Lexington Plastic Surgery

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MELOPLASTY - FACELIFT

REQUEST FOR TREATMENT AND INFORMED CONSENT

DO NOT SIGN THIS FORM UNTIL YOU HAVE READ IT AND FULLY UNDERSTAND ITS CONTENTS

PATIENT: _____ DATE: ____/____/____ I

understand that the above named procedure has been explained and is to be performed on me.

The following has been explained to me in general terms and I understand that:

1. The **DIAGNOSIS REQUIRING THIS PROCEDURE**is relaxation of facial skin, prominent neck bands and accumulation of fat under the neck.

2. The **NATURE OF THE PROCEDURE** isto attempt to lift, re-position and tighten the skin of the cheeks and neck (taking away the extra skin surgically). Incisions made on each side of the face and head are placed within the hairline and natural creases. An incision may be made under the chin to remove excess fat or to tighten/re-shape sagging muscles.

3. The **PURPOSE OF THIS PROCEDURE** is to transform sagging, tired looking cheeks, jowls and neck into a face with a more youthful, rested appearance.

4. **PRACTICAL ALTERNATIVES TO THIS PROCEDURE** include doing nothing and accepting the circumstances of my medical condition. There is not a good substitute for surgery. Sometimes a chemical peel (painting the skin with a combination of ingredients), dermabrasion (sanding the skin), Retin-A, chemical peels, laser resurfacing, moisturizers, or cosmetics (makeup) may improve fine wrinkle lines.

5. **IF I CHOOSE NOT TO HAVE THE ABOVE NAMED PROCEDURE, MY PROGNOSIS (future medical condition)** is not completely predictable and the medical condition may get better, may get worse or may stay thesame. However, failure to have the procedure may result in possible progression of the medical condition and/or the possible need for more extensive surgery if the medical condition progresses and remains undiagnosed or untreated. Diet, exercise, pregnancy, aging and health problems may all contribute to future changes in my medical condition.

6. **MATERIAL RISKS OF THIS PROCEDURE:** As a result of this procedure being performed, there may be material risks of: INFECTION, ALLERGIC REACTION, TOXIC REACTION, DISFIGURING SCAR, SEVERE LOSS OF BLOOD, LOSS OR LOSS OF FUNCTION OF ANY LIMB OR ORGAN, BRAIN DAMAGE, CARDIAC ARREST OR DEATH.

7. In addition to thesematerial risks, there may be **OTHER POSSIBLE RISKS**involved in this procedure including but not limited to:

   1) thinning of the hair around the incision, which may be temporary or permanent;

   2) scars in the scalp will not grow hair and there may be hair loss around the scars;

7. **OTHER POSSIBLE RISKS (concluded):**

3) improvement from surgery may change or be lost as time passes;

4) there may be temporaryor permanent numbness around the ears and earlobes; full sensation is usually restored within a few weeks;

5) earlobe distortion may occur;

6) facial nerve injury, including weakness and/or paralysis, may occur; however, this is exceedingly rare;

7) one of the most difficult areas to correct is the deep nasolabial fold crease; softening of these deep grooves will occur, but improvement is limited;

8) residual subcutaneous fat and/or fullness may remain;

9) telangiectasias (“spider veins”), if present before surgery, may increase in severity following surgery;

10) altered hair line and/or beard pattern may result;

11) prominent submandibular glands may become more obvious;

12) if opposite sides are treated, the result may not be symmetrical (equal) on both sides;

13) skin loss may occur (more common in smokers);

14) loose skin may remain;

15) some fatty tissue may undergo fat necrosis (dissolve away) which may cause lumpiness or firmness in the tissue and may sometimes require drainage;

16) fluid collections may accumulate under the skin and may require drainage or aspiration (withdrawal by needle);

17) pain and discomfort may occur;

18) numbness (sensory loss, loss of feeling), itching, firmness, lumpiness and tight feelings may occur and could be temporary or permanent;

19) scars will occur and may go from pink and firm to faded and soft over a period of six to twelve months; some scars may widen, become depressed, or appear raised, firm and "ropey" red which may take two years or longer to fade and soften; scars will be PERMANENT AND VISIBLE;

20) bruising and swelling may occur and last a few weeks to several months;

21) blood loss may occur which may necessitate transfusion (exceedingly rare); this carries the risk of exposure to AIDS, hepatitis or other infectious diseases;

Initials _____ (person signing)

8. Even though the risks and complications cited above are infrequent, they are the ones peculiar to the operation and are of greatest concern. Complications may also be increased due to the patient's individual medical condition and personal habits. Medications, i.e. **ASPIRIN,** may interfere with blood clotting and cause excessive bleeding. **SMOKING CIGARETTES** may interfere with the blood supply to the skin and may cause abnormal healing with tissue sloughing (dissolving away) and excessive scaring. **ALCOHOL** may cause excessive bleeding during and after surgery. Certain **HERBAL PREPARATIONS** may affect the blood clotting system and cause excessive bleeding while others may inhibit healing of the incisions. Colds, infections, boils and pustules may increase the risk of infection after surgery. Excessive sun exposure and/or tanning beds, heating pads and hot water bottles may cause severe bums at the surgery site if one has temporarily or permanently lost protective sensation.

9. I understand that the physician, medical personnel and other assistants will rely on statements made by me concerning my medical history and other information I provide in determining whether to perform the procedure or the course of treatment for my condition and in recommending the procedure which has been explained to me. Withholding medical and/or health information may result in further complications.

10. There may be a need for immediate or other additional surgery to treat the above complications, which could include hospitalization, time off work and additional expense to me.

11. I understand that my expectations should be realistic and I should consider not undergoing the surgery if my expectations are greater than the reality of this treatment. Psychological problems may occur due to unrealistic expectations of the surgery or difficulties in accepting changes in my appearance.

12. I understand that the practice of medicine is not an exact science and that NO GUARANTEES OR ASSURANCES HAVE BEEN MADE TO ME CONCERNING THE RESULTS OF THIS PROCEDURE.

13. I consent to the taking of pictures during the course of my treatment for the purpose of helping to plan and assess the proposed therapy. No photographs will be shown to patients or physicians without my permission. If any portion of my surgery is to billed to insurance (this does not include cosmetic procedures), I understand my insurance carrier may require photographs to process my claim.

14. On occasion, surgical revisions may be indicated following the original surgery. If planned or performed within one (1) year after the original surgery, there will be no charge by the surgeon. However, a fee will be charged by the facility for use of the operating room. There will also be a charge by the anesthesiologist if indicated.

15. Ivoluntarily consent to allow Dr. Gerstle and all medical personnel under his direct supervision and control and all other personnel who may otherwise be involved in performing such procedures to perform the procedure(s) described or otherwise referred to herein.

16. BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ OR HAD THIS FORM READ AND/OR EXPLAINED TO ME, THAT I FULLY UNDERSTAND ITS CONTENTS, THAT I HAVE BEEN GIVEN AMPLE OPPORTUNITY TO ASK QUESTIONS AND THAT ANY QUESTIONS HAVE BEEN ANSWERED SATISFACTORILY. ALL BLANKS OR STATEMENTS REQUIRING COMPLETION WERE FILLED IN.

Signature of person giving consent: _____ Date: _____

Relationship to patient if not the patient: _____

Witness: _____ Date: _____

_____ Copy ofconsent form offered to patient

_____ Copy given _____ Declined