Informed Consent

Facelift Surgery (Rhytidectomy)

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INSTRUCTIONS

This informed consent will help you learn about facelift surgery. It will 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 facelift, or rhytidectomy, improves signs of aging on the face and neck. As people age, facial skin and muscles begin to lose tone. A facelift cannot stop aging. It can only improve signs of aging that are seen. This is done by tightening deeper structures, re-draping the skin, and removing fat from the face, neck, and other areas, as needed. This surgery can be done alone or with other procedures, like a brow lift, liposuction, eyelid surgery, nasal surgery, or fat graft.

Facelift surgery is different for each patient. It works best for people with a sagging face and neckline but elastic skin and well-defined bone structure.

OTHER TREATMENTS

Other treatments include not having surgery to fix loose skin in the face and neck. Loose skin, wrinkles, and fat deposits may be fixed with Ulthera®, CoolSculpting®, chemical peels, laser resurfacing, facial fillers, and BOTOX®. You can also go in for surgeries like liposuction and suspension sutures. All treatments have their own risks.

RISKS OF FACELIFT SURGERY

Every surgery has risks. It is important that you understand the risks and the possible problems that can result from them. 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 the surgery.

SPECIFIC RISKS OF FACELIFT SURGERY

Hair Loss:

You may have hair loss in areas of the face where skin was lifted during surgery. Though this is rare, hair loss is common in the temples and behind the ear. Hair loss cannot be predicted.

Nerve Injury:

Surgery may injure the motor and sensory nerves. You may have weakness or loss of movement after surgery. Nerve injuries may cause temporary or permanent loss of facial movement and feeling. You may need more surgery like nerve repair, a graft, or a nerve transfer to fix such injuries. Injury to sensory nerves of the face, neck, and ears may cause temporary or permanent numbness. Painful nerve scarring is very rare.

Use of Platelet Gel or Fibrin Sealant "Tissue Glue":

Platelet gel is taken from your blood. Fibrin sealants are made from human blood, which is treated with heat to remove any virus. These can be used to join tissue layers after surgery. They may also lessen bruising after surgery. Sealants taken from donor blood is first screened for hepatitis, syphilis, and HIV. The use of sealants is common in cardiovascular and general surgery. They can reduce bleeding and join tissues.

Scars:

Scars from a previous facial surgery may limit skin tightening.

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Asymmetry:

You may not have symmetrical body appearance after surgery. Factors such as skin tone, fat deposits, bone structure, and muscle tone may add to normal asymmetry. Most patients have differences between the right and left sides of their faces before surgery. More surgery may be needed to reduce asymmetry.

Parotid Fistula:

The parotid gland at the angle of your jaw makes saliva. Deep facelifts may cause the gland to open. This leads to saliva leakage in the surgery site. This is called a salivary or parotid fistula. An amylase test shows if you have a fistula. It can be fixed with BOTOX® or more surgery**.**

Seroma:

Fluid may build between the skin and tissues under after surgery, trauma, or heavy exercise. If this occurs, the fluid must be drained. This should be fixed to prevent a poor outcome. If you have a seroma, tell your surgeon. A seroma after a facelift can be fixed by drawing out the fluid.

Return of Aging Signs:

A facelift is a short-term fix for ageing signs. How long your facelift can last depends on many factors. These include bone structure, weight gain/loss, and the surgical method used. A facelift cannot stop aging. It can only improve the most visible signs of aging.

Distortion of Anatomic Landmarks:

A facelift may distort the hairline, side burns, and earlobes. It may also change the shape of the face, eyes, and neck. This may be permanent. You may need more surgery to fix this.

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**
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CONSENT FOR PROCEDURE OR TREATMENT

1. I permit Dr. Thomas Jeneby and the doctor's assistants to do the procedure **Facelift Surgery (Rhytidectomy).**
2. I got the information sheet on Facelift Surgery (Rhytidectomy).
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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