



CONSENT FOR MINIMALLY INVASIVE FACELIFT

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Patient Name _____ Chart # _____ Date: _____

I hereby give my consent to Dr. Niamtu to perform the following procedure: _____

as previously and herein explained to me, or other procedures deemed necessary or advisable as necessary to complete the planned procedure.

I have been informed that I have the following conditions: _____

PLEASE INITIAL EACH PARAGRAPH AFTER READING. IF YOU HAVE ANY QUESTIONS, PLEASE ASK YOUR DOCTOR BEFORE INITIALING.

FACELIFT SURGERY

I hereby acknowledge that the following have been explained to me and I have had an opportunity to ask questions:

- _____ 1. The minimally invasive facelift is a technique to remove excess skin of the face and neck.
- _____ 2. I understand the purpose of the procedure and that surgery may be used to treat and possibly correct the appearance in the above-described areas.
- _____ 3. I understand and agree that I have been completely candid and honest with my surgeon regarding my motivation for undergoing a weekend facelift. A new face and neck do not guarantee an improved life. Smoking is a contraindication of the procedure. Patients who are active smokers must cease at least one year prior to surgery. Failure to follow this instruction can have dramatic effects on the success of the surgery.

SURGICAL CONSIDERATIONS

- _____ 1. The technique of the minimally invasive facelift surgery has been explained to me. I have been told that the minimally invasive facelift surgery may be performed under local anesthesia with sedation or may be performed with the use of a general anesthetic. The procedure involves an incision beginning above the ear, extending down along the front of the ear, around to the back of the ear, and then into the hairline. The skin is elevated off of the face, pulled up and backwards, then sutured into its new position. Liposuction is completed if necessary.
- _____ 2. The incisions will be closed with small sutures and staples. I have been advised that in some cases scarring may be unpredictable and a second procedure may be required to reduce scarring. Generally, the scarring is acceptable.
- _____ 3. Following the surgery, a snug dressing will be applied to the facial region to help shape the underlying tissue. This pressure type bandage will be worn at all times for one to two days under the guidance of

your doctor. Some bruising (black and blue discoloration of the skin) and swelling may persist for several weeks after the surgery. Some postoperative pain can be expected and medication will be prescribed to provide some relief.

SURGICAL CONSIDERATIONS Continued...

- _____ 4. I have been advised and acknowledge that there is no guarantee that the procedure will improve my appearance. Patients react differently depending upon age and health.
- _____ 5. A patient who has smoked within the last year is a candidate for a “smokers” minimally invasive facelift only. Dr. Niamtu will discuss this more conservative facelift with you.
- _____ 6. The minimally invasive facelift is also called the 48-hour facelift. While most patients can return to work or social activities in that time, some patients may require longer. Sutures and staples may be visible for up to two weeks.
- _____ 7. The minimally invasive facelift is not a full facelift or even a mini facelift (full and mini facelifts include elevation and suturing of muscle and deep tissue). Only the skin is elevated in a minimally invasive facelift. Muscle and underlying structures are not sutured or elevated. It is our most conservative facelift. The cosmetic benefit and result will be reduced, depending on the extent of aging of each individual patient. The cosmetic benefit is mostly reduced on the perioral region, jowls, nasolabial folds, corners of the mouth, and under the chin and jaw. The minimally invasive facelift is most effective on younger patients, for patients who wish to make a previous facelift last longer, or for patients who want a conservative procedure with minimal healing time but understand that the minimally invasive facelift is less effective than a mini or full facelift.
- _____ 8. Fat may be harvested from the abdomen (lower stomach) and a small amount placed in the facial region. This will increase bruising and healing time. There is an additional charge for this aggressive fat augmentation of the lips.
- _____ 9. All face, brows, eyes, nose, cheeks, ears, and bodies are asymmetric prior to surgery and there will be asymmetry after surgery.
- _____ 10. Some patients experience postoperative depression after any type of surgery. Please notify the doctor if symptoms of depression occur.
- _____ 11. The nasolabial folds (grooves from nose to corner of mouth) and the grooves and lines at the corner of the mouth will not be eliminated by a minimally invasive facelift. They will be softened. The amount of smoothing depends on the facelift you chose (i.e., the minimally invasive facelift is the most conservative), the structure and form of your face, and the quality of your skin.
- _____ 12. No procedure ever achieves the perfection of elimination of all lines and aging signs. Surgery is intended to improve your appearance.
- _____ 13. MEN: Male facelifts are usually not as dramatic as female facelifts. Male skin and underlying structures are not as responsive to surgery. In addition, men have less hair to hide incisions and surgery usually has to be more conservative to camouflage scarring.

RISKS AND COMPLICATIONS

Dr. Niamtu and his staff have explained that there are certain inherent and potential risks in any treatment plan or procedure and that in this specific instance such operative risks include, but are not limited to:

- _____ 1. The possibility of facial nerve (control muscles of facial expression) or sensory nerve damage in the head and neck regions. You may experience an increased sensation, decreased sensation or altered sensation including pain in the area of surgery, which is usually temporary but in rare instances can be permanent.
- _____ 2. The possibility of a postoperative hematoma or blood collection, which would be corrected by your doctor.
- _____ 3. I have been informed that the procedure involves the risk of numbness of the skin overlying the areas where surgery is done. In most cases, this condition is temporary, however, in rare circumstances, numbness may be permanent.
- _____ 4. Any surgery involves the risk of infection requiring antibiotic treatment. Most cases resolve without complications. However, in rare situations, treatment of serious infection may require hospitalization.
- _____ 5. There is a possibility of localized collections of blood in areas of fat removal and tissue removal. Secondary procedures to remove the blood may be required.
- _____ 6. It is possible that the tightened skin can be lost in specific areas. While this is unlikely, it is a possibility.
- _____ 7. There is the possibility of unevenness of the skin or tissue beneath the skin. This is usually temporary, but in rare circumstances can be permanent.
- _____ 8. Repeat or secondary, i.e., not the first, facelifts are more prone to postoperative complications such as hair loss, numbness, etc.
- _____ 9. The combination of a facelift and full face laser resurfacing can lead to increased risks as listed. A conservative facelift will reduce the risks.
- _____ 10. Possible allergy to sutures or surgical supplies.
- _____ 11. Incisions are an unavoidable component of a facelift. An effort is made to hide all incision, but in rare circumstances an incision may need surgical revision postoperatively.
- _____ 12. Loss of hair. This is usually temporary, but in rare circumstances can be permanent.
- _____ 13. 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.

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. Due to individual patient differences, there may exist a risk of failure and my condition may worsen. Selective treatment may be necessary, despite the care provided.
- _____ 2. I have had an opportunity to discuss with Dr. Niamtu my past medical and health history including any serious problems and/or injuries, and have fully informed him of the same.
- _____ 3. I agree to cooperate fully with the recommendations of Dr. Niamtu while I am under his care, realizing that my lack of the same can result in a less than optimal result and/or may be life threatening.

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.

I CERTIFY THAT I HAVE HAD AN OPPORTUNITY TO FULLY READ AND UNDERSTAND THE TERMS AND WORDS WITHIN THE ABOVE CONSENT TO THE OPERATION AND THE EXPLANATION REFERRED TO ME OR MADE, AND ALL BLANKS OR STATEMENTS REQUIRING INSERTION OR COMPLETION WERE FILLED IN AND IN APPLICABLE PARAGRAPHS, IF ANY, WERE STRICKEN OUT BEFORE I SIGNED. I ALSO STATE THAT I SPEAK, READ, AND WRITE ENGLISH.

Patient's (or Legal Guardian's) signature Date

Witness' signature Date

Doctor's signature Date