

INFORMED-CONSENT- full FACELIFT (Rhytidectomy)

INSTRUCTIONS

This is an informed consent document that has been prepared by The Physician to inform you about rhytidectomy, the risks, and the alternative treatments. At your first visit we will educate you as completely as possible regarding the procedure. Then, we ask that you think the procedure over so that you feel comfortable with your decision. After your surgery has been scheduled, you will return to the office for a second visit called a "rediscussion". At that time, you will meet with Patient Coordinator/ or Nurse Vickie and The Physician and you will be asked to sign these consent forms.

It is important that you read this information carefully and completely. Please bring these forms with you to your rediscussion visit. At that time you will initial each page, indicating that you have read the page and sign the last page, which is the consent **for surgery** as proposed by The Physician.

GENERAL INFORMATION- Facelift is a surgery you do not need—it is surgery you want! It is totally elective. Therefore we must have a long consultation for your education. Also, realistic expectations are the key to success. An educated patient's goal and expectations will hopefully be realistic. In some operations it is easy to quantify the result—size 8 to a 6 or 34A to 34C—but in facial surgery, the result is a qualitative change—you will look better, fresher and younger—but you cannot say exactly how much better, fresher and younger!

INTRODUCTION

Facelift, or rhytidectomy, is a surgical procedure to improve visible signs of aging on the face and neck. It really should be called a cheek/jowl/neck lift, as it only addresses these areas. The eyebrows and eyelids are not changed with a facelift. As individuals age, the skin and muscles of the face region begin to lose tone or elasticity—the skin envelope is larger than the underneath structures. The lift cannot stop the process of aging, or the gradual loss of elasticity and skin tone. The clock is turned back, but it does not stop! 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. Some products and creams can improve skin elasticity and should be used in conjunction with the lift. A facelift can be performed alone, or in conjunction with other procedures, such as a brow lift, liposuction, eyelid surgery, or nasal surgery. Also, resurfacing procedures such as laser, chemical peel or dermabrasion can be added to improve the result.

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

WHY CONSIDER THIS PROCEDURE? *For yourself only.* The decision to have this procedure must be for you, not for or because of anyone else.

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 or liposuction. Risks and potential complications are associated with alternative forms of treatment.

GOAL- The objective is to make you look as good as we can for who you are. Certain limitations exist due to a person's own anatomy (skin type, bone structure, etc.).

HOW LONG WILL IT LAST? Usually 5-10 years (sometimes less/sometimes more) until present condition has recurred. Everyone wants the result to last forever, but the aging process continues, just as the grass keeps growing! You may choose to have another lift, or live with the result.

SURGICAL TECHNIQUE:

- Anesthesia: MAC or General
- Outpatient if done alone// Inpatient if done combo
- OR-at surgery center or hospital
- Incision placement, tissues lifted up, layer underneath sutured, excess skin removed
- Drains-1-4 days
- Restrictions-2weeks..return to normal-4-6weeks
- Follow up visits: Post op day 1(wed) and day 3 or 4 for drains, week 1-2-3, week 6, 6 months

TRADE OFF'S

| <u>Temporary:</u> | | |
|-------------------------------|----------------------|----------------------|
| Bruising | Tightness/relaxation | <u>Permanent:</u> |
| Discomfort (pain/sensitivity) | Lumps/Irregularities | Scars |
| Numbness | Hair loss | Numbness (rare) |
| Psychological depression | Restricted activity | Altered hair line |
| Swelling | | Change in appearance |

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 The Physician 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 require a blood transfusion. Do not take any aspirin or anti-inflammatory medications for ten 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 and lumpiness.

Infection- Infection is unusual after this surgery. Should an infection occur, additional treatment including antibiotics or surgery may be necessary. You will get antibiotics in the OR and take them by mouth afterwards

Scarring- Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and/or in the deeper tissues. Scars on the skin may be unattractive and of different color than the surrounding skin. These may be lumpy and take 6 months or longer to soften and for the color to fade. There is the possibility of visible marks from sutures. Scars in the deeper tissues are unpredictable. These may be lumpy or felt through the skin. Additional treatments may be needed to treat scarring. There is an additional charge for this.

