is very rare after surgery. Should an infection occur, additional treatment including antibiotics may be necessary.

Initial

- 4) **Scarring** – Although good wound healing after a surgical procedure is expected, abnormal scars may occur both within the eyelid and deeper tissues. In rare cases, abnormal scars may result. Scars may be unattractive and of a different color than surrounding skin. There is the possibility of visible marks in the eyelid or small skin cysts from sutures may be temporary or permanent.
- 5) **Damage to deeper structures** – Deeper structures such as nerves, blood vessels, and eye muscles may be damaged during the course of surgery. The potential for this to occur varies with the type of blepharoplasty procedure performed. Injury to deeper structures may be temporary or permanent.
- 6) **Corneal exposure problem** – Some patients experience difficulties closing their eyelid after surgery and problems may occur in the cornea due to dryness. Should this rare complication occur, additional treatments or surgery and treatment may be necessary.
- 7) **Allergic reaction** - In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions, which are more serious, may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.
- 8) **Delayed healing** – Wound disruption or delayed wound healing is possible.

Late Complications

- 1) **Dry eye problems** – Permanent disorders involving decreased tear production can occur after blepharoplasty. The occurrence of this is rare and not entirely predictable. Individuals who normally have dry eye may be advised to use special caution in considering blepharoplasty surgery.
- 2) **Asymmetry** – The human face and eyelid region is normally asymmetrical. There can be a variation from one side to the other following a blepharoplasty surgery.
- 3) **Chronic pain** – Chronic pain may occur very infrequently after blepharoplasty.
- 4) **Skin disorders/skin cancer** – a blepharoplasty is a surgical procedure to tighten the loose skin and deeper structures of the eyelid. Skin disorders and skin cancer may occur independently of eyelid surgery.
- 5) **Upper lid drooping (ptosis)** - Upper eyelid blepharoplasty carries a very low risk of droopiness of the lid margin. In severe cases this may interfere with vision or require additional corrective surgery.
- 6) **Ectropion** – Displacement of the lower eyelid away from the eyeball is a rare complication. Further surgery may be required to correct this condition.
- 7) **Unsatisfactory result** – There is the possibility of a poor result from eyelid surgery. Surgery may result in unacceptable visible deformities, loss of function, wound disruption, and loss of sensation. You may be disappointed with the results of surgery. Infrequently, it is necessary to perform additional surgery to improve your results. Additional surgical procedures such as a brow lift may be needed to correct eyebrow sagging which contributes to upper eyelid problems.
- 8) **Eyelash hair loss** – Hair loss may occur in the lower eyelash where the skin was elevated during surgery. The occurrence of this is not predictable. Hair loss may be temporary or permanent.
- 9) **Long term effects** – Subsequent alternations in eyelid appearance may occur as the result of aging, weight loss or gain, sun exposure, or other circumstances not related to eyelid surgery. Blepharoplasty surgery does not arrest the aging process or procedure permanent tightening of the eyelid region. Future surgery or other treatments may be necessary to maintain the results of a blepharoplasty.

V. ADDITIONAL SURGERY NECESSARY

There are many variable conditions in addition to risk and potential surgical complications that may influence the long term result of eyelid surgery. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with blepharoplasty surgery. Other complications and risks can occur but are even more uncommon. Should complications occur, additional surgery or other treatments may be necessary. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained.

VI. PATIENT COMPLIANCE

Follow all physician instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation around implants and the need for the return to surgery. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

Initial

CONSENT FOR SURGERY / PROCEDURE OF TREATMENT

I hereby authorize Dr. Mario J. Imola and/or Dr. David M. Kowalczyk and such assistants as may be selected to perform the following procedure and/or treatment:

- Upper Blepharoplasty
- Lower Blepharoplasty
- Quad Blepharoplasty

I have received and understand the following information documents:

- 1) Blepharoplasty: Patient Information
- 2) Blepharoplasty: Perioperative Patient Instructions
- 3) Blepharoplasty: Consent
- 4) General Surgical Complications: Advisory and Consent

Patient Signature _____

Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray): Patients who are currently smoking, use tobacco products, or nicotine products (patch, gum or nasal spray) are at a greater risk for significant surgical complications of skin dying, delayed healing and additional scarring. Individuals' exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smokers may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possible increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication. Please indicate your current status regarding these items below:

_____ I am a **non-smoker** and do not use nicotine products. I understand the potential risk of second-hand smoke exposure causing surgical complications.

_____ I am a **smoker** or use tobacco/nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products.

_____ I Have smoked and stopped approximately _____ ago. I understand I may still have the effects and therefore risks from smoking in my system, if not enough time has lapsed.

It is important to refrain from smoking at least 3 weeks before surgery and until your physician states it is safe to return, if desired. I acknowledge that I will inform my physician if I continue to smoke within this time frame, and understand that for my safety, the surgery, if possible, may be delayed.

Patient Signature _____

1. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not know to my physician at the time the procedure is begun.
2. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
3. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
4. I consent to be photographed or televised before, during and after the operation(s) or procedures to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
5. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
6. I consent to the disposal of any tissue, medical devices or body parts that may be removed.
7. I consent to the utilization of blood products should they be deemed necessary by my surgeon and/or his appointees, and I am aware that there are potential significant risks to my health with their utilization.

8. I understand that the surgeons' fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.

9. The following has been explained to me in a way that I understand.

- a. The above treatment or procedures to be undertaken.
- b. Alternative procedures or methods of treatment.
- c. Risks to the procedure or treatment.

I consent to the above list of procedures and items 1-9. I am satisfied with the explanation.

Patient

Date

Witness

Date

Mario Imola M.D., DDS, FRCS
David M. Kowalczyk M.D., M.B.A.

Date