



AMERICAN SOCIETY OF
PLASTIC SURGEONS®

Informed Consent

Partial Facelift Surgery (Rhytidectomy)

INSTRUCTIONS

This is an informed consent document that has been prepared to help inform you about partial facelift surgery (rhytidectomy), its risks, as well as alternative treatment(s).

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 and agreed upon by you.

GENERAL INFORMATION

Partial facelift, or rhytidectomy, is a surgical procedure to improve the visible signs of aging in segments of the face and neck. It can also be referred to as a short scar or limited incision facelift. As individuals age, the skin and muscles of the facial region begin to lose tone. The partial 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 the face and neck, and removing selected areas of fat. A partial facelift can be performed alone, or in conjunction with other procedures such as a brow lift, liposuction, eyelid surgery, nasal surgery, or fat grafting. Most typically, a partial facelift can improve the anterior neck or midface areas. Partial facelift procedures that address specific areas such as the central anterior neck work best when there is no excessive skin or fat, but rather partial neck bands and slight laxity of the neck skin. A small incision is placed under the chin during which the skin can be re-draped and the muscle neck bands treated. Another partial facelift procedure addresses the midface by lifting and re-draping the upper cheek area. There are many methods to address issues pertaining to this area including the use of cheek implants, fat grafting techniques, and cheek lifts with incisions at the lower eyelid crease and within the hair-bearing scalp and temple areas. A partial facelift is less-invasive than a full facelift and therefore cannot be expected to provide full facial rejuvenation. Often, the incisions for a partial facelift are smaller than those for a full facelift. It is best performed on patients with limited aging areas such as the anterior neck with mild bands and skin laxity, or a patient with cheek/midface laxity without jowls or full signs of facial aging.

Partial facelift surgery is individualized for each patient. The best candidates for partial facelift surgery have a face and neck line that is beginning to sag in certain areas, rather than everywhere, but whose skin has elasticity and whose bone structure is well defined.

A concern for these partial procedures is that they will address all facial aging. They will not prevent further aging, and may actually create an uneven aging profile in that the partial facelift treated area now appears much younger than other facial areas not treated. Discuss these procedures with your surgeon and what expectations are realistic.

ALTERNATIVE TREATMENTS

Alternative forms of management consist of not treating the laxness in the face and neck region with a partial facelift (rhytidectomy). Improvement of skin laxity, skin wrinkles, and fatty deposits may be attempted by other non-surgical treatments such as Ulthera™, CoolSculpting™, chemical peels, laser resurfacing, facial fillers, and Botox® or surgical treatments such as liposuction and suspension sutures. Risks and potential complications are also associated with alternative surgical forms of treatment.

INHERENT RISKS OF PARTIAL FACELIFT SURGERY (Rhytidectomy)

Every surgical procedure involves a certain amount of risk, and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to the potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you understand all possible consequences of partial facelift surgery (rhytidectomy).

SPECIFIC RISKS OF PARTIAL FACELIFT SURGERY (Rhytidectomy)

Hair Loss:

Hair loss may occur in areas of the face where the skin was elevated during surgery. Though an unusual occurrence, the most common locations are the temple area and behind your ear. The occurrence of hair loss is not predictable.

Nerve Injury:

Motor and sensory nerves may be injured during a partial facelift operation. Weakness or loss of facial movements may occur after partial facelift surgery. Nerve injuries may cause temporary or permanent loss of facial movement and feeling. Such injuries may improve over time. Additional surgical procedures such as nerve repair, grafting, or transfer may be required should you have a nerve injury. Injury to the sensory nerves of the face, neck, and ear regions may cause temporary or (more rarely) permanent numbness. Painful nerve scarring is very rare.

Use of Platelet Gel or Fibrin Sealants as “Tissue Glue” During Rhytidectomy Advisory:

Platelet gel (from your blood) and fibrin sealants (from heat-treated human blood components to inactivate virus transmission) may be used to hold tissue layers together at surgery and to diminish post-operative bruising following a rhytidectomy. Sealants have been carefully produced from donor blood plasma screened for hepatitis, syphilis, and human immunodeficiency virus (HIV). These products have been used safely for many years as sealants in cardiovascular and general surgery. This product is thought to be of help in diminishing surgical bleeding and by adhering layers of tissue together.

