

## CONSENT FOR SUB NASAL LIFT SURGERY



I am requesting that Dr. Bourget to perform Sub Nasal Lift surgery.

- The main indication for a lip lift is excess distance between the nasal base and upper lip vermilion border, irrespective of lip fullness or etiology. While most lifts that we perform are for rejuvenation purposes, others are performed on younger patients with congenitally long philtra or patients with significant bone atrophy. Candidates are generally selected during preoperative consultation.
- A lip lift simultaneously reduces the space between the upper lip and nostrils while also augmenting the size of the lips. The Sub Nasal Lift increases the amount of lip show by exposing and rolling up the lip.
- Sub Nasal Lift surgery may be performed under local anesthesia (numbing of the area), often in conjunction with pre-operative sedation, intravenous sedation, or general anesthesia to help relieve anxiety.
- I have been advised and I understand that there is no guarantee that a Sub Nasal Lift surgery will improve my appearance or correct any pre-existing condition(s).
- I have been completely honest with my doctor regarding my motivation for undergoing Sub Nasal Lift surgery. I have informed him of any previous or present Hyaluronic acid (fillers) treatment to my lips. I realize that a new appearance to my lip does not guarantee an improved life. Candidates for a lip lift must be in good overall health and have realistic expectations about the surgery.
- If I use tobacco, **I understand that this could complicate surgery**, anesthesia, healing, result and longevity. It is recommended to **stop** any tobacco use for 2 weeks prior to surgery and 2 weeks post-surgery.
- No alcohol 2 days prior to surgery

### Surgical Considerations

- A sub nasal lip lift is performed to shorten the length of the upper lip.
- During the procedure, a small incision is made beneath the nose. This incision is called a bullhorn-shaped incision, just below the nostrils. Then, excess tissue is removed from between the nose and the rim of the upper lip and the whole upper lip area is lifted 4-12 mm (depending on the need). This process shortens the upper lip area. Since the incision is small, it should not be noticeable once healed.

### Post - Operative Considerations

- It is normal for moderate swelling to last about 4 days. Cold compresses can be used to minimize swelling and pain relievers will be prescribed to manage any pain and swelling. After 7 -10 days, patients will return to our office to have sutures removed.
- Patients are discharged with advice to refrain from smoking for 2 weeks, avoid excessive chewing, limit expressive facial movements, and clean incisions with diluted hydrogen peroxide, followed by antibiotic ointment daily for 1 week.

- Patients are advised to consume arnica Montana tablets, sleep with your head elevated on 2 pillows and application of cool moist compresses all help to mitigate swelling, bruising, and discomfort. A small amount of swelling can linger for up to 3 months.
- After sutures have been removed and you have passed the initial healing phase, it will be important to apply sunscreen to the wound for at least 6 months to prevent visible scar from forming.
- Patients should refrain from excessive or strenuous physical activity such as lifting, heavy labor, swimming or sports activity for a 1-2 weeks.

### **Risks and Complications**

- Bruising, swelling and discomfort for an indeterminate time.
- Small areas of wound separation can arise for which infrequent revisions can be necessary.
- Residual or permanent scarring, hypertrophic scar or keloids.
- Infection which may require antibiotics. In cases of severe infection, hospitalization and additional treatment may be required.
- Bleeding is usually slight, but may occasionally be excessive, in which case additional treatment may be required.
- Asymmetry of the lip - one side may appear different from the other.
- Fluid accumulation (seroma), that may require drainage.
- Failure to follow post-operative instructions may increase the risk of any of the foregoing.
- Some numbness/ loss of sensation of the skin may result. Usually it is temporary, but may rarely be permanent.

### **No Guarantee of Treatment Results**

- 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 is a risk of failure or relapse, my condition may worsen, and selective retreatment may be required in spite of the care provided.
- I have had an opportunity to discuss my past medical and social history, including drug and alcohol use, with my surgeon and I have fully informed him/her of all aspects of my health history, **recognizing that withholding information may jeopardize the planned goals of surgery.**
- I agree to cooperate fully with my surgeon's recommendations while under treatment, **realizing that any lack of cooperation can result in a less-than-optimal result, or may be life-threatening, life damaging.**
- 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**

- I agree to have 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.
- 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 exists a risk of failure, relapse, selective re-treatment, or worsening of my present condition despite the care provided.
- I am aware this procedure will take place in a certified location.

I certify that I have had an opportunity to read and fully understand the terms within the above consent and the explanation made, and that all blanks or statements requiring completion were filled in and any non-applicable paragraphs were stricken before I signed.

Date:

\_\_\_\_\_  
Patient's (or Legal Guardian's) Signature

Date:

\_\_\_\_\_  
Witness' Signature