

## BROW LIFT AND BLEPHAROPLASTY CONSENT



I voluntarily request Dr. Bourget as my surgeon, and such associates, technical assistants and other health care providers as they may deem necessary, to treat my condition which has been explained to me as:

### ***BROW PTOSIS AND DERMATOCLASIA OF THE EYE LIDS***

I understand that the following surgical, medical, and /or diagnostic procedures are planned for me and I voluntarily consent and authorize these procedures:

#### ***ENDOSCOPIC/ OPEN BROW LIFT WITH UPPER/LOWER BLEPHAROPLASTY (utilizing laser)***

##### **Section A: Acknowledgment**

An Endoscopic/Open Brow Lift is an aesthetic surgery to improve or reduce evidence of aging, such as wrinkles and sagging of the skin on the forehead and in some cases the upper eyelids. Although generally an Endoscopic/Open Brow lift will provide a person with a more youthful appearance, it is impossible to precisely predict the exact result.

The degree of improvement will be determined by age, heredity, bone structure and various individual characteristics of the skin and personal habits such as alcohol intake, nutrition and smoking.

When removal of pouches around the eyes is desired, eyelid surgery (Blepharoplasty) may be done in conjunction with the Brow lift or a separate procedure.

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.
2. I understand that the procedure involves incisions in the upper and/or lower eyelid at locations based upon my doctor's surgical judgment.
3. I have been advised and I understand that there is no guarantee that 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 Brow lift and or 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 I must cease all such use at least two weeks prior to surgery. Failure to do so may have serious negative effects on the success of my surgery such as improper healing of my scars, infection, even necrosis of tissues. I am aware my surgery will take place at Scotia Surgery Inc., an accredited facility located in Dartmouth.

##### **Section B: Surgical Considerations**

- A. 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.

- B. Brow lifts can be performed in different ways. Some surgeons prefer using an endoscope (a thin tube with a camera on the end) and special instruments placed through small incisions made within the hairline. This allows the tissue and muscle beneath the skin to be adjusted, correcting the source of visible creases and furrows in the forehead.
- C. Some surgeons prefer to perform a browlift through what is called a "coronal incision" The coronal incision is created from ear to ear across the top of the head within the hair-bearing skin

**Endoscopic incision**

**Coronal Incision**



- D. Some surgeons prefer to perform a browlift through what is called a "coronal incision" The coronal incision is created from ear to ear across the top of the head within the hair-bearing skin. The forehead skin is then lifted, and any muscle adjustment can be made under direct visualization. The resulting scar from a coronal brow lift is well concealed within the hair.
- E. For women with very high foreheads, an incision just at the anterior hairline may be recommended. In this way the brow can be lifted without altering the height of the front hairline. The resulting scar, while somewhat more visible, can often be hidden with bangs.
- F. I have had an opportunity to discuss with my doctor my past medical and social history, including any serious health problems, drug, alcohol, tobacco use, or any ASA type medication taken also, including birth control pill. I have provided full details and recognize that withholding of any information may jeopardize the surgical results
- G. Brow Lift and Eyelid surgery will not remove the small wrinkles around the eyes, remove discoloration around the eyes or remove skin blotches.
- H. Failure to follow these instructions can have dramatic effects on the success of the surgery. Additionally, I have been advised and understand that Brow lift alone or in conjunction with Blepharoplasty will not cease the aging process

**Section C: Postoperative Considerations**

**Brow lift;** Postoperative, swelling and bruising of the skin is common and may last up to two weeks. Persistent swelling may not resolve for up to 6 months. Patients often report a feeling of tightness, which is described as being uncomfortable. The duration and intensity vary with each individual. Healing is a gradual process and the final results may not be realized for 6 months or more. As a result of surgery and repositioning of the skin, some residual numbness can be expected. The numbness is usually temporary, lasting from 6-12 months. In rare cases, there can be areas of permanent numbness.

**Blepharoplasty;** Postoperative, swelling and bruising 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 wrinkles of the outer edges of

the eyes. 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 several weeks after surgery to protect they eyes from sun and wind irritation.