Previous Surgical Scars:

The presence of surgical scars from previous facial surgery may limit the amount of skin tightening that can be achieved.

Asymmetry:

Symmetrical body appearance may not result after surgery. Factors such as skin tone, fatty deposits, skeletal prominence, and muscle tone may contribute to normal asymmetry in body features. Most patients have differences between the right and left side of their faces before any surgery is performed. Additional surgery may be necessary to attempt to diminish asymmetry.

Parotid Fistula:

The parotid gland rests at the angle of your jaw and produces saliva. In deeper facelifts, the gland can be opened, resulting in persistent leakage of this saliva into the facelift surgery site. This is referred to as a salivary or parotid fistula. A simple test of the fluid, using an amylase assay, will determine if a salivary or parotid fistula is present. Additional non-surgical treatment such as Botox or surgical treatment may be required to close a salivary or parotid fistula.

Seroma:

Infrequently, fluid may accumulate between the skin and the underlying tissues following surgery, trauma, or vigorous exercise. Should this problem occur, additional procedures for drainage of the fluid may be required. Seromas should be addressed to prevent an unfavorable outcome. Should this problem occur, notify your surgeon; additional procedures for drainage of the fluid may be required. A seroma following a facelift usually resolves with repeated aspiration.

Recurrence of Signs of Aging/Redo-Facelift:

A facelift is a temporary measure to improve the visible signs of aging. The exact duration or longevity of your facelift can be dependent upon many factors including your bone structure and weight gain/loss, as well as the technique utilized to perform your facelift. 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 the face and neck, and removing selected areas of fat if necessary.

Distortion of Anatomic Landmarks:

There is the inherent risk of distortion of the hairline, side burns, and earlobes along with the shape of the face, eyes, and neck during a face/neck lift procedure. These may be permanent, and may require further surgeries for improvement.

GENERAL RISKS OF SURGERY

Healing Issues:

Certain medical conditions, dietary supplements, and medications may delay and interfere with healing. Patients who experience massive weight loss may have a healing delay that could result in the incisions coming apart (partial wound dehiscence), infection, and tissue changes resulting in the need for additional medical care, surgery, and prolonged hospitalizations. Patients with diabetes or those taking medications such as steroids on an extended basis may have prolonged healing issues. Smoking will cause a delay in the healing process, often resulting in the need for additional surgery. There are general risks associated with healing such as swelling, bleeding, the possible necessity of additional surgery, prolonged recovery, color changes, shape changes, infection, not meeting patient goals and expectations, and added expenses for the patient. There may also be a longer recovery period due to the length of surgery and anesthesia. Patients with significant skin laxity (patients seeking facelifts, breast lifts, abdominoplasty, and body lifts) will continue to have the same lax skin after surgery. The quality or elasticity of the skin will not change, and recurrence of skin looseness will occur at some time in the future, more quickly for some than others. There are nerve endings that may become involved with healing scars from surgery such as suction-assisted lipectomy, abdominoplasty, facelifts, body lifts, and extremity surgery. While there may not be major nerve injury, the small nerve endings during the healing period may become hyperactive, producing a painful or oversensitive area due to the small sensory nerve involved with scar tissue. Often, massage and early non-surgical intervention resolves this. It is important to discuss post-surgical pain with your surgeon.

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 or you may require a blood transfusion, though such occurrences are rare. The collection of blood that can occur under your skin following surgery is referred to as a hematoma. Increased activity too soon after surgery can lead to increased chances of bleeding and additional surgery. It is important to follow postoperative instructions and limit exercise and strenuous activity for the instructed time. Non-prescription “herbs” and dietary supplements can increase the risk of surgical bleeding. Hematomas can occur at any time, usually in the first three weeks following injury to the operative area. If blood transfusions are necessary to treat blood loss, there is the risk of blood-related infections such as hepatitis and AIDS. Your surgeon may provide medications after your surgery to prevent blood clots. Medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelet levels.

Infection:

Infection, although uncommon, can occur after surgery. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary. It is important to tell your surgeon about any other infections, such as a history of methicillin-resistant Staphylococcus aureus (MRSA) infections, an open wound, recent upper respiratory infection/pneumonia, ingrown toenails, insect bites, tooth abscesses, or urinary tract infections. Infections in other parts of the body may lead to an infection in the operated area. Post-operative infections often result in more extensive scarring and predispose a patient to revision surgery.