Damage to deeper structures- Rarely, 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.

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

Risks of Rhytidectomy (facelift) surgery, continued

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. 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 and neck. 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. Hair loss or thinning in the temple area or behind the ears, adjacent to the scars, can also occur.

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, wound healing complications, and have a separate consent to sign.

Pigment Changes- It is possible for your skin to have either a lighter or darker pigmentation after surgery. This is unpredictable and may require additional treatment with topical creams.

Redness of Skin- It is possible for the skin to appear slightly red for a period of time following surgery. This is unpredictable, but more common with very thin skin. This may require additional treatment with a topical cream.

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 neck lift 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 neck lift operation. Most patient's report that it lasts for 5 – 10 years. There is an additional charge for subsequent surgery.

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.

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 risk is similar to the risk you take every day when you drive your car.

No Guarantee- 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 The Physician, anesthesia, and outpatient hospital charges. 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.

EXTRA PAPERWORK FEES – We understand that extra documentation might be required by your employer for your surgery. As this is not considered usual and customary paperwork, there will be an additional fee of \$25 for this service.

Budget- You must have a budget for time and money. Please do not cut it too close with either one. The time factor is unknown but it is always wiser to have more than enough time, than not enough. The same is true for the cost. The same is true for the cost. It is our office policy to discourage financing for cosmetic surgery. It is unwise to finance a cosmetic procedure, as increasing your debt load, except for income-producing assets, is unwise. Also, if revision is needed, to pay for it, you may be further in debt.

Revision Policy- On occasion surgical revision may be indicated for Emergency Reasons (Bleeding, Infection) following the original surgery. If planned or performed within one (1) year after the surgery, there will be no charge by The Physician, but a facility fee will be charged by the hospital for the use of the operating room or treatment room. A nominal fee for supplies will be charged if the revision is performed in the office. If anesthesia is required, they will have a fee as well.

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. The Physician 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 on the next page.

A FINAL NOTE: This form, although lengthy, is very important. It is crucial for you to understand that you are undergoing a surgical procedure – not buying a car or a dress. When you do not like the dress, you can get all or most of your money back and keep shopping. That is not the case with surgery. If you are not comfortable with any aspect of this office, you are free to choose another surgeon. If you choose The Physician, you will be operated on by The Physician. This is a decision that requires trust and confidence- in each other. You must fully understand your personal responsibility in making the decision and trust that The Physician will do the best surgery possible. The Physician will trust that you, in turn, will be compliant with our post op recommendations. When complications occur, and they inevitably do, through no fault of The Physician, or you, we rely on this sacred relationship. The doctor/patient relationship. It is this relationship that allows us to move forward, help improve the situation that has occurred, and allows everyone to be at peace about it. We will do our part to help you in every way possible.

By signing these forms, you acknowledge that we have done the following:

1. Explained the procedure in as much detail as requested for each patient.
2. Read through together, with verbal explanations as needed, the consent forms and allowed ample time for questions.
3. Showed pictures of the range of results obtained- emphasizing that these pictures are of different individuals and the result of every person is different- including the complications of bleeding, infection, scarring and asymmetry.
4. Provided education on the post- op period as well as what to expect for the future.

CONSENT FOR SURGERY/ PROCEDURE or TREATMENT

1. I hereby authorize The Physician and such assistants as may be selected to perform the following procedure or treatment:

Facelift / Rhytidectomy

I have received the following information sheet:

INFORMED-CONSENT for FACELIFT (RHYTIDECTOMY) SURGERY

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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 Physician and assistants or designees to perform such other procedures that are in the exercise 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.
 3. 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.
 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 by the pictures.
 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 which 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 PROPOSED
 10. I, _____, have reviewed this Informed Consent with The Physician and _____ have had all my questions answered to my satisfaction.

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-10).
I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Date _____ Witness _____

