Consent for Genioplasty

The surgery planned for you is designed to change the position/contour of your chin, and it is important that you understand the benefits and risks of such surgery. This is NOT minor surgery and you have the right to be fully informed about your condition and the recommended treatment plan. The disclosures in this consent are not meant to alarm you, but rather to provide information you need in order to give or withhold your consent to the planned surgery.

Dr. Bourget has described my condition as: ____

The surgical procedure planned to treat the above condition has been explained to me, and I understand the nature of the treatment to be: ____

I have been informed of possible alternative forms of treatment (if any), including:

____

My doctor has explained to me that there are certain potential risks and side effects of my planned surgery, some of which may be serious. They include, but are not limited to:

1. Facial swelling, usually lasting several days or longer.
2. Bleeding, both during and after surgery.
3. Bruising and discoloration of the skin and gum tissue around the lips, jaw, face and neck.
4. Allergic reaction to any of the medications given during or after surgery.
5. Relapse: the tendency for the repositioned bone segments to return to their original position, which may require additional treatment, including surgery and or bone grafting.
6. A change in cosmetic appearance, not every aspect of which can be exactly predicted. There may be decreased function of muscles of facial expression in the area of surgery.
7. Scarring of the lining of the lip (mucosa), or of the skin.
8. Possible need for additional procedures to remove fixation devices such as pins, screws, plates or splints.
9. Post-operative infection that may cause loss of adjacent bone and/or teeth and may require additional treatment for a prolonged period of time.
10. Discomfort in the jaw joints (TMJ) resulting in some change in chewing difficulties or bite changes usually of a temporary nature, but may be permanent.
11. Stretching of the corners of the mouth causing cracking with resulting discomfort and slow healing.
12. Inflammation of veins (phlebitis) that are used for IV fluids and medications, sometimes resulting in pain, swelling, discoloration and restriction of arm or hand movement for some time after surgery.
13. I realize the importance of providing true and accurate information about my health, especially concerning pregnancy, allergies, medications (including "natural" remedies and vitamin therapy) and history of drug, tobacco or alcohol use. If I misinform my doctor I understand the consequences may adversely affect the results of my surgery and could be life threatening.
14. I understand that oral hygiene will be difficult following surgery, but will do my utmost to follow normal tooth brushing and oral hygiene routines.
15. 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.

CONSENT:
By signing this consent form, I acknowledge that I have read it completley and understand the procedure to be perfomed as well as the risks associated with it. I am aware of the alternatives to this procedure, if any. I have had all of my questions answered to my satisfaction. I was under no pressure to sign this form and have made a voluntary choice to proceed with surgery. I am fully aware that no guaranteed or warranty can be made regarding the results of treatment.

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.

______________________________________ _________________________
Patient's Signature Date

______________________________________ _________________________
Doctor’s Signature Date