Santa Monica Eye Medical Group

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INFORMED CONSENT–BLEPHAROPLASTY SURGERY INSTRUCTIONS

This is informed-consent document which had been prepared to help your plastic surgeon inform you about Blepharoplasty surgery, its risks, and alternative treatment. It is important that you read this information carefully and completely. Please initial each page, including that you have read the page and sign the consent for surgery as proposed by your plastic surgeon.

INTRODUCTION

Blepharoplasty is a surgical procedure to remove excess skin and muscle from both the upper and lower eyelids along with underlying fatty tissue. Blepharoplasty can improve drooping skin and bagginess. It can help improve vision in older patients who have hooding of their upper eyelids. Although it can add an upper eyelid crease to the Asian eyelid, it will not erase evidence of one's racial or ethnic heritage. Blepharoplasty will not remove crow's feet or other wrinkles, eliminate dark circles under the eyes, or lift sagging eyebrows. Blepharoplasty surgery is customized for every patient, depending on his or her particular needs. It can be performed alone involving upper, lower or both eyelid regions, or in conjunction with other surgical procedures of the eye, face, brow, or nose. Eyelid surgery cannot stop the process of aging. It can however, diminish the look of loose skin and bagginess in the eyelid region.

ALTERNATIVE TREATMENTS

Alternative forms of management include not treating the skin laxness and bagginess in the eyelids by surgery.
Improvement of skin laxness, fatty deposits and skin wrinkling may be accomplished by other treatments of surgery such as a brow lift when indicated. Other forms of eyelid surgery may be needed should you have disorders affecting the functions of the eyelid such as drooping eyelids from muscle problems (eyelid ptosis) or looseness between the eyelid and eyeball (ectropion). Minor skin wrinkling may be improved through chemical skin-peels or other skin treatments. Risks and potential complications are associated with alternative forms of treatment.

RISKS of BLEPHAROPLASTY SURGERY

Every surgery involves a certain amount of risk, and it is important that you understand the risks involved. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of the following with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of Blepharoplasty surgery.

Bleeding – It is possible, though unusual, to have a bleeding episode during or after surgery. Bleeding may occur under the skin or internally around the eyelid. Should you develop post-operative bleeding, it may require emergency treatment or surgery. Do not take and aspirin or anti-inflammatory medications for ten days before surgery, as this may contribute to a greater risk of a bleeding problem. Hypdertension (high blood pressure) that is not under good medical control may cause bleeding during or after surgery. Accumulations of blood under the eyelids may delay healing and cause scarring.

Blindness – Blindness is extremely rare after Blepharoplasty. However, it can be caused by internal bleeding around the eye during or after surgery. The occurrence of this is not predictable.

Infection – Infection is very rare after surgery. Should an infection occur, additional treatment including antibiotics may be necessary.

Scaring – Although a swift healing process after a surgical procedure is expected, abnormal scars may occur both within the eyelid and deeper tissues. In rare cases, abnormal scars may result. Scars may be unattractive and of a different color than surrounding skin. There is the possibility of visible marks in the eyelid or small skin cysts from sutures may be temporary or permanent.

Burn Damage or scar to the Lids, Skin or Eye: From cautery either superficial or deep

Damage to deeper structures – Deeper structures such as nerves, blood vessels, and eye muscles may be damaged during the course of surgery. The potential for this to occur varies with the type of Blepharoplasty procedure performed. Injury to deeper structures may be temporary or permanent.

Dry eye problems – Permanent disorders involving decreased tear production can occur after Blepharoplasty. The occurrence of this is rare and not entirely predictable. Individuals who normally have dry eye may be advised to use special caution in considering Blepharoplasty surgery.

Asymmetry – The human face and eyelid region is normally asymmetrical. There can be a variation from one side to the other following a Blepharoplasty surgery.

Chronic pain – Chronic pain may occur very infrequently after Blepharoplasty.

Skin disorders/skin cancer – a Blepharoplasty is a surgical procedure to tighten the loose skin and deeper structures of the eyelid. Skin disorders and skin cancer may occur independently of eyelid surgery.
Ectropion – Displacement of the lower eyelid away from the eyeball is a rare complication. Further surgery may be required to correct this condition.
Corneal exposure problem – Some patients experience difficulties closing their eyelid after surgery and problems may occur in the cornea due to dryness. Should this rare complication occur, additional treatments or surgery and treatment may be necessary. Cornea Damage or injury from surgery, cautery or exposure may occur.

Patient Initials_____

RISKS of BLEPHAROPLASTY SURGERY (Cont.)

