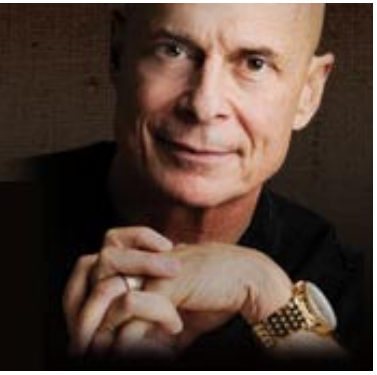


Joe Niamtu, III, D.M.D.
COSMETIC FACIAL SURGERY

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CONSENT FOR BLEPHAROPLASTY

Page 1 of 4

Patient Name

Chart Number

Date

I have been informed that I have the following conditions:

The procedure(s) to treat those conditions has/have been described as:

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

- _____ 1. Eyelid surgery (blepharoplasty) is the procedure used to remove excessive folds of eyelid skin, pouches under the eyelids and, in some instances, is accompanied by an additional procedure to correct sagging brows. After consultation regarding my particular needs, my doctor has informed me of the extent of my proposed surgery. I understand that the procedure involves incisions in the upper and/or lower eyelid at locations based upon my doctor's surgical judgment.
- _____ 2. Eyelid surgery can be performed under local anesthesia (numbing of the area), often in conjunction with pre-operative sedation, intravenous sedation or general anesthesia to help relieve anxiety.
- _____ 3. I have been advised and I understand that there is no guarantee that eyelid surgery will improve my appearance or correct any pre-existing condition.
- _____ 4. I have been completely candid and honest with my surgeon regarding my motivation for undergoing eyelid surgery, and realize that a new appearance to my eyes does not guarantee an improved life.
- _____ 5. If I use tobacco, I understand that this could complicate surgery, anesthesia, and healing.

Surgical Considerations

- _____ 1. Incisions will be made in the upper and/or lower eyelids that will follow natural lines and creases, and usually extend into the fine wrinkles (crow's feet) at the outer edge of the eye. Underlying compartments of fat are then removed and, in some cases, excess skin and muscle tissue will also be removed.

Post-Operative Considerations

- _____ 1. Some post-operative discomfort should be expected, which can be modified somewhat by the application of cold dressings. Any discomfort is usually controlled with medications that will be prescribed. It is important to keep your head elevated for several days to help reduce swelling and bruising.
- _____ 2. A certain amount of bruising and swelling can be expected for several days after surgery. Dryness of the eyes and blurred vision may persist for a few months. Eyelid surgery may improve, but not eliminate, fine wrinkling of the outer edges of the eyes (crow's feet). You should avoid strenuous activity such as exercise, heavy housework, bending or lifting, etc. for several weeks. It is often advisable to wear dark glasses for a few weeks after surgery to protect the eyes from sun and wind irritation.
- _____ 3. The incisions will be closed with small sutures. Usually the scar lines are small and eventually are almost unnoticed. However, scarring is unpredictable and in certain individuals the incision lines may require a second procedure to attempt to reduce scarring.
- _____ 4. I have been advised and I acknowledge that there is no guarantee that the procedure will improve my appearance. Patients react differently depending upon age, health and skin elasticity, and some individuals may require additional procedures to remove or tighten excess skin. Furthermore, some individual's skin may tend to wrinkle more than others. Aging will continue and there may be a future need for this same surgery.
- _____ 5. 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

It has been explained to me that there are certain inherent and potential risks in any surgical treatment and that in this specific instance such operative risks include, but are not limited to:

- _____ 1. Corneal abrasion or other eye injury.
- _____ 2. Excessive bleeding, particularly in patients with high blood pressure.
- _____ 3. Difficulty in closing the eyelids post-operatively due to swelling.
- _____ 4. Residual dryness of the eyes.
- _____ 5. Infection that may require antibiotic therapy and, in rare cases, hospitalization.
- _____ 6. Due to individual patient differences, there may be asymmetry of the eyelids (eyes not appearing equal in size).
- _____ 7. Some numbness of the skin of the eyelid may occur. Usually it is temporary, but may

rarely be permanent.

- _____ 8. In some cases, the lower eyelids may need taping for support during healing. Some patients may require a second procedure to correct residual sagging of the lower lids.
- _____ 9. In some cases, the lower eyelid may appear to turn outward. Such a response to surgery is predictable and a second corrective procedure may be required.
- _____ 10. Bleeding may occur behind the eye that can lead to permanent blindness if not corrected within a short time. If required, such surgery is done in the hospital. **I have been told that I MUST notify my doctor immediately if undue pain or swelling develops around my eyes, or if I have any change in vision.**

No Guarantee of Treatment Results

- _____ 1. No guarantee or assurance has been given to me that the proposed treatment will be curative and/or successful to my complete satisfaction. I understand it's impossible to predict someone's result, "for instance looking 10 years younger". Due to individual patient differences, there is a risk of failure or relapse, selective retreatment may be necessary, or my condition may worsen in spite of the care provided.
- _____ 2. I have had an opportunity to discuss with my doctor my past medical and social history, including any serious health problems, drug, alcohol and tobacco use, and have provided full details. I recognize that the withholding of information may jeopardize the surgical result.
- _____ 3. I agree to cooperate fully with my doctor's recommendations while I am being treated, realizing that lack of cooperation can result in a less-than-optimal result, or may be life threatening.
- _____ 4. If any unforeseen condition should arise in the performance of the operation that calls for my doctor's professional judgment to perform different or additional surgery from what is described above, I authorize my doctor to provide appropriate care.

Information for Female Patients

- _____ 1. I have advised Dr. Niamtu as to whether or not I am currently utilizing birth control pills. I have been advised and informed that certain antibiotics and some pain medications may neutralize the therapeutic effect of birth control pills, allowing for conception and resulting in pregnancy. I agree to consult with my family physician to initiate additional forms of mechanical birth control during the period of my treatment with Dr. Niamtu until I am advised that I can return to the exclusive use of birth control pills by my physician.

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