# Informed Consent

## Orbital Floor Fracture Repair Surgery

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## INSTRUCTIONS

This document is about informed consent. It will tell you about orbital floor fracture repair 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

Injury to the face can damage the orbital floor. This includes the bones around the eye. If these bones are fractured, they may not heal properly on their own. The sides of the fracture may not align correctly. This may cause deformities that can be seen or felt along with functional deformities. Other aspects of the face, such as the cheekbones or jaw, may also need treatment. Orbital floor fracture repair surgery can fix such problems. The eye and the nerves for eye movement and sight may be damaged at the time of the orbital floor injury or during repair.

Orbital floor fracture repair surgery is most often done by making cuts in the skin or within the lining of the eyelid. Some fractures may be small. These may not need surgery.

Timing of orbital floor fracture repair surgery is critical. This is because orbital and cheekbone fractures tend to heal quickly.

## OTHER TREATMENTS

You may choose not to treat orbital floor fractures. This has its risks and possible issues. There may be deformities that can be seen or felt. The eyes may be left in an incorrect position. This can cause problems like double vision.

## RISKS OF SURGERY

All surgeries have some risk. It is important that you know these risks. You must also understand other issues that might come up during or after surgery. Every procedure has its limits. Choosing to have a surgery means comparing the risks and benefits. Most people do not face problems, but you should talk about them with your plastic surgeon. Make sure you know all possible risks of orbital floor fracture repair surgery.

## SPECIFIC RISKS OF ORBITAL FLOOR FRACTURE REPAIR SURGERY

### Nasal Airway Changes:

Changes from orbital injury or repair may hinder normal passage of air through the nose. The appearance of the nose may change. You may need more surgery.

### 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). Bleeding may make breathing difficult. It can cause blindness that may or may not go away. 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.

### Infection:

If you get an infection, you may need more treatment. This could include antibiotics or sometimes more surgery. Implants (hardware) that were put in during the first surgery may need to be removed.


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**Eyelid Problems:**
Cuts made around the eyelids may leave scars. The lids may not look or work right. The scars could also damage the eyes. You may need more surgery to fix this.

**Blindness or Double Vision:**
There is risk of injury to the eye and the structures around it during surgery. Blindness is very rare after this surgery. However, it can be caused by internal bleeding around the eye during or after surgery. This risk cannot be predicted. You may have double vision after surgery. It may or may not go away. If it does not, you may need glasses or more surgery.

**Shifting of the Eyeball:**
The eyeball may stick out or sink in more than before. This may happen even months after surgery. You may need more surgery to fix this.

**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:**
The result may not be as good as you wanted. There may be unsightly changes that can be seen and felt, loss of function, loss of sensation, or changes to the structure. More surgery may be needed. Partial healing of damaged structures prior to orbital floor repair surgery may hinder an optimal result from surgery. These results may NOT improve with more treatment.

**Damage to Deeper or Surrounding Structures:**
Damage to deeper tissues, like nerves, teeth, tear ducts, blood vessels, muscles, and the eye, can happen during surgery. The risk depends on the type of surgery. The injury may or may not go away.

**Asymmetry:**
Human faces are usually uneven. That is, one side is not the same as the other. You may see more difference after this kind of surgery.

**Numbness or Weakness:**
The injury or the surgery may cause numbness of the skin that may not go away. This risk cannot be predicted. Face muscles may also be weak or may not work at all. This may or may not go away.

**Chronic Pain:**
Rarely, you may have lasting pain after orbital floor repair surgery.

**Hardware and Deeper Structures:**
The surgeon may use small screws, metal plates, or wire stitches to keep damaged orbital structures in place. You may notice these items afterward. If they show on the outside of the wound, they may have to be taken out later.

**Delayed Healing or Lack of Union:**
Some areas of the orbital floor may not heal properly. They may take a long time to heal. Bones may fail to come together tightly. Some areas of skin may die. You may need bandage changes often. More surgery may be needed to take out unhealed tissue.

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## Long-Term Effects:

Changes in orbital floor appearance may happen later. Injury, aging, sun exposure, or other factors apart from this surgery may cause such changes. You may need more surgery or other treatments.

## Compliance:

It is critical that you comply with any restrictions we advise during the healing period. You must stay away from personal and work activities that could re-injure your face until healing is complete.

## Additional Surgery:

You may need more surgery in case of issues. Many conditions may impact the risk and long-term results. The issues listed above for orbital floor repair 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.

## 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 **Orbital Floor Fracture Repair Surgery.**
2. I got the information sheet on Orbital Floor Fracture Repair 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



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