Major Wound Separation:

Wounds may separate after surgery. Should this occur, additional treatment including surgery and even hospitalization may be necessary.

Ileus:

The return of bowel function following surgery is important. An ileus is a disruption in bowel function caused by the failure of peristalsis or hypomobility of your bowels/gut, resulting in a lack of defecation and possibly repeated vomiting. Anesthetics and medications like pain medications given to you at the time of surgery can contribute to the development of an ileus in the post-operative period. An ileus can result in abdominal distention, vomiting, inability to absorb oral medications, and possibly hospitalization. Repeated vomiting could result in aspiration pneumonia and respiratory failure. It can be essential to have regular bowel function after your surgery.

Scarring:

All types of surgery leave scars, some more visible than others. Although proper wound healing after a surgical procedure is expected, this surgery will result in long, prominent scars that are permanent. Abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different color than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There is a possibility of visible marks on the skin from sutures. These scars may become raised, red, or discolored in the first few weeks/months, but usually settle down over time. However, some patients are prone to “hypertrophic” or “keloid” scars, i.e. prominent, raised, red scars that do not settle. Further treatment with medication and/or surgery may be required.

Revision Surgery:

Every effort is made for you to have a favorable outcome, but unforeseen events can occur that may require revision surgery. Patients who have multiple medical problems, experience massive weight loss, smoke, or develop infections in the post-operative period, as well as other high-risk patients, have a greater propensity to require revision surgery. Issues that would need to be addressed in the post-operative period include but are not limited to dog ears, asymmetry, contour irregularities, folds, wrinkles, loose skin, ear lobe malposition or loss, and hairline distortion.

Firmness:

Excessive firmness can occur after surgery due to internal scarring. The occurrence of firmness is not predictable. Additional treatment including surgery may be necessary.

Skin Sensitivity:

Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this resolves during healing, but in rare situations, it may be chronic.

Major Wound Separation:

Wounds may separate after surgery. Should this occur, additional treatment including surgery may be necessary.

Sutures:

Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible, or produce irritation that requires suture removal.

Damage to Deeper Structures:

There is the potential for injury to deeper structures including the nerves, blood vessels, lymphatics, muscles, and lungs (pneumothorax) during any surgical procedure. The potential for this to occur varies according to the type of procedure being performed. Injury to deeper structures may be temporary or permanent.

Fat Necrosis:

Fatty tissue found deep in the skin might die. This may produce areas of firmness within the skin. Additional surgeries to remove areas of fat necrosis may be necessary. There is a possibility of contour irregularities in the skin that may result from fat necrosis.

Surgical Anesthesia:

Both local and general anesthesia involves risk. There is a possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

Shock:

In rare circumstances, your surgical procedure can cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. If surgical shock occurs, hospitalization and additional treatment would be necessary.

Pain:

You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after surgery. If you are a chronic pain patient who sees a pain therapy practitioner, you may be asked to see this practitioner preoperatively to assist you in the management of your pain disorder in the post-operative period. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue or due to tissue stretching.

There are nerve endings that may become involved with healing scars from surgery. While there may not be a major nerve injury, the small nerve endings during the healing period may become hyperactive, producing a painful or oversensitive area due to the small sensory nerve being involved with the scar tissue. Often, massage and early non-surgical intervention resolves this. It is important to discuss post-surgical pain with your surgeon.

Cardiac and Pulmonary Complications:

Pulmonary complications may occur secondarily to blood clots (pulmonary emboli), fat deposits (fat emboli), pneumonia, or partial collapse of the lungs after general anesthesia. Pulmonary emboli can be life-threatening or fatal in some circumstances. Inactivity and other conditions may increase the incidence of blood clots traveling to the lungs, causing a major blood clot that may result in death. It is important to discuss with your physician any past history of swelling in your legs or blood clots that may contribute to this condition. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pains, or unusual heartbeats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment.

