

INFORMED CONSENT – FACELIFT SURGERY (RHYTIDECTOMY)

Patient:

Date:

INSTRUCTIONS

This is an informed-consent document that has been prepared to help your plastic surgeon inform you concerning face lift surgery, its risks, and alternative treatments.

INTRODUCTION

Facelift, or rhytidectomy, is a surgical procedure to improve visible signs of aging on the face and neck. As individuals age, the skin and muscles of the face region begin to lose tone. The facelift cannot stop the process of aging. 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. A facelift can be performed alone, or in conjunction with other procedures, such as browlift, liposuction, eyelid surgery, or nasal surgery.

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.

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.

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 the patients do not experience the following complications, you should discuss each of them with your plastic surgeon 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.

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

Risks of Facelift Surgery (Rhytidectomy), continued

Scarring: Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different color than the surrounding skin. There is the possibility of visible marks from sutures. Additional treatments may be needed to treat scarring.

Damage to deeper structures: Deeper structures such as blood vessels, muscles, and particular 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 is normally asymmetrical. There can be a variation from one side to the other in the results obtained from a facelift procedure.

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: 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. Skin disorders and skin cancer may occur independently after 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.

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 and wound healing complications.

Risks of Facelift Surgery (Rhytidectomy), continued

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 facelift 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 facelift operation.

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 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 your doctor, 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). The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, an informed consent document 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 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 FACELIFT SURGERY (RHYTIDECTOMY)

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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INITIALS:

POST-OP INSTRUCTIONS FACELIFT

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.

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 wrapped around your head and under your chin. It will be removed in 24-72 hours. Dr. Potter will tell you when you are to come in and have it removed.
2. You may have 1-2 drains. They may stay in 1-3 days.
3. The drain care is as follows:
 - a. The amount of drainage needs to be recorded. You will need to keep that separate.
 - b. They will need to be emptied every 4-5 hours, more often as necessary.
 - c. To read the amount of drainage, open the bulb and look at the side of it. The numbers on the side are in CC's. Write the date, time, and amount down, keeping a 24-hour total.
 - d. The drainage will be red and that may eventually turn yellow. Dump the drainage down the toilet and do not save it.
 - e. Compress the bulb together until your two fingers touch. Then, re-cap the bulb to create the suction needed.
 - f. This is a sterile closed drainage system. DO NOT RINSE OUT THE TUBING OR BULB WITH ANYTHING.

- g. The tubing may need to be stripped. This should be done as needed to keep the tube unclogged.
 - i. Hold the tube at the insertion site securely with 2 fingers of one hand.
 - ii. Take your two fingers from the other hand and squeeze the tube gently together while pulling down the tube toward the bulb. **MAKE SURE YOU DO NOT PULL VIGOROUSLY AND PULL OUT THE TUBE.**

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.**