

INFORMED CONENT – BROWLIFT SURGERY

Patient: _____

Date: _____

INSTRUCTIONS

This is an informed consent document that has been prepared to help inform you of browlift surgery, its risks, as well as 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 your plastic surgeon.

INTRODUCTION

The forehead and eyebrow region often show noticeable signs of aging. Looseness in these structures may cause drooping eyebrows, eyelid hooding, forehead furrows, and frown lines. In browlift surgery, the structures responsible for these problems are tightened or altered to smooth the forehead, raise the upper eyebrows, and improve frown lines. A browlift may be performed alone, or in conjunction with other procedures, such as a facelift, or eyelid surgery.

Recent advances in browlift surgery make it possible to perform the procedure through a variety of approaches, including endoscopy. Browlift surgery is individualized for each patient. The surgical incisions used may vary with the technique selected by your surgeon to meet your needs. The browlift cannot stop the process of aging.

ALTERNATIVE TREATMENTS

Alternative forms of treatment consist of not treating the laxness in the forehead and upper eyebrow region by browlift surgery. Improvement of skin looseness and skin wrinkles may be accomplished by other treatments or surgery. Risks and potential complications are associated with alternative forms of treatment or surgery.

RISKS OF BROWLIFT SURGERY

Every surgical procedure involves a certain amount of risk, and it is important that you understand the risks involved the browlift surgery. 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 all possible consequences of browlift.

Bleeding: It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood (hematoma). Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may increase the risk of bleeding. Accumulations of blood under the skin may delay healing and cause scarring.

Risks of Browlift Surgery, Continued

Infection: Infection is unusual after this type of surgery. Should an infection occur, treatment including antibiotics or additional surgery may be necessary.

Change in skin sensation: Diminished (or loss) of skin sensation in the face and scalp area may not totally resolve after browlift surgery. Chronic itching sensations can occur within the scalp and brow following a brow lift.

Skin Contour irregularities: Contour irregularities, depressions, and wrinkling of skin may occur after browlift.

Skin scarring: Excessive scarring is uncommon. In rare cases, abnormal scars may result. Scars may be unattractive and of different color than surrounding skin. There is the possibility of visible marks from suture, staples, or hardware used during a browlift. Additional treatments including surgery may be necessary to treat abnormal scarring.

Change in surgical approach for browlift: In some situations, depending on factors discovered only at the time of surgery, your surgeon may have to make changes in surgical technique and approach to the browlift procedure. This may require changing from an endoscopic (closed) procedure to a standard (open) browlift.

Surgical anesthesia: Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

Nerve Injury: There is the potential for injury to both motor and sensory nerves during a browlift procedure. Weakness or loss in movements of the forehead or upper eyebrow may occur after surgery. Most individuals will notice a return of motor function; permanent weakness is rare. Injury may also occur in the sensory nerves of the forehead, scalp, and temple regions. Diminished numbness or painful nerve scarring is rare.

Damage to deeper structures: Deeper structures such as the eye, nerves, blood vessels, skull bone, and muscles may be damaged during the course of surgery. The potential for this to occur varies with the type of browlift surgical procedure performed.

Asymmetry: The human face is normally asymmetrical. There can be a variation from one side to the other in the results obtained from a browlift procedure.

Delayed Healing: Wound disruption or delayed wound healing is possible. Some areas of the brow and scalp may heal abnormally and slowly. Some areas of skin may die, requiring frequent dressing changes or further surgery to remove the non-healed tissue. **Smokers have a greater risk of skin loss and wound healing complications.**

Seroma: Fluid accumulations infrequently occur beneath the skin. Should this problem occur, it may require additional procedures for drainage of fluid.

Risks of Browlift Surgery, continued

Long term effects: Subsequent alterations in forehead and upper eyebrow appearance may occur as the result of aging, weight loss or gain, sun exposure, or other circumstances not related to browlift surgery. Browlift surgery does not arrest the aging process or produce permanent tightening of the forehead. Additional surgery or other treatments may be necessary to maintain the results of a browlift procedure.

Eye irritation: Irritation or dryness in the eyes may occur after a browlift or when the patient has eyelid surgery performed at the same time.

Pain: Very infrequently, chronic pain may occur after browlift.

Hair loss: Hair loss may occur within the scalp or surgical incisions. The occurrence of this is not predictable. Hair loss may resolve slowly or in rare cases be permanent.

Hardware and deeper sutures: Some surgical techniques use small screws or permanent deep sutures to help suspend brow structures. In very unusual circumstances, a screw could penetrate through the skull. Intracranial injury is rare, but possible. If this occurs, additional treatment may be necessary. It may be necessary to remove hardware or deeper sutures at a later time.

