Informed Consent

Brow Lift Surgery

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INSTRUCTIONS

This document will help you learn about brow lift surgery. It will also outline the risks and alternative 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

A brow lift improves visible signs of aging near the forehead and eyebrow. With age, the skin at the eyebrows may become loose and sag. You may also see forehead folds, frown lines, and skin hanging over your eyelids (eyelid hooding). A brow lift cannot stop aging. However, it can improve the most visible signs of aging. Aging and facial animation can reverse a brow lift by pulling the treated area down. A brow lift can be done alone or with other procedures, like a facelift, liposuction, or eyelid or nasal surgery.

With advances in brow lift surgery, the procedure can be done in many ways, including via an endoscopy. Brow lift surgery is patient specific. The cut made during surgery may vary based on your need and the technique used.

OTHER TREATMENTS

Other treatments include not having surgery. Loose skin, wrinkles, and fat deposits may be fixed with Botox, chemical peels, laser, or liposuction. All treatments have their own risks.

RISKS OF BROW LIFT SURGERY

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

SPECIFIC RISKS OF BROW LIFT SURGERY

Bleeding:

In rare cases, you may bleed during or after surgery. If it happens after surgery, you may need more treatment to drain the blood (hematoma). You may even need a blood transfusion. Do not take aspirin or anti-inflammatory medications for at least 10 days before surgery. It may increase the risk of bleeding. Non-prescription “herbs” and supplements can also increase the risk of bleeding. The buildup of blood under the skin or scalp may delay healing and cause scars.

Infection:

Infection is rare after surgery. If you get an infection, you may need more treatment. This could include antibiotics or even surgery.

Change in Skin Sensation:

You may have less or no feeling in the face and scalp after surgery. This may not get better. You may have chronic itching in the scalp and brow after a brow lift.

Skin Shape Irregularities:

There may be unevenness in the shape of your skin after surgery. You may also see wrinkles and dents on the skin.

Scars:

All surgeries leave scars. Some are more visible than others. In most cases, good wound healing is expected. In some cases, scars may occur on the skin and in deeper tissues. These scars may look bad

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and be a different color than the rest of the skin. Hair loss near the scar may make it more visible. It is likely that suture marks may be visible. You may need more treatment, including surgery, to fix this.

Changes in Surgical Approach:
In some cases, depending on the situation at the time of surgery, your surgeon may change the surgical technique. This change could be from an endoscopic (closed) procedure to a standard (open) brow lift.

Surgical Anesthesia:
Local and general anesthesia have risks. They may cause problems, injuries, and even lead to death.

Nerve Injury:
Brow lift surgery may injure motor and sensory nerves. Weakness or loss of movement in the forehead or upper eyebrow may result in an uneven appearance after surgery. This should improve over time. Permanent weakness is rare. The sensory nerves of the forehead, scalp, and temple may also be injured. Less sensation in these regions after surgery is normal. In rare cases, you may have permanent numbness or painful nerve scars.

Damage to Deeper Structures:
Surgery may damage the eye, nerves, skull, blood vessels, or muscles. This can happen based on the type of procedure performed. These injuries may be temporary or permanent.

Asymmetry:
The human face is normally asymmetrical. Brow lift surgery may make one side of your face look different from the other.

Delayed Healing:
Delayed healing is possible. Some areas of the brow or scalp may heal slowly. You may need more dressing changes or more surgery to remove the non-healed tissue.

Seroma:
In rare cases, fluid may build under the skin. You may require more treatment to drain the fluid.

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.

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CONSENT FOR PROCEDURE OR TREATMENT

1. I permit Dr. Thomas Jeneby and the doctor's assistants to do the procedure **Brow Lift Surgery.**
2. I got the information sheet on Brow Lift 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

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