Informed Consent

Facial Implant Surgery

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INSTRUCTIONS

This informed consent document will help you learn about facial implant surgery. It will also outline the risks and alternate treatments.

It is important that you read this 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

Facial implants use special solid and organic materials to enhance the structure of your face or make it bigger. The type and size of the implant depends on your goals, the features you wish to correct, and your surgeon's judgment. Any facial area can be made bigger with implants. The cheekbones, chin, and jaw are the most commonly fixed areas These implants can balance the features of the face. They can help define the face and make features more distinct.

Facial implant surgery works best for people who have a fully developed head and skull. Such development is generally seen in late adolescence. You must remember that the human face is normally asymmetric. Your results may also not be completely symmetric. Facial implant surgery can be done alone or along with other face shaping procedures like nose or ear surgery.

OTHER TREATMENTS

One option is to not have surgery. There are other treatment options like fillers, fat grafts, and tissue adjustments. These treatments have their own risks.

RISKS OF FACIAL IMPLANT SURGERY

All surgeries have risks. It is important that you know these risks. You must also know about the possible problems that may come up during or after surgery. Every procedure has its limits. Choosing to have surgery means comparing the risks and benefits. Most patients do not face problems, but you must talk about them with your plastic surgeon. Make sure you understand all possible outcomes of facial implant surgery.

SPECIFIC RISKS OF FACIAL IMPLANT SURGERY

Asymmetry:

The human face is normally asymmetrical. A facial implant can make one side of the face look different from the other.

Degradation of Implants:

In some cases, small pieces of the implant may separate from the implants' outer surface. The effects of this are unknown and have not been shown to cause disease.

Implant Extrusion:

An implant may be exposed if there is less tissue covering it. This may lead to an infection. If this occurs, the implant may need to be removed.

Nerve Injury:

Facial implant surgery may injure motor and sensory nerves. This can cause weakness or loss of facial movements in the mouth or upper eyebrow. This may result in an uneven appearance. Most people will get better over time. Permanent weakness is rare. There may also be injuries to sensory nerves in the face, neck, and ears. Permanent numbness or painful scars are rare but may occur.

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Damage to Deeper Structures:
Structures such as the eye, nerves, facial bones, blood vessels, and muscles may be damaged during surgery. with the chances of this happening depend on the type of facial implant surgery. These injuries may be temporary or permanent.

Chronic Pain:
In rare cases, you may have chronic pain after facial implant surgery.

Hair Loss:
Hair loss may occur where skin is elevated during surgery. This cannot be predicted.

Bleeding:
In rare cases there may be problems with bleeding during or after surgery. You may need emergency treatment to stop it or drain the collected blood (hematoma). Do not take any aspirin or anti-inflammatory medications for ten days before surgery. They can increase the risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk. High blood pressure that is not under good medical control may cause bleeding during or after surgery. Collection of blood under the skin may delay healing and cause scars.

Scars:
Your surgical wound should heal properly. Even then, there may be unusual scars on the skin or in deeper tissues. Scars may look bad or be off color. Stitches can also leave marks. You may need more treatment, including surgery.

Poor Results:
In some cases, you may not get the results you want from the facial implant surgery. The surgery may cause unacceptable deformities that may be seen or felt. You may also see loss of function or changes in the position of facial features. More surgery may be needed if you are not satisfied with the results. Partial healing of damaged structures before surgery may interfere with the results of the surgery.

Additional Surgery:
You may need more surgery in case of issues. Many conditions may impact the risk of surgery and long-term results. The issues listed above for facial implant surgery are rare but could raise a need for more surgery or other treatments. Other issues and risks are even more rare. Medical practice and surgery are not an exact science. We expect good results, but there is no guarantee for the results. You may need to go in for more surgery to improve your results after facial implant surgery.

Long-Term Effects:
More changes to facial appearance may occur later. These may be due to aging, weight loss or gain, sun exposure, and other factors not related to facial implant surgery. More surgery or other treatments may be needed to maintain the results of implant surgery.

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 **Facial Implant Surgery.**
2. I got the information sheet on Facial Implant 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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