Eyelid disorders: Disorders that involve abnormal position of the upper eyelids (eyelid ptosis), loose eyelid skin, or abnormal laxness of the lower eyelid (ectropion) can coexist with sagging forehead and eyebrow structures. Browlift surgery will not correct these disorders. Additional surgical procedures may be necessary.

Unsatisfactory result: You may be disappointed with the results of the surgery. Infrequently, it is necessary to perform additional surgery to improve your results.

ADDITIONAL SURGERY NECESSARY

There are many variable conditions which influence the long-term result of browlift surgery. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with these procedures. 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. Although good results are expected, there is no guarantee or warranty expressed or implied on the results that may be obtained.

HEALTH INSURANCE

Most health insurance companies exclude coverage for cosmetic surgical operations such as browlift or any complications that might occur from surgery. Please carefully review your health insurance subscriber-information pamphlet

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by your surgeon, the cost of surgical supplies, anesthesia, laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. 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.

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), including no surgery. 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. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your 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 based on 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.

CONSENT FOR SURGERY/PROCEDURE or TREATMENT

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

I have received the following information sheet:

INFORMED CONSENT for BROWLIFT SURGERY

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 above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgement 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 involve 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 educations, 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

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9). I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Date _____ Witness _____

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Patient Initials:

POST-OP INSTRUCTIONS BROWLIFT

ACTIVITY

1. The first week you will need to rest frequently. You may walk around the house as tolerated.
2. For at least the first week post-op, sleep on your back with your head slightly elevated for comfort and decreased swelling.
3. Every 2-3 hours, take deep breaths to expand your lungs. You may not be able to breathe through your nose.
4. Avoid picking up anything greater than 1-2 pounds or bending over the first week. The doctor will tell you when you can lift anything heavier.
5. Do not exercise until told to do so.
6. You may not drive a car the first week or while you are taking your pain medicine. After that, it will depend on your ability to handle a car without causing any discomfort. You should continue to always wear your seat belt.
7. Do not smoke or be around smoke at least the first 2 weeks. This could interfere with healing.
8. Do not make any excessive facial movements the first week.
9. Do not use a blow dryer or curling or flat iron until you are told you can do so. Be careful because of the numbness.
10. Do not color or perm your hair until you have spoken to the doctor, approximately 4 weeks.
11. Your eyes may be swollen and bruised also. This is temporary.

DIET

1. Eat light for the first 24 hours, clear liquids advancing to regular diet as tolerated.
2. If you have persistent nausea stick to a bland diet until it subsides.
3. The pain medicine may be constipating. Drink plenty of fluids. You may take an over-the-counter laxative.

DRESSINGS

1. You will have dressings around your forehead and under your chin. It will be removed in 24-72 hours. Your doctor will tell you when to come in and have them removed.
2. Do not shower until the dressings are removed.
3. The doctor will tell you when you may shampoo your hair. Be careful because there will be staples in your scalp.
4. The surgical site and surrounding area will be numb initially.
5. You may or may not have drains
 - a. If you have drains, you will have to empty them regularly and keep a record of the amount. Make sure you separate the amount of drainage right or left.
 - b. To read the drainage amount, open the lid of the bulb and empty it into the container provided. The numbers on the side are in CC's Write the date, time, and amount for each drain. Keep a 24-hour record of the drainage.
 - c. The drainage will be red and can be poured down the toilet. Do not save the drainage.
 - d. To close the drain, squeeze the bulb tight until your fingers touch, and then close the lid. This will create suction.

- e. DO NOT RINSE OUT THE DRAINAGE TUBE OR BULB. It is a sterile system.

MEDICATION

1. The antibiotic should be taken until it is completed as prescribed.
2. The pain medicine is a narcotic and should be taken as prescribed. Do not take any Tylenol while taking the pain medicine. The medication we prescribe already has Tylenol in it.
3. Do not drink alcohol or drive while you are taking the pain medication.
4. The pain medicine can cause nausea and should be taken with food at each dose.
5. You may resume your regular medication after your surgery except for Ibuprofen and Vitamin E (wait at least 5-day post-op).
6. If you are on aspirin or coumadin check with your doctor as to when you can resume them.

CALL THE OFFICE (785-301-2250) IF YOU HAVE:

1. A temperature greater than 101 degrees
2. Any excessive bleeding through the dressings
3. Persistent vomiting. Please leave a pharmacy number so a script can be called in.
4. Any questions you may have about your care
5. **IF YOU HAVE A LIFE-THREATENING EMERGENCY CALL 911 AND GO TO THE CLOSEST HOSPITAL.**