



Informed Consent-Facelift

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.

GENERAL INFORMATION

Facelift, or rhytidectomy, is a surgical procedure to improve 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, but it can improve the most appearance by tightening deeper structures, re-draping the skin of face and neck, and removing selected areas of fat.

ALTERNATIVE TREATMENT

Improvement of skin laxity, skin wrinkles and fatty deposits may be attempted by other treatments or surgery such as laser resurfacing or liposuction.

RISKS OF FACELIFT SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with facelift. 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. The results of this procedure are not perfect nor totally predictable.

Specific Risks of Facelift Surgery

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 treatment to drain accumulated blood. Do not take any aspirin or anti-inflammatory medications for 14 days 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.

Damage to deeper structures: Deeper structures such as blood vessels, muscles, and nerves may be damaged during the course of surgery.

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 involves 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. Even without injury weakness of facial movements may occur after facelift surgery due to swelling. 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.

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.

Hair loss: Small areas of hair loss may occur, next to the incisions in areas of the scalp. The occurrence of this is not predictable, and it will frequently self correct.

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 (necrosis), and further surgery may be required to remove the non-healed tissue. Smokers have a greater risk of skin loss and wound healing complications, and are advised to stop smoking prior to and following surgery until all wounds are healed.

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.

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

Additional costs may occur should complications develop that require subsequent surgery.

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.

Consent for Surgery

1. I hereby authorize Dr. Frederick Thompson and such assistants as may be selected to perform the following procedure or treatment: **facelift**
2. I have received the Informed Consent for Facelift (Rhytidectomy) Surgery.
3. 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.
4. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involves risk and the possibility of complications, injury, and sometimes death.
5. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
6. I consent to the photographing of the operation or procedure to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
7. I authorize Dr. Fred Thompson to disclose complete information concerning his medical findings and treatment of the undersigned, from the initial office visit until the date of the conclusion of such treatment, to those individuals who are required to receive such information for the purpose of medical treatment, medical quality assurance and peer review.
8. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
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 proposed.**

**I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS.
I AM SATISFIED WITH THE EXPLANATION.**

Patient or Person Authorized to Sign for Patient

Date

Witness

**I CONSENT TO THE USE OF MY BEFORE AND AFTER PHOTOGRAPHS FOR THE PURPOSES OF
EDUCATING FUTURE PERSPECTIVE PATIENTS, PROVIDED MY IDENTITY IS NOT DISCLOSED.**

Patient or Person Authorized to Sign for Patient

Date