



# Informed Consent-Blepharoplasty/Canthoplasty

## **INSTRUCTIONS**

This is an informed-consent document which has been prepared to help inform you about blepharoplasty 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 Dr. Thompson.

## **GENERAL INFORMATION**

Blepharoplasty is a surgical procedure to remove excess skin, fat and muscle from both the upper and lower eyelids. Blepharoplasty can improve drooping skin and bagginess. Blepharoplasty will not remove “crow’s feet” or other wrinkles, eliminate dark circles under the eyes, or lift sagging eyebrows. Eyelid surgery cannot stop the process of aging. It can however, diminish the look of loose skin and bagginess in the eyelid region.

## **ALTERNATIVE TREATMENTS**

Alternative forms of management include not treating the skin laxness and bagginess in the eyelids by surgery. Other forms of eyelid surgery may be needed should you have disorders affecting the function of the eyelid such as drooping eyelid from 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 OF BLEPHAROPLASTY/CANTHOPLASTY SURGERY**

Every surgical procedure 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 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 blepharoplasty surgery.

### **Specific Risks of Blepharoplasty/Canthoplasty Surgery**

**Bleeding:** It is possible, though unusual, to have excess bleeding during or after surgery, and may require emergency treatment or surgery. Do not take any aspirin for fourteen days before surgery, as this may contribute to a greater risk of a bleeding problem.

**Blindness:** Blindness is extremely rare after blepharoplasty, but has been reported and is thought to be caused by internal bleeding around the eye during or after surgery.

**Infection:** Infection is very rare after surgery. Should an infection occur, additional treatment including antibiotics may be necessary.

**Scarring:** The quality and extent of scarring is not entirely predictable and abnormal scars may occur. These scars may be unattractive and of a different color than surrounding skin.

**Dry eye problems:** Increased dryness of the eyes is seen after blepharoplasty, but normally improves. Artificial tears may be necessary for 3-4 weeks following the surgery.

**Asymmetry:** The human face and eyelid region is normally asymmetrical and there can be a variation from one side to the other following a blepharoplasty surgery.

**Ectropion:** Permanent displacement of the lower eyelid away from the eyeball is a rare complication and further surgery may be required to correct this condition.

**Unsatisfactory results:** 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 browlift may be needed to correct eyebrow sagging which contributes to upper eyelid problems.

**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.

**Post-Operative Changes:** The skin of the eyelid tends to stretch over time, causing a smaller, secondary excess of skin after surgery. Decent of brows also creates more skin in the upper lids. These post-op changes do not always occur but are not infrequent. Revisions may be beneficial but this may entail additional expense.

**Long term effects:** Subsequent alterations 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 produce permanent tightening of the eyelid region. Future surgery or other treatments may be necessary to maintain the results of a blepharoplasty.

### **ADDITIONAL SURGERY NECESSARY**

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 and although good results are expected, there is no guarantee or warranty expressed or implied, on the results than may be obtained. Complications may necessitate further surgery at additional expense.

### **DISCLAIMER**

Informed consent documents should not be considered all inclusive in defining other methods of care ad risks encountered.

**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. Fred Thompson and such assistants as may be selected to perform the following procedure or treatment: **blepharoplasty/canthoplasty**
2. I have received the Informed Consent for Blepharoplasty/Canthoplasty
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 for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
7. I consent to the disposal of any tissue which may be removed.
8. 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.
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