The incisions will be closed with sutures that will require removal after 7-14 days. The scar lines are small and eventually are almost unnoticeable however, scarring is unpredictable. I have been advised and I acknowledge that there is no guarantee that the procedure will improve my appearance. Patients react differently to surgery depending on age, heath, and skin elasticity. Some individuals may require additional procedures to remove or tighten excess skin. Aging will continue and there may be a future need for this same surgery.

#### **Section D: 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 the following:*

1. Corneal abrasion or another eye injury.
2. Excessive bleeding, particularly in patients with high blood pressure.
3. Difficulty in closing the eyelids post operatively due to swelling.
4. Some numbness of the skin of the eyelid may occur. This is usually temporary but, rarely may be permanent.
5. Some patients may require a second procedure to correct residual sagging of the lower lids. 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.
6. With fat repositioning procedures; asymmetry of the fat position, loss of tissue transfer, cutaneous defect, skin necrosis, ectropion, hypertrophic scar, incomplete or over correctio, vision change.
7. There may be asymmetry of the eyelids (eyes not appearing equal size), due to individual differences.
8. 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 my vision.**
9. Infection that may require additional antibiotics
10. Delayed healing, in rare cases, necrosis (death of skin) can occur. This may require additional treatment and surgical procedures.
11. Poor healing may result in excessive and permanent scarring and/or hair loss around incision site necessitating a second surgery or scar revision.
12. Nerve damage. The surgery will involve areas of certain cranial or facial nerves. Damage nerves can result in numbness, usually temporary. However, in rare cases, the numbness can be permanent. Additionally, there is risk of damage to nerves that affect motor function. For example, there may be an inability to raise the eyebrows. The condition is usually temporary, however in some cases can be permanent.

## Section E: Anesthesia

I consent to the administration of, \_\_\_\_ Intravenous Sedation, or \_\_\_\_ General Anesthesia, having first had the risks and benefits of each explained to me.

**ANESTHETIC RISKS** include: discomfort, swelling, bruising, infection, prolonged numbness and allergic reactions. There may be inflammation at the site of an intravenous injection (phlebitis), which may cause prolonged discomfort and/or disability and may require special care. Nausea and vomiting, although rare, may be unfortunate side effects of IV anesthesia. Intravenous anesthesia is a serious medical procedure and, although considered safe, carries with it the risk of heart irregularities, heart attack, stroke, brain damage or death.

### **PATIENT OBLIGATIONS IF IV ANESTHESIA IS USED**

- A. Because anesthetic medications cause prolonged drowsiness, you **MUST** be accompanied by a responsible adult to drive you home and stay with you until you are sufficiently recovered to care for yourself. This may be up to 24 hours.
- B. During recovery time (24 hours) you should not drive, operate complicated machinery or devices, or make important decisions such as signing documents, etc.  
You must have a completely empty stomach. **IT IS VITAL THAT YOU HAVE NOTHING TO EAT OR DRINK FOR EIGHT (8) HOURS PRIOR TO YOUR ANESTHETIC. TO DO SO MAY BE LIFE-THREATENING!**
- C. However, it is important that you take any regular medications (high blood pressure, antibiotics, etc.) or any medications prescribed by this office, **using only a sip of water.**

## Section F: 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, also have informed my surgeon of all medication taken, especially any ASA type. I have fully informed my surgeon of all aspects of my health history and recognize **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.
5. **I understand that the surgeon's fees are separate** from the anesthesia and facility charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.
6. This facility is a member of the Canadian Association for Accreditation of Ambulatory Surgical Facilities and as part of the requirements your chart will be retained and may be subject to peer review for quality control by the Canadian Association for Accreditation of Ambulatory Surgical Facilities.

**Consent**

I agree to have both preoperative and postoperative photos taken for my records as well as for use in medical, scientific, educational and promotional purposes. My name will not be used on any such photographs.

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.

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Patient's (or Legal Guardian's) Signature

\_\_\_\_\_

Date: \_\_\_\_\_

Doctor's Signature

\_\_\_\_\_

Date: \_\_\_\_\_