Informed Consent

Blepharoplasty Surgery

©2020 American Society of Plastic Surgeons®. Purchasers of the *Informed Consent Resource* are given a limited license to modify the documents contained herein and reproduce the modified version for use in the Purchaser's own practice only. The American Society of Plastic Surgeons® does not authorize the use of these documents for purposes of any research or study. All other rights are reserved by the American Society of Plastic Surgeons®. Purchasers may not sell or allow any other party to use any version of the *Informed Consent Resource,* any of the documents contained herein, or any modified version of such documents.

INSTRUCTIONS

This document will help you learn about blepharoplasty surgery. It will outline the risks and other treatments.

It is important that you read the whole document carefully. Please initial each page. Doing so means you have read the page. Signing the consent agreement means that you agree to the surgery that you have talked about with your plastic surgeon.

GENERAL INFORMATION

In this surgery, excess skin and muscle from the upper and lower eyelids are removed. Fat under the eyelids makes the skin look baggy. This fat can be moved or removed to reduce sagging skin. It can also improve vision in older patients who have eyelid skin hanging over the eyes. Though this surgery adds an upper eyelid fold, it does not take away traces of one's racial or ethnic roots. It cannot remove wrinkles or "crow's feet." It does not fix dark circles under the eyes or lift sagging eyebrows.

Blepharoplasty surgery is specific to each patient, depending on his or her needs. It can be done on either the upper or lower eyelid, or both. It can be done alone or with other procedures to the eye, face, eyebrow, or nose. In patients with loose skin between the lower eyelid and the eyeball, the lower eyelid may be tightened (canthoplasty/canthopexy) at the time of blepharoplasty. This surgery cannot stop aging. It can only reduce loose skin and bagginess around the eyes.

OTHER TREATMENTS

Other treatments include not having surgery. Loose skin, fat deposits, and wrinkles can be fixed by a brow lift. Other surgeries can be done to fix eyelid function problems. Such problems could include drooping eyelids owing to muscle problems (eyelid ptosis) or looseness between the eyelid and eyeball (ectropion). Chemical peels, laser resurfacing, or other skin treatments can fix minor wrinkles. All treatments have their own risks and problems.

RISKS OF BLEPHAROPLASTY SURGERY

Every surgery has risks. It is important that you understand these risks and the possible problems. All procedures have limits. Choosing to have a surgery means comparing the risks and benefits. Most patients do not face problems, but you should talk about them with your plastic surgeon. Make sure you understand all possible outcomes of a blepharoplasty.

SPECIFIC RISKS OF BLEPHAROPLASTY SURGERY

Blindness:

Blindness is very rare after surgery. It can be caused by internal bleeding around the eye during or after surgery. This cannot be predicted.

Dry Eyes:

Surgery can cause permanent problems with tear production. This is rare and cannot be predicted. People with dry eyes should think twice before going in for this surgery.

Ectropion:

In some cases, the lower eyelid may move away from the eyeball. This is a rare problem that can occur during lower lid surgery. More surgery may be needed to fix this.

Cornea Exposure:

Some patients have trouble closing their eyelids after surgery. This may be due to dryness in the cornea. More treatment may be needed to fix this.

 _____ **Patient Initials**

©2020 American Society of Plastic Surgeons®

This form is for reference purposes only. It is a general guideline and not a statement of standard of care. Rather, this form should be edited and amended to reflect policy requirements of your practice site(s), CMS and Joint Commission requirements, if applicable, and legal requirements of your individual states. The ASPS does not certify that this form, or any modified version of this form, meets the requirements to obtain informed consent for this procedure in the jurisdiction of your practice.

Eyelash Loss:

You may lose lashes in the lower eyelid where the skin was lifted during surgery. This is not predictable. Eyelash loss may be temporary or permanent.

Asymmetry:

Surgery may cause changes in the way the eyes look. You may also see changes in eye opening level, eye shape, position of the lid fold, and size of the eyes. There are always minor differences in the size of the eyes, bones of the eye socket, and skin near the eyes. This may be more obvious after surgery. You may need more surgery to fix this. In some cases, the differences may not be fixable.

DISCLAIMER

Informed consent documents give you information about a surgery you are considering. These documents explain the risks of that surgery. They also discuss other treatment options, including not having surgery. However, informed consent documents can't cover everything. Your plastic surgeon may give you more or different information. This may be based on the facts of your case.

Informed consent documents are not meant to define or serve as the standard of medical care. Standards of medical care are determined based on the facts involved in an individual case. They may change with advances in science and technology. They can also change with the way doctors practice medicine.

It is important that you read the above information carefully and get all your questions answered before signing the consent agreement on the next page.

 _____ **Patient Initials**
©2020 American Society of Plastic Surgeons®
This form is for reference purposes only. It is a general guideline and not a statement of standard of care. Rather, this form should be edited and amended to reflect policy requirements of your practice site(s), CMS and Joint Commission requirements, if applicable, and legal requirements of your individual states. The ASPS does not certify that this form, or any modified version of this form, meets the requirements to obtain informed consent for this procedure in the jurisdiction of your practice.

CONSENT FOR PROCEDURE OR TREATMENT

1. I permit Dr. Thomas Jeneby and the doctor's assistants to do procedure **Blepharoplasty Surgery.**
2. I got the information sheet on Blepharoplasty Surgery.
3. I understand that, during the surgery, an unexpected situation may require a different medical procedure than the surgery listed above. I permit the doctor listed above, the assistants and/or designees to provide any treatment that my doctor thinks is needed or helpful. My permission includes all treatments that my doctor does not plan to do at the start of the surgery.
4. I understand what my surgeon can and cannot do. I understand that no warranties or guarantees have been hinted at or stated outright about the outcome of the surgery. I have explained my goals. I understand which outcomes are realistic and which are not. All my questions have been answered. I understand the surgery's risks. I am aware of other risks and possible issues, benefits, and options. I understand and choose to have the surgery.
5. I agree to the anesthetics that are needed or helpful. I understand that all types of anesthesia have risks and may result in complications, injury, and even death.
6. I am aware of the serious risks to my health when blood products are used. I agree to my doctor using them if my doctor, assistants, and/or designees think they are needed or helpful.
7. I agree to the disposal of any tissue, medical devices, or body parts taken out during or after surgery. I also agree to any additional surgeries or treatment that is needed or helpful.
8. I agree to have parts of my body photographed or televised appropriately before, during, and after the surgery for medical, scientific, or educational reasons, if the pictures do not reveal my identity.
9. For medical education, I agree that onlookers can be in the operating room.
10. I permit my Social Security Number to be given to the right agencies for legal reasons and medical device registration, when necessary.
11. I agree to the charges for this surgery. I understand that the doctor's charges are separate from the charges for the hospital and the anesthesia. I understand that there may be more charges if more procedures or treatments are needed or helpful. I agree to those charges, if any.
12. I understand that not having the surgery is an option and that I can opt-out of having the surgery.
13. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
    a. THE ABOVE SURGERY TO BE PERFORMED
    b. THERE MAY BE OTHER SURGERIES OR TREATMENT OPTIONS
    c. THERE ARE RISKS TO THE SURGERY

I CONSENT TO THE SURGERY AND THE ITEMS THAT ARE LISTED ABOVE (1-13).
I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS.

_____

Patient or Person Authorized to Sign for Patient Date/Time

_____

Witness Date/Time

_____ **Patient Initials**

©2020 American Society of Plastic Surgeons®