



FACE LIFT (RHYTIDECTOMY) AND NECK LIFT (SUBMENTOPLASTY) CONSENT

I. INSTRUCTIONS

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

II. INTRODUCTION

Face lift (rhytidectomy) and neck lift (submentoplasty) are surgical procedures used to improve visible signs of aging on the face and neck. As individuals age, the skin and muscles of the face region begin to lose tone. The face lift and neck lift cannot stop the process of aging. It can improve the most visible signs of aging by tightening the deeper structures, re-draping the skin of face and neck, and removing selected areas of fat. A face lift can be performed alone, or in conjunction with other procedures, such as a brow lift, liposuction, eyelid surgery, or nasal surgery. Face lift and neck lift surgery are individualized for each patient. The best candidates for face and neck lift surgery have a face and neckline that has begun to sag, but whose skin has elasticity and whose bony structure is well defined.

III. ALTERNATIVE TREATMENT

Alternative forms of management consist of not treating the laxness in the face and neck region with a face lift (rhytidectomy). Improvement of skin laxity, skin wrinkles and fatty deposits may be attempted by other treatments of surgery such as chemical face peels or liposuction. Risks and potential complications are associated with alternative forms of treatment.

IV. RISKS OF FACE LIFT (RHYTIDECTOMY) AND NECK LIFT (SUBMENTOPLASTY) SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved in a face lift (rhytidectomy). 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 of them with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of face lift (rhytidectomy) and neck lift (submentoplasty) surgery. The risks of face and neck lift surgery can be divided into two groups:

- A) Early Complications- Occurring during or shortly after surgery
- B) Late Complications- Apparent several months following surgery

Early

- 1) **Bleeding/ Hematoma Formation** – It is possible, though unusual, that you may have problems with bleeding, during or after surgery, which can lead to a collection of blood known as a hematoma. A hematoma will interfere with healing, predisposes to infection and may even cause a portion of the skin to die or yield severe scarring. Should post-operative bleeding occur, it might require emergency treatment to drain accumulated blood or require a blood transfusion. Please notify our office immediately if you think that a hematoma has formed.
- 2) **Infection** – Infection is unusual after this surgery. Should an infection occur, additional treatment including antibiotics or surgery may be necessary.
- 3) **Facial Weakness and Numbness** – Motor and sensory nerves may be injured during a face and neck lift operation. If motor nerve branches of the facial nerve are damaged this will result in weakness of different parts of the face (forehead, eyes and mouth) depending on the nerve that is injured. Injury to branches of the trigeminal nerve will cause loss of sensation to the area/s that the affected nerves innervate. Weakness and sensory changes are uncommon and usually temporary if they occur.

Initial

However, they can occasionally be permanent. Weakness or loss of facial movements may also occur after face and neck lift surgery. Nerve injuries may cause temporary or permanent loss of facial movements and feeling. Such injuries may improve over time. Injury to sensory nerves of the face, neck and ear regions may cause temporary or more rarely permanent numbness. Painful nerve scarring is very rare.

- 4) **Damage to deeper structure** – Deeper structures such as blood vessels, muscles, and particularly nerves may be damaged during the course of surgery. The potential for this is to occur varies with the type of face lift and neck lift procedure performed. Injury to deeper structures may be temporary or permanent.
- 5) **Delayed healing** – Wound disruption or delayed wound healing is possible. Some areas of the face may not heal normally or take a long time to heal. Areas of skin may die. Frequent dressing changes or further surgery may be required to remove the non-healed tissue.
- 6) **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.
- 7) **Asymmetry** – The human face is normally asymmetrical. There can be a variation from one side to the other in the results obtained from face lift and neck lift procedure.

Late

- 1) **Scarring** – Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different color than the surrounding skin. There is the possibility of visible marks from sutures. Additional treatments may be needed to treat scarring.
- 2) **Hair loss** – Hair loss may occur in areas of the face where the skin was elevated during surgery. The occurrence of this is not predictable.
- 3) **Chronic pain** – Chronic pain is a very rare complication after facelift.
- 4) **Unsatisfactory result** – There is the possibility of a poor result from the facelift surgery. This would include risks such as unacceptable visible infirmities, loss of facial movement, 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.

V. ADDITIONAL SURGERY NECESSARY

There are many variable conditions in addition to risk and potential surgical complications that may influence the long term result from facelift surgery. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with facelift surgery. Other complications and risks can occur but are even more uncommon. Should 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 OR 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 or treatment:

- Midface Lift
- Rhytidectomy (Face lift)
- Submentoplasty

Patient _____

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 6 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 known 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 or representation 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 procedure(s) 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 which 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. I realize that not having the operation is an option.
10. The following has been explained to me in a way that I understand:

_____ Initial

- a. The above treatment or procedures to be undertaken.
- b. There may be alternate procedures or methods of treatment.
- c. There are risks to the procedure or treatment proposed.

I consent to the procedures and items listed above and I am satisfied with the explanation.

Patient

Date

Witness

Date

Mario Imola MD, DDS, FRCS Date
David M. Kowalczyk MD, MBA

