INFORMED CONSENT FOR BROW LIFT

Patient Name: _____ Chart #: _____ Date: _____

I hereby authorize Dr. Niamtu and staff to perform the following procedure: _____
_____

Other treatment options: _____

Please initial each paragraph after reading. If you have any questions, please ask your doctor <u>before</u> initialing.

I hereby acknowledge that the following has been explained to me and I have had an opportunity to ask questions.

____1. A 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 a brow lift will provide a person with a more youthful appearance, it I 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.

____2. I have been completely candid and honest with my surgeon regarding my motivation for undergoing a brow lift, realizing that a new appearance does not guarantee an improved life.

____3. When removal of pouches around the eyes is desired, eyelid surgery (blepharoplasty) may be done in conjunction with the brow lift or as a separate procedure.

____4. Brow lift and eyelid surgery will <u>not</u> remove the small wrinkles around the eyes remove discoloration around the eyes or remove skin blotches.

____5. If I use tobacco, I understand that this could complicate surgery, anesthesia, healing, result, and longevity.

____6. Additionally, I have been advised and understand that the brow lift surgery will not cease the aging process. Future and additional face-lift surgeries may be necessary depending upon aesthetic and cosmetic considerations. Individual differences and expectations create wide differences in the results that can be anticipated.

____7. I understand and have been advised that this is <u>not a minor surgical procedure</u>.

Surgical Considerations

____1. A brow lift may be performed under a local anesthetic usually combined with intravenous sedation and/or general anesthetic. Preoperative sedation may be given to relieve anxiety.

____2. Incision placement is determined by the judgment of the surgeon before and at the time of surgery. Incisions are generally placed inside the hairline above the forehead and above the temples on either side.

____3. The surgeon will then separate skin and muscles from the bone of the forehead. This is accomplished by inserting the endoscope through one incision to visualize the surgical area while surgical instruments are inserted through another incision. The skin and muscles will be pulled upward and attached to the skull with fixation tacks that will dissolve. (endoscopic brow lifts only).

____4. Every reasonable attempt will be made to place incisions along the natural skin lines and creases or in the existing hairline. In many cases, the incisions will result in some scarring. In most cases, the scar will fade or become less visible as healing occurs. However, in some cases, the scars may be permanent and in rare cases a second procedure (scar revision) may be necessary.

____5. 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.

Postoperative Considerations

____1. A dressing may be placed at the end of surgery to place pressure on the forehead. The dressing will be left in place over night.

____2. Postoperative pain is typical and can be controlled with medication. I understand that I will be asked to keep my head elevated for a few days to allow for drainage.

____3. Postoperatively, swelling and bruising of the skin is common and may last up to two weeks. Persistent swelling may not resolve for up to six months. Patients often report a feeling of tightness, which is described as being uncomfortable. The duration and intensity varies with each individual. Healing is a gradual process and the final results may not be realized for six months or more.

____4. As a result of surgery and repositioning of the skin, some residual numbness can be expected. The numbness is usually temporary, lasting from six to twelve months. In rare cases, there can be areas of permanent numbness.

____5. Postoperatively, I understand I must avoid excessive or strenuous exercise such as aerobics, heavy lifting and housework for a few weeks.

Risk and Complications

Dr. Niamtu has explained to me there are certain inherent and potential risks in any treatment plan or procedure, and in this specific instance such operative risks, but are not limited to:

____1. Delayed healing. In rare cases, necrosis (death of the skin) can occur. This may require additional treatment and surgical procedures.

____2. Infection and localized collection of blood are not uncommon. When necessary, antibiotics will be prescribed. In rare cases, serious infections may result in the need for additional treatment and/or hospitalization. Minor blood clots will be drained.

____3. Poor healing may result in excessive and permanent scarring and/or hair loss around incision site necessitating a second operation or scar revision.

____4. Blood loss is usually minimal; however, in some cases, a transfusion may be necessary. I have been advised of my rights regarding autologous blood (self and/or family member transfusion).

____5. Nerve damage. The surgery will involve areas of certain cranial or facial nerves. Damage to the nerves can result in numbness, usually temporary. However, in rare cases, the numbness can be permanent. Additionally, there is a 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 rare conditions, it can be permanent.

No Guarantee of Treatment Results

____1. No guarantee or assurance has been given to me that the proposed treatment will be curative and/or successful to my complete satisfaction. I understand it's impossible to predict someone's result, "for instance looking 10 years younger." Due to individual patient differences, there may exist a risk of failure, or relapse, my condition may worsen, selective retreatment may be required, or my present condition may worsen in spite of care provided.

____2. I have had an opportunity to discuss with Dr. Niamtu my past medical and health history including any serious problems and/or injuries and have fully informed him of it.

____3. I agree to cooperate fully with the recommendations of Dr. Niamtu while I am under his care, realizing that any lack of same can result in a less than optimal result or may be life threatening.

____4. If any unforeseen conditions should arise in the procedure of the operation calling for the doctor's judgment or for procedures in addition to or different from those now contemplated, I request and authorize the doctor to provide the appropriate service.

Miscellaneous

____1. I request the disposal by the authorities of the above-named medical facility of any tissues or parts, which it may be necessary to remove.

Female Patients

I have advised Dr. Niamtu as to whether or not I am currently utilizing birth control pills. I have been advised and informed certain antibiotics and some pain medications may neutralize the therapeutic effect of birth control pills allowing for conception and resulting in pregnancy. I agree to consult with my family physician to initiate additional forms of mechanical birth control during the period of my treatment with Dr. Niamtu and until I am advised I can return to exclusive use of birth control pills by my physician.

I have had an opportunity to have my questions answered and I certify that I understand English.

Patient's (or Legal Guardian's) Signature Date

Witness' Signature Date

Counseling Physician: I have counseled this patient as to the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above.

Signature of Counseling Physician Date