



CONSENT FOR FACELIFT SURGERY (RHYTIDECTOMY)

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Patient's Name	Chart #	Date
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I have been informed that I have the following condition(s): _____

The procedure(s) to treat my condition(s) has/have been described as: _____

Please initial each paragraph after reading. If you have any questions, please ask your doctor before initialing.

- ____ 1. A facelift is an aesthetic surgery to attempt to minimize or reduce evidence of aging, such as wrinkles and sagging of the skin of the face and neck. Although in general a facelift will provide a person with a more youthful appearance, it is impossible to predict the exact result of surgery, “for instance looking 10 years younger.” The degree of improvement is a subjective opinion and will be partly determined by age, heredity, bone structure and various individual characteristics of the skin as well as personal habits such as smoking, alcohol intake and nutrition.

- ____ 2. I have been completely candid and honest with Dr. Niamtu regarding my motivation for undergoing facelift surgery, and realize that a new appearance does not guarantee an improved life.

- ____ 3. Facelift and eyelid surgery will not remove small wrinkles around the eyes and lips or remove any discoloration or skin blotches.

- ____ 4. If I use tobacco, I understand that this could complicate surgery, anesthesia, and healing.

- ____ 5. I have been advised and understand that this is not a minor surgical procedure.

- ____ 6. I have been advised and understand that facelift surgery will not cease the aging process. Future and additional facelift surgeries may be necessary, depending upon aesthetic and cosmetic considerations. Surgical results may not match expectations and anticipations.

Surgical Considerations

- ____ 1. Facelift surgery is usually performed first on one side of the face and then the other. Incision placement is determined by the surgeon's judgment before and at the time of surgery. In many cases, incisions are started inside the hairline at the temples, continued down in a natural skin line around the ear lobe, and extend into the back of the scalp or nape of the neck. Occasionally, an

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incision may extend inside the front of the ear. A small incision is frequently necessary under the chin to provide for the removal of excess neck skin, removal of fat and treatment of sagging neck muscles.

- ___2. After initial incisions, skin is separated from underlying fat and muscle; skin is gently stretched upwards and backwards and excess skin is removed. In some cases, fat deposits beneath the chin and in the neck may be removed and deeper layers of neck tissues may also be corrected.
- ___3. Every reasonable attempt will be made to place incisions along natural skin lines and creases. In many cases, incision will result in some scarring, which usually fade and become less visible as healing occurs. Scars are most noticeable behind the ears; however, they can generally be covered by the hair. In some patients scarring may be noticeable and permanent and a second procedure (scar revision) may be indicated.

Post-Operative Considerations

- ___1. At the conclusion of surgery, a dressing is applied to the face and neck. The dressing will be left in place for twenty four(24) hours.
- ___2. Post-operative discomfort is typical and can be controlled with medications.
- ___3. Swelling and bruising of the face is common and may last for two or three weeks. Keeping the head elevated for several days after surgery will help reduce such complications. Swelling may not completely resolve for up to six months, but the duration and intensity varies with each individual. Patients often report a feeling of tightness, which is described as being uncomfortable. Healing is a gradual process and the final result may not be realized for six to twelve months.
- ___4. As a result of surgery and repositioning of the facial skin, some numbness can be expected. Such numbness is usually temporary, lasting from six to twelve months. In some cases, there can be residual areas of permanent numbness.
- ___5. Post-operatively I understand I must avoid excessive exercise such as aerobics, heavy lifting, or other strenuous activities.
- ___6. Revision surgery, although rare, is a possibility with any cosmetic procedure. Post operative touch ups are usually minor and most often performed with local anesthesia. A surgical fee will be charged commensurate with the extent of the revision.

Risks and Complications

- ___1. Delayed healing. In rare cases, necrosis (death of the skin) can occur. This complication may require additional treatment and surgery.
- ___2. Infection and localized collections of blood are not uncommon. Minor blood clots will be drained locally, major hematomas may require deeper surgical drainage. In rare cases, infection may require additional treatment or hospitalization.

- ___3. Poor healing may result in excessive and permanent scarring which may require a second operation of scar revision.
- ___4. Blood loss is usually minimal; however, in rare cases, a transfusion may be necessary. I understand my rights regarding donation of my own blood before surgery so it may be transfused back to me if necessary.
- ___5. Nerve damage: the surgery will involve areas of certain cranial or facial nerves. Damage to sensory nerves may cause numbness, usually temporary. However, in rare cases, such numbness of the skin may be permanent. Additionally, there is a risk of damage to nerves that affect motor function. For example, there may be an inability to raise the eyebrows. Decreased function of motor nerves may also be permanent in nature.
- ___6. There may be localized hair loss that may require further treatment.
- ___7. Simultaneous laser resurfacing and facelift has been shown to be safe when combined together. Using laser over the facelift flap can cause healing problems and tissue loss that could result in scarring and need further reconstructive treatment. I understand that although facelift and laser can improve the level of rejuvenation, there are some risks when combining these two procedures and I have discussed these with my surgeon.

No Guarantee of Treatment Results

- ___1. No guarantee or assurance has been given to me that the proposed treatment will curative and/or successful to my complete satisfaction. Due to individual patient differences, there is a risk of failure or relapse, my condition may worsen, and selective re-treatment may be required in spite of the care provided.
- ___2. I have had an opportunity to discuss my past medical and social history, including drug and alcohol use, with my doctor and I have fully informed him of all aspects of my health history, recognizing that withholding information may jeopardize the planned goals of surgery.
- ___3. I agree to cooperate fully with my doctor's recommendations while under treatment, realizing that any lack of cooperation can result in a less-than-optimal result, or may be life-threatening.
- ___4. If any unforeseen condition should arise during surgery that may call for additional or different procedures from those planned, I authorize my doctor to use surgical judgment to provide the appropriate care.

Female Patients

- ___1. I have informed my doctor about my use of birth control pills. I have been advised that certain antibiotics and other medications may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy. I agree to consult with my physician to initiate additional forms of birth control during the period of my treatment, and to continue those methods until advised by my physician that I can return to the use of birth control pills.

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Consent

I certify that I have had an opportunity to fully read this consent, and that all blanks were filled in before my signing. I also certify that I read, speak and write English. My signature below indicates my understanding of my proposed treatment and I hereby give my willing consent to the surgery.

Patient's (or Legal Guardian's) Signature

Date

Witness' Signature

Date

Doctor's Signature

Date