

**Laurence Kirwan, MD, FRCS, FACS
Consultant Plastic Surgeon
Facelift Consent for Surgery**

INSTRUCTIONS

This is an informed-consent document that has been prepared to help your plastic surgeon inform you concerning face 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.

INTRODUCTION

Facelift or rhytidectomy is a surgical procedure 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 facelift cannot stop the process of aging. It can improve the most visible signs of aging by tightening deeper structures, re-draping the skin of face and neck, and removing selected areas of fat. A facelift can be performed alone, or in conjunction with other procedures, such as a browlift, liposuction, eyelid surgery, or nasal surgery.

Facelift surgery is individualized for each patient. The best candidates for facelift surgery have a face and neck line which has begun to sag, but whose skin has elasticity and whose bony structure is well defined.

ALTERNATIVE TREATMENT

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

RISKS of FACELIFT (Rhytidectomy) SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with facelift (rhytidectomy). 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 facelift (rhytidectomy).

Bleeding- It is possible, though unusual, that you may have problems with bleeding during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood or blood transfusion. Do not take any aspirin or anti-inflammatory medications for **3 weeks** before surgery, as this contributes to a greater risk of bleeding. Hypertension (high blood pressure) that is not under good medical control may cause bleeding during or after surgery. Accumulations of blood under the skin may delay healing and cause scarring.

Infection- Infection is unusual after this surgery. Should an infection occur, additional treatment including antibiotics or surgery may be necessary.

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.

Damage to deeper structures- Deeper structures such as blood vessels, muscles, and particularly nerves may be damaged during the course of surgery. The potential for this to occur varies with the type of facelift procedure performed. Injury to deeper structures may be temporary or permanent.

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Asymmetry- The human face is normally asymmetrical. There can be a variation from one side to the other in the results obtained from a facelift procedure.

Surgical anesthesia- Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

Nerve injury- Motor and sensory nerves may be injured during a facelift operation. Weakness or loss of facial movements may occur after facelift 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.

Chronic pain- Chronic pain is a very rare complication after a facelift.

Skin disorders/skin cancer- A facelift is a surgical procedure for the tightening of skin and deeper structures of the face. Skin disorders and skin cancer may occur independently of a facelift.

Unsatisfactory result- There is the possibility of a poor result from the facelift surgery. This would include risks such as unacceptable visible deformities, 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.

Allergic reactions- 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.

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.

Delayed healing - Wound disruption or delayed wound healing is possible. Some areas of the face may not heal normally or may 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.

Smokers have a greater risk of skin loss and wound healing complications.

Long term effects- Subsequent alterations in facial appearance may occur as the result of aging, weight loss or gain, sun exposure, or other circumstances not related to facelift surgery. Facelift surgery does not arrest the aging process or produce permanent tightening of the face and neck. Future surgery or other treatments may be necessary to maintain the results of a facelift operation.

HEALTH INSURANCE

Most health insurance companies exclude coverage for cosmetic surgical operations such as the facelift or any complications that might occur from surgery. Please carefully review your health insurance subscriber-information pamphlet.

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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 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.

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by your doctor, the cost of surgical supplies, anesthesia, laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revisionary surgery would also be your responsibility.

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). 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 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.

I hereby authorize Laurence Kirwan, MD, FRCS, FACS and such assistants as may be selected to perform the following procedure or treatment:

I have received the following information sheet: INFORMED CONSENT SURGERY (specific procedure)

2. 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.

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3. 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.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
5. I consent to the photographing or televising of 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.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices or body parts that may be removed.
8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
9. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
 - a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
 - b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
 - c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSEDSIGN AND CIRCLE A OR B

A. I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9). I HAVE BEEN ASKED IF I WANT A MORE DETAILED EXPLANATION, BUT I AM SATISFIED WITH THE EXPLANATION AND DO NOT WANT MORE INFORMATION.

I understand and agree that any dispute or litigation with respect to the treatment or procedure of the above listed items (1-9) will be heard and settled in the city in which the procedure occurred in the United Kingdom, and the law of the United Kingdom shall govern all aspects of such dispute or litigation.

B. I CONSENT TO THE TREATMENT OR PROCEDURE AND ABOVE LISTED ITEMS (1-9). I REQUESTED AND RECEIVED, IN SUBSTANTIAL DETAIL, FURTHER EXPLANATION OF THE PROCEDURE OR TREATMENT, OTHER ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT AND INFORMATION ABOUT THE MATERIAL RISKS OF THE PROCEDURE OR TREATMENT.

I understand and agree that any dispute or litigation with respect to the treatment or procedure of the above listed items (1-9) will be heard and settled in the city in which the procedure occurred in the United Kingdom, and the laws of England and Wales shall govern all aspects of such dispute or litigation.

Patient or Person Authorized to Sign for Patient

Date _____ Witness _____

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5.

NOTHING BY MOUTH AFTER MIDNIGHT / RELEASE FROM RESPONSIBILITY / PEER REVIEW

Date: _____

Time: _____

_____ (Name of patient or myself) has not had anything to eat or drink, including water, since midnight, in preparation for surgery scheduled today. (Pre-operative medications can be taken with a sip of water). I authorize Mr. Kirwan to disclose complete information concerning his medical findings and treatment of the undersigned, from the initial office visit until date of conclusion of such treatment, to those individuals who in Mr. Kirwan's sole determination, are required to receive such information for the purposes of *medical treatment, medical quality assurance and peer review*.

Patient

Parent Or Guardian If Applicable

Witness: _____

Signature: _____