Venous Thrombosis (Clot) and Sequelae:

Thrombosed veins, which resemble cords, occasionally develop around IV sites, and usually resolve without medical or surgical treatment. A partial facelift is not usually associated with an increased risk for deep venous thrombosis (DVT) and pulmonary embolus (PE). Often, a screening process is conducted to determine if you are at increased risk for DVT/PE. Measures can be taken at the time of your partial facelift to prevent such events from occurring. It is important to discuss with your surgeon if you or your family have a history of DVT/PE. Certain high-dose estrogen pills, obesity, history of cancer, history of inflammatory bowel disease, etc. may increase your risk of thrombosed veins and the development of DVT/PE.

Allergic Reactions:

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In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations, or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur in response to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment. It is important to notify your physician of any previous allergic reactions.

Drug Reactions:

Unexpected drug allergies, lack of proper response to medication, or illness caused by the prescribed drug are possibilities. It is important for you to inform your physician of any problems you have had with any medication or allergies to medication, be they prescribed or over the counter, as well as medications you regularly take. Provide your surgeon with a list of medications and supplements you are currently taking.

Surgical Wetting Solutions:

There is a possibility that large volumes of fluid containing diluted local anesthetic drugs and epinephrine that is injected into fatty deposits during surgery may contribute to fluid overload or systemic reactions to these medications. Additional treatment including hospitalization may be necessary.

Fat/Air Embolism:

In rare cases, fat particles or air can enter the vascular system and can travel to the heart, lungs, or brain. This can result in significant complications including death.

Persistent Swelling (Lymphedema):

Persistent swelling can occur following surgery.

Unsatisfactory Results:

Although satisfactory results are expected, there is no guarantee or warranty expressed or implied as to the results that may be obtained. The body is not symmetrical and almost everyone has some degree of unevenness that may not be recognized in advance. One side of the face may be slightly larger, one side of the face droopier. The breast and trunk area exhibits the same possibilities. Many such issues cannot be fully corrected with surgery. The more realistic your expectations as to the results, the better your results will appear to you. Some patients never achieve their desired goals or results at no fault of the surgeon or surgery. You may be disappointed with the results of the surgery. Asymmetry, unanticipated shape and size, loss of function, wound disruption, poor healing, and loss of sensation may occur after surgery. Size may be incorrect. Unsatisfactory surgical scar location or appearance may occur. It may be necessary to perform additional surgeries to improve your results. Unsatisfactory results may not improve with each additional treatment.

ADDITIONAL ADVISORIES

Medications and Herbal Dietary Supplements:

There are potential adverse reactions that occur as a result of taking over-the-counter, herbal, and/or prescription medications. Aspirin and medications that contain aspirin interfere with the body's ability to form blood clots, and therefore may contribute to more bleeding issues. If you have a medical condition (such as heart arrhythmia, heart stent, blood vessels with blockages, or blood clots) and are taking medications such as Plavix®, Xarelto®, Coumadin®, Effient®, or Pradaxa® to thin your blood and prevent clotting, you should discuss the management of these medications with your plastic surgeon. Your plastic surgeon may sometimes coordinate a plan for these medications with the doctor that prescribed them for your medical condition. If you have been prescribed drugs for a medical condition, do not stop taking them without first discussing it with your plastic surgeon. Discontinuation of these medications abruptly may result in a heart attack, stroke, or death. Be sure to check with your physician about any drug interactions that may exist with medications that you are already taking. If you have an adverse reaction, stop taking the drugs immediately and call your plastic surgeon for further instructions. If the reaction is severe, immediately visit the nearest emergency room.

When taking the prescribed pain medications after surgery, you must realize that they can affect your thought processes and coordination. Do not drive, do not operate complex equipment, do not make any important decisions, and do not drink alcohol while taking these medications. Be sure to take your prescribed medication only as directed.

Sun Exposure – Direct or Tanning Salon:

The effects of the sun are damaging to the skin. Exposing the treated areas to the sun may result in increased scarring, color changes, and poor healing. Patients who tan either outdoors or in a salon should inform their surgeon and either delay treatment or avoid tanning until the surgeon says it is safe to resume. The damaging effect of sun exposure occurs even with the use of sunblock or clothing coverage.

