

Consent for Blepharoplasty (eyelid surgery)

I have discussed the operation with Dr. Kohout and I have received information on the possible risks and complications of surgery. The risks include, but are not limited to those listed below:

ANAESTHETIC RISKS

All anaesthetics have risks which should be discussed with your anaesthetist prior to the procedure.

GENERAL RISKS OF SURGICAL PROCEDURES

- Areas of the lungs may collapse (atelectasis), possibly leading to chest infection/pneumonia. Treatment of this complication may need admission to a hospital, intravenous antibiotics and chest physiotherapy.
- Clots in the legs (deep vein thrombosis or DVT) with resultant pain and swelling. Rarely part of this clot may break off and go to the lungs (pulmonary embolus or PE) which can be fatal.
- A heart attack because of strain on the heart or a stroke, both of which can be fatal.
- Bleeding may occur. At worst, this will require return to the operating theatre to evacuate the blood clot and to stop the bleeding.
- There will be bruising after surgery. This usually settles after approximately 2 weeks
- Wound infection may complicate the operation. The infection is usually treated with antibiotics, oral or intravenous, depending on its severity. This may lead to the wound opening up and / or increased scarring.
- Dehiscence or reopening of the wound may occur. This usually happens as a result of infection and is managed by treating the infection. Dehiscence in the absence of infection can be treated by resuturing the wound.
- Allergies to anaesthetic agents or antiseptic solutions
- Scarring: surgery results in scars, which may heal in unexpected ways. Unfavourable healing may result in scars that are wide, pigmented, lumpy, red, itchy, uncomfortable or even painful.

SPECIFIC RISKS OF BLEPHAROPLASTY

- Loss of vision is the most uncommon but the most serious of the possible complications. It is estimated that it occurs is about one case in 25,000 and occurs because of untreated bleeding around the eye.
- Vision may be blurred for a few days due to swelling. And or eye ointment.
- Bleeding from the operative site is uncommon, occurring in about 2-3% of cases. This may result in accumulation of blood under the skin that may require removal. It is most likely to occur immediately following surgery or that evening. High blood pressure, aspirin and bending and straining after surgery increase the risks of bleeding.
- Injury to the cornea (the clear lens at the front of the eye) is possible. If this occurs, it may need treatment by a specialist ophthalmologist. This may entail eye drops or antibiotic creams, rest and / or an eye patch.
- Infection following blepharoplasty is very uncommon due to the superior healing qualities of the facial areas. If infection occurs it will become evident within one week of surgery. This may require treatment with antibiotics. In the unlikely event of infection, the ultimate result of the surgery may be adversely affected
- Swelling of the eyelids can affect contour for some months and during this period of settling, improvement in eyelid contour can be expected. It is likely that close scrutiny of your eyelids following the procedure may reveal some small irregularity in contour or symmetry.
- Double vision is usually temporary and is due to swelling and bruising around the eyes. It almost always improves within a week of surgery. Permanent double vision is exceedingly rare.
- Drooping of the upper eyelid again is uncommon and in fact is most commonly due to the failure to recognise the condition preoperatively. Nevertheless, injury to the muscle that holds the eyelid up is possible.
- Some Asymmetry of result is not uncommon. The aim of the operation is to achieve acceptable symmetry that is not out of line with normal asymmetry. This may mean asymmetry of the eyelid crease, position of the scars, or fullness of the eyelid.
- Scars: Incisions used for blepharoplasty are placed where they blend into the natural lines of the upper and lower lids. For the first few weeks the scars may be pink and slightly thickened. Scarring following surgery may take up to two years to fully mature and can be expected to be minimal and unnoticeable. However, while great care will be taken to give the neatest incision closure possible, individual wound healing can be unpredictable and it is possible that you may be unhappy with some aspect of your incision lines. Although rare, hypertrophic scars (widened or thick) and keloid scars (overgrown) can occur in some cases. The scars may need to be revised in a separate operation.
- Tightness of the lower eyelid can occur in the early healing period resulting in widening of the eye or slight turning out of the eyelid (ectropion). This can be expected to have resolved by six weeks following surgery and

can be helped by regular massage. Permanent ectropion of the lower eyelid can occur. Entropion, where the eyelid is turned in, is less likely although can also occur.

- The eyelids may have a more sunken appearance after surgery.
- There can be a feeling of dryness or irritation in the eye that requires treatment with eyedrops.
- There is a possibility, of a temporary decrease in sensation of the eyelid skin

PATIENT CONSENT

- The doctor has explained my condition and the proposed procedure. I understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes. The doctor has explained other relevant treatment options and their associated risks.
- I have been given an Information Sheet** about the procedure and its risks. I was able to ask questions and raise concerns with the doctor about my condition, the procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand that Smoking increases the risks of surgery and if I choose to smoke, I accept these higher risks.**
- I understand that the procedure may include a blood transfusion. I understand that if organs or tissues are removed during the surgery, that these may be retained for tests for a period of time and then disposed of sensitively by the hospital. The doctor has explained to me that if unforeseen events happen during the procedure, they will be treated accordingly.
- I understand that no guarantee has been given as to the results of the procedure.
- I understand that secondary, revisional operations may be required in some cases. I also understand that charges will be made for the use of the operating room, whether in the day surgery or in the hospital, and for any materials required. I agree to be responsible for these charges. A secondary surgical fee may be charged.
- I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me as to the results of the operation or procedure; nor are there any guarantees against unfavourable results.
- I consent to be photographed before, during and after the surgery; that these photographs shall be the property of the doctor and may be used for scientific and educational and promotional purposes. You will not be identified in any photo or video.
- Some operations require secondary or multiple procedures to obtain a better result. There may be a fee if a secondary procedure is required

On the basis of the above statements, I request to have the procedure performed.

Patient signature/Parent signature

X

Name

Date

Doctor's signature

X

Date
