



## **Facial Reshaping Consent**

### **I. INSTRUCTIONS**

This is an informed consent document that has been prepared to help inform you of facial reshaping surgery, its risks and alternative treatments. 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 and agreed upon by you.**

### **II. INTRODUCTION**

The different surgeries for facial reshaping are surgical procedures used to improve facial esthetic shape, provide volume, and balance to patients' facial features. This type of surgery will produce changes in the appearance and size of chin, cheek, brow, or jaw. Facial reshaping is customized for every patient, depending on his or her particular needs. Any of these surgeries can be performed alone, or in conjunction with other surgical procedures of the eye, face, brow, or nose. These surgeries cannot stop the process of aging.

### **III. ALTERNATIVE TREATMENTS**

Alternative forms of treatment include not undergoing facial reshaping surgery. Risks and potential complications are associated with alternative forms of treatment that involve surgery such as fat injections or the use of fillers.

### **IV. RISKS OF FACIAL RESHAPING SURGERY**

Every surgical procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to 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 facial reshaping surgery. The risks and complications of facial reshaping can be divided into two categories: Early and Late. **Early** complications occur either at the time of surgery or within 1-2 weeks of surgery. **Late** risks and complications usually emerge 1 or more months after surgery.

#### **Early Risks and Complications**

- 1) **Bleeding/ Hematoma-** It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment, to drain the accumulated blood (hematoma), or a blood transfusion. Intra-operative blood transfusion may also be required. Do not take any aspirin or anti-inflammatory medications for ten days before or after surgery, as this may increase the risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. A hematoma can occur at any time following injury and may delay healing and cause scarring. If blood transfusions are necessary to treat blood loss, there is the risk of blood-related infections such as hepatitis and HIV (AIDS). Heparin medications that are used to prevent blood clots in veins can produce bleeding and decrease blood platelets.
- 2) **Infection-** Infection is unusual after surgery. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary
- 3) **Facial Weakness and Numbness –** Motor and sensory nerves may be injured during a facial reshaping 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. 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, implants, surgical screws, surgical plates 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.

#### **Late Risks and Complications**

- 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. There might be a scar inside mouth, under chin, or along the hair line. Additional treatments may be needed to treat scarring.
- 2) **Asymmetry** – The human face is normally asymmetrical. There can be a variation from one side to the other in the results obtained from facial reshaping procedure. Implants may slip, and the edges of the implant may sometimes be palpable or visible.
- 3) **Skin Contour Irregularities**- Contour irregularities, depressions, and wrinkling of skin may occur after facial reshaping. Visible and palpable wrinkling of skin can occur. Residual skin irregularities at the ends of the incisions or “dog ears” are always a possibility and may require additional surgery. This may improve with time, or it can be surgically corrected.
- 4) **Skin Sensitivity**- Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this resolves during healing, but in rare situations it may be chronic.
- 5) **Unsatisfactory Result**- Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. You may be disappointed with the results of facial reshaping surgery. This would include risks such as asymmetry, unsatisfactory surgical scar location, unacceptable visible deformities at the ends of the incisions (dog ears), loss of facial movement, poor healing, wound disruption, and loss of sensation. It may be necessary to perform additional surgery to attempt to improve your results.
- 6) **Injury**- Possible injury to the roots of lower teeth, or interruption of their blood supply. That may require root canal procedures or could result in the loss of teeth.
- 7) **Cancer**- The implant material does not, to our knowledge, increase or decrease the chances of cancer developing.

#### **V. ADDITIONAL SURGERY NECESSARY**

There are many variable conditions that may influence the long term result of facial reshaping surgery. Secondary surgery may be necessary to obtain optimal results. Should complications occur, additional surgery or other treatments may also be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with facelift surgery. Other complications and risks can occur but are even more uncommon. 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. In some situations, it may not be possible to achieve optimal results with a single surgical procedure.

#### **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.

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Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation and the need for return to surgery. It is wise to refrain from intimate physical activities after surgery until your physician states it is safe. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

#### VII. DISCLAIMER

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s), including no surgery. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances. However, informed-consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the current state of medical knowledge. Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve. **It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.**

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#### CONSENT FOR SURGERY / PROCEDURE or TREATMENT

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

- Facial Reshaping Surgery
  - Brow Reduction
  - Cheek Implants
  - Chin Implants
  - Orbital Implants
  - Genioplasty
  - Scar Revision
  - Jaw Contouring
  - Facial Fat Transfer
  - Cervical Liposuction
  - Bilateral Otoplasty
  - Lip Lift
  - Buccal Fat Removal

I have received and read the following four information documents:

- 1) Facial Reshaping: Patient Information
- 2) Facial Reshaping: Perioperative Patient Instructions
- 3) Facial Reshaping: 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 \_\_\_\_\_

Initial \_\_\_\_\_

1. I recognize that during the course of the operation, 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 acknowledge that any image manipulation reviewed with Dr. Imola and/or Dr. Kowalczyk and his staff is for surgical planning purposes and does not imply a guaranteed result.
5. I consent to the utilization of blood products should they be deemed necessary by my surgeon and/or his/her appointees, and I am aware that there are potential significant risks to my health with their utilization.
6. I realize that not having the operation is an option.
7. The following has been explained to me in a way that I understand:
  - a. The treatment or procedures to be undertaken.
  - b. There may be alternate procedures or methods of treatment.
  - c. There are risks associated with the proposed procedure.

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

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

\_\_\_\_\_

Witness

Date

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Mario Imola M.D., DDS, FRCSC  
David M. Kowalczyk, MD, MBA

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Date