Travel Plans:

Any surgery involves the risk of complications that may delay healing and your return to normal life. Please let the surgeon know of any travel plans, important commitments already scheduled or planned, or time demands that are important to you, so that appropriate timing for the surgery can occur. There are no guarantees that you will be able to resume all activities within the desired timeframe. Allow at least 10-14 days before you travel via airplane. Medications may be required should you have a long flight/trip to prevent DVT/PE in the immediate post-operative period.

Long-Term Results:

Subsequent alterations in the appearance of your body may occur as a result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause, or other circumstances not related to your surgery.

Body Piercings:

Individuals who currently have body piercing jewelry in the surgical region are advised that an infection could develop. Body piercing jewelry should be removed prior to the surgical procedure.

Nails:

To determine your vital signs during surgery, your anesthesia provider may require access to your fingernails for monitoring. Make sure to have at least two fingernails free of nail polish or acrylic nails on the date of your surgery.

Jewelry:

Jewelry should not be brought with you at the time of your surgical procedure. Items such as earrings, wedding rings, and necklaces should be removed and placed in a safe place.

Female Patient Information:

It is important to inform your plastic surgeon if you use birth control pills or estrogen replacement, or if you suspect you may be pregnant. Many medications including antibiotics may neutralize the preventative effect of birth control pills, allowing for conception and pregnancy.

Intimate Relations after Surgery:

Surgery involves the coagulation of blood vessels, and increased activity of any kind may open these vessels, leading to a bleed or hematoma. Activity that increases your pulse or heart rate may cause additional bruising, swelling, and the need for a repeat surgery to control the bleeding. It is wise to refrain from intimate physical activities until your physician states that it is safe.

Mental Health Disorders and Elective Surgery:

It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery, and often are stressful. Please openly discuss with your

surgeon, prior to surgery, any history that you may have of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from the results of elective surgery, the effects on mental health cannot be accurately predicted.

ADDITIONAL SURGERY NECESSARY (Re-Operations):

There are many variable conditions that may influence the long-term results of surgery. It is unknown how your tissue may respond or how wound healing will occur after surgery. Secondary surgery may be necessary to perform additional tightening or repositioning of body structures. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are associated with this surgery. Other complications and risks can occur but are less common. The practice of medicine and surgery is not an exact science. Although positive results are expected, there is no guarantee or warranty, expressed or implied, as to the results that may be obtained. In some situations, it may not be possible to achieve optimal results with a single surgical procedure. You and your surgeon will discuss the options available should additional surgery be advised. There may be additional costs and expenses for such additional procedures including surgical fees, facility and anesthesia fees, pathology, and lab testing.

PATIENT COMPLIANCE:

Follow all physician instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation, and the need for a repeat surgery. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

ATTESTATIONS

Smoking, Second-Hand Smoke Exposure, and Other Nicotine Products (Patches, Gum, or Nasal Spray):

Patients who are currently smoking or who use tobacco or nicotine products (patches, gum, or nasal spray) are at a greater risk for significant surgical complications of skin loss and delayed healing and additional scarring. Individuals exposed to second-hand smoke are also at a potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding occurring. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of these types of complications. Please indicate your status:

I am a non-smoker and do not use nicotine products. I understand the potential risk of second-hand smoke exposure causing surgical complications.

I am a smoker or use tobacco/nicotine products. I understand the risk of surgical complications due to smoking or the use of nicotine products.

I have smoked and stopped approximately _____ ago. I understand I may still manifest the effects and therefore risks of smoking in my system if not enough time has lapsed.

I have been advised to stop smoking immediately and have been informed of the risks, benefits, expectations, and alternatives to my surgery if I continue smoking.

I understand that it is important to refrain from smoking at least six weeks before surgery and until my physician states it is safe to return, if desired. I acknowledge that I will inform my physician if I continue to smoke within this timeframe, and I understand that for my safety, the surgery, if possible, may be delayed.

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Smoking may have such a negative effect on my surgery that a urine or blood test just before surgery may be done that will investigate the presence of nicotine. If positive, the surgery may be cancelled and the surgery, scheduling fee, and other prepaid amounts may be forfeited. I will honestly disclose smoking to my surgeon.