Unsatisfactory result – There is the possibility of a poor result from eyelid surgery. Surgery may result in unacceptable visible deformities, loss of function, 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. Additional surgical procedures such as a brow lift may be needed to correct eyebrow sagging which contributes to upper eyelid problems.
Allergic reaction - In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reaction which are more serious may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional
treatment.
Eyelash hair loss – Hair loss may occur in the lower eyelash where the skin was elevated during surgery. The occurrence of this is not predictable. Hair loss may be temporary or permanent.
Delayed healing – Wound disruption or delayed wound healing is possible.
Long term effects – Subsequent alternations in eyelid appearance may occur as the result of aging, weight loss or gain, sun exposure, or other circumstances not related to eyelid surgery. Blepharoplasty surgery does not arrest the aging process or procedure permanent tightening of the eyelid region. Future surgery or other treatments may be necessary to maintain the results of a Blepharoplasty.
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.

HEALTH INSURANCE
If hooding of the upper eyelid interfere with your vision, your health insurance company may cover Blepharoplasty surgery for the upper-eyelids only. Most health insurance companies exclude coverage for cosmetic surgical operations such as the lower-eyelid Blepharoplasty 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 of eyelid surgery. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with Blepharoplasty 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, laboratory test, anesthesia, and 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). This document is based on a thorough evaluation of scientific literature and relevant clinic practice to describe a range of generally acceptable risks and alternative forms of management of a particular disease or condition. The informed consent process attempts to define 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 particular 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 on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve. This informed-consent document reflects the state of knowledge current at the time of publication.

It is important that you have read the above information carefully and have all of your questions answered before signing the consent form below.

Patient Initials_____

INFORMED CONSENT FOR BLEPHAROPLASTY SURGERY / PROCEDURE OF TREATMENT

1. I hereby authorize: **Sadiqa Stelzner, M.D., F.A.C.S., M.A.** and such assistants as may be selected to perform the following procedure or treatment: Bilateral blepharoplasty upper eyelids
   a. Yes___ / No___ I, (Patient Name and Date of Birth) _____ consent to addend my procedure or treatment to include Cosmetic; Bilateral blepharoplasty lower eyelids, that will most likely not be considered for insurance company coverage as it is considered Not Medically Necessary by most if not all Medical Insurance Companies.
2. I recognize that during the operation and medical treatment under 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 judgment necessary and desirable.
3. 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.
4. 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.
5. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
6. 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.
7. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
8. I consent to the disposal of any tissue, medical devices or body parts that may be removed.
9. I authorize the release of my identity card number to appropriate agencies for legal reporting and medical-device registration, if applicable.
10. 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
    d. PRE- AND POSTOPERATIVE INSTRUCTIONS WERE DISCUSSED AND GIVEN TO ME

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-10).
I AM SATISFIED WITH THE EXPLANATION.

_____ _____
Print Patient Name Date of Birth

_____ _____
Patient Signature (or person authorized to sign for patient) Date

_____ _____
Witness Surgeon

PRE-OPERATIVE INSTRUCTIONS FOR BLEPHAROPLASTY (EYELID SURGERY)

1. Stop all the blood thinners, Vitamin C, E, Gingko, Omega 3 EFA or any herbal supplements 1-2 weeks before surgery
2. Heat pack and Wash eyelids 1-2 times daily with baby shampoo and hot water prior to the surgery and stop 2-3 days before surgery
3. Please use Arnica Montana herbal healing supplement 2 days prior to surgery
4. Please do not drink alcoholic beverage 1-2 days before, it causes increase bleeding

POST-OPERATIVE INSTRUCTIONS FOR BLEPHAROPLASTY (EYELID SURGERY)

1. Ice pack over the eyes for **first 48 hours**. Use warm compress over eyes **after** 1 week. Please do not rub your lids for 2-3 weeks
2. Apply antibiotic ointment over stitches. There is no need for gauze or band aids.
3. Sleep with head elevated on a high pillow to prevent swelling.
4. Place shields over the eye for 2 weeks after surgery
5. Do not put head down, to prevent bleeding, for 48 hours.
6. Take pain medication Tylenol every 4-6 hours as needed if you have liver problem please minimize it
7. May work or drive as tolerated as soon as you feel well enough the day after surgery.
8. If you have contact lenses, wait 1 week to use them.
9. Use tinted or sun glasses when you go out in public.
10. Call doctor if you experience excessive swelling, pain, bleeding or difficulty seeing.
11. Restart Vit C and your other herbal and Vitamin supplements 3 days after surgery
12. Please eat more of Papaya and Pineapple after surgery to help with collagen healing
13. Continue Arnica Montana herbal pills for 1-2 weeks after surgery
14. You will be bruised and swollen after surgery for 1-3 weeks
15. No water or shower over the eyes for more than 72 hours, please use wash cloth to wash your face and hair. Avoid direct water over the lids for 1 week

Kindly remove all your jewelry, leave them at home or give to your family to take back.
The hospital or the clinic will not responsible for any lost of it.