Sleep Apnea/CPAP:

Individuals who have breathing disorders such as obstructive sleep apnea and who may rely upon continuous positive airway pressure (CPAP) devices or utilize nighttime oxygen are advised that they are at a substantive risk for respiratory arrest and death when they take narcotic pain medications following surgery. This is an important consideration when evaluating the safety of surgical procedures in terms of very serious complications, including death, that relate to pre-existing medical conditions. Surgery may be considered only with monitoring afterwards in a hospital setting to reduce the risk of potential respiratory complications and to safely manage pain following surgery.

Please consider the following symptoms of sleep apnea:

- I am frequently tired upon waking and throughout the day
- I have trouble staying asleep at night
- I have been told that I snore or stop breathing during sleep
- I wake up throughout the night or constantly turn from side to side
- I have been told that my legs or arms jerk while I'm sleeping
- I make abrupt snorting noises during sleep
- I feel tired or fall asleep during the day

It is important to inform and discuss any of the above symptoms with the surgeon.

DVT/PE Risks and Advisory:

There is a risk of blood clots, DVT, and PE with every surgical procedure. The risk level varies with the risk factors below. The higher the number of risk factors, the greater the risk and the more involved you must be in both understanding these risks and, when permitted by your physician, walking and moving your legs. The use of leg stockings, squeezing active leg devices, and medicines may help lower your risk.

There are many conditions that may increase or affect the risks of clotting. Inform your doctor of any past or present history of the following:

- Past history of blood clots
- Family history of blood clots
- Birth control pills
- Hormone stimulating drugs
- Swollen legs
- History of cancer
- Large doses of vitamins
- Varicose veins
- Past illnesses of the heart, liver, lungs, or gastrointestinal tract
- history of multiple spontaneous abortions or miscarriages

I understand the risks relating to DVT/PE and how important it is to comply with therapy as discussed with my surgeon. The methods of preventative therapy include:

- Early ambulation when allowed

- Compression devices (SCD/ICD)
- Anticoagulation protocols when allowed

For high-risk patients, the risks of VTE are still high, even in the setting of appropriate chemoprophylaxis. If your surgery is elective and you are a high-risk patient, it is best to consider not proceeding with such elective surgery.

COMMUNICATION ACKNOWLEDGEMENT – CONSENT

There are many ways to communicate with you. It is important to keep appointments and let us know if problems or issues arise. Methods of communicating are by telephone, text, pager, answering service if available, e-mail, and regular mail. If an emergency arises, keep us alerted of your progress so we may aid in any necessary treatments. Please do not leave a message after hours or on weekends on the office answering machine if any urgent or emergent situation exists, as there is a delay in retrieving such messages. All attempts will be made to preserve your privacy in accordance with HIPAA rules.

Please confirm below all acceptable ways of communicating with you:

- Telephone
 - Home (- -)
 - Work (- -)
 - Cell (- -)
- Text
- Pager – Answering service if available
- E-mail – With up to date e-mail address (@)
- Regular mail and delivery

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 the 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 that is based on all the facts in your case and the current 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 on the basis of all 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 your questions answered before signing your consent on the next page.



CONSENT for SURGERY/PROCEDURE or TREATMENT

1. I hereby authorize Dr. _____ and such assistants as may be selected to perform **Partial Facelift Surgery**.
I have received the following information sheet: **Partial Facelift 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 other procedures that are in the exercise of his or her professional judgment 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 begins.
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, injuries, and sometimes death.
4. I understand what my surgeon can and cannot do, and I understand that there are no warranties or guarantees, implied or specific, about my outcome. I have had the opportunity to explain my goals and I understand which desired outcomes are realistic and which are not. All of my questions have been answered, and I understand the inherent (specific) risks to the procedures I seek, as well as those additional risks and complications, benefits, and alternatives. Understanding all of this, I elect to proceed.
5. I consent to be photographed or televised before, during, and after 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 the purposes of advancing medical education, 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 that may be removed.
8. I am aware that there are potential significant risks to my health with the utilization of blood products, and I consent to their utilization should they be deemed necessary by my surgeon and/or his/her appointees.
9. I authorize the release of my social security number to appropriate agencies for legal reporting and medical device registration, if applicable.
10. I understand that the surgeons' fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.
11. I realize that not having the operation is an option. I opt out of having this procedure _____.
12. 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 (1-12).
I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Date/Time _____ Witness _____