AMERICAN SOCIETY OF PLASTIC SURGEONS®

Informed Consent

Partial Facelift Surgery (Rhytidectomy)

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INSTRUCTIONS

This document will help you learn about partial facelift surgery (rhytidectomy). It will also outline the risks and 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

Partial facelift, or rhytidectomy, is a surgery to take away signs of aging in parts of the face and neck. It is also called a short-scar or limited-incision facelift. As people age, the skin and muscles of the face and neck lose tone. Partial facelift cannot stop the aging process. However, it can improve the most visible signs of aging. This can be done by tightening deeper tissues, re-draping the skin, and removing fat. A rhytidectomy can be done alone or with other surgeries. It is often done along with a brow lift, liposuction, eyelid surgery, nasal surgery, or fat graft.

Usually, a partial facelift improves the front of the neck or the midface. Partial facelifts for specific areas such as the front of the neck work best when there are partial muscle neck bands and slightly loose skin, and no extra skin or fat. The surgeon makes a small cut under the chin to re-drape the skin and tighten the neck bands.

For the midface, the surgeon lifts and re-drapes the upper cheek area. There are many methods to treat this area, including cheek implants, fat grafts, and cheek lifts. These involve making small cuts at the lower eyelid crease and within the hair-bearing scalp and temple areas.

A partial facelift is less invasive than a full facelift. It cannot make the whole face look younger. The cuts made for a partial facelift are smaller than those for a full facelift. It works best on patients with limited aging areas, such as the front neck with mild bands and loose skin, or patients with cheek/midface laxity without jowls or full signs of facial aging.

Partial facelift surgery is tailored for each patient. The best candidates for partial facelift surgery have a face and neck line that is starting to sag in some areas but not everywhere. They should also have supple skin and a well-defined bone structure.

These partial procedures only address present facial aging. They will not stop future aging. There may be uneven aging. The treated area appears much younger than other areas. Talk about this with your surgeon to set realistic outcomes.

OTHER TREATMENTS

You can choose not to have this surgery. There are non-surgical treatments for loose or wrinkled skin and for fat deposits. These are Ulthera™, CoolSculpting™, chemical peels, laser resurfacing, facial fillers, and Botox®. Other surgeries include liposuction and suspension sutures. These options have their own risks and problems.

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 a partial facelift surgery (rhytidectomy).

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SPECIFIC RISKS OF PARTIAL FACELIFT SURGERY (RHYTIDECTOMY)

Hair Loss:
You could lose your hair in areas of the face where the skin was raised during the surgery. Though it is rare, the most common hair loss sites are around the temple and behind the ear. Hair loss cannot be predicted.

Nerve Injury:
Motor and sensory nerves may be injured during a partial facelift. Weakness or loss of facial movements may occur after this surgery. Nerve injuries during surgery may cause temporary or permanent loss of facial movement and feeling. This may get better over time. More surgery, such as nerve repair, grafting, or transfer, may be needed for a nerve injury. Injury to the sensory nerves of the face, neck, and ear may cause temporary, and in rare cases, permanent numbness. Painful nerve scarring is very rare.

Use of Platelet Gel or Fibrin Sealants as "Tissue Glue":
We may use platelet gel and fibrin sealants to hold tissue layers together in surgery and to lessen bruising. Platelet gel is made from your blood. Fibrin sealants are made from human blood plasma. This is carefully screened for hepatitis, syphilis, and human immunodeficiency virus (HIV). The sealants are heat treated to kill possible infection. These products have been used safely for many years as "glue" in cardiovascular and general surgery. They reduce surgical bleeding and join layers of tissue.

Previous Surgical Scars:
Scars from prior facial surgery may limit the amount of skin tightening.

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 can open this gland and leak saliva into the surgery site. This is called a parotid fistula. An amylase test shows if you have a parotid fistula. Non-surgical treatment such as Botox or surgery can close it.

Seroma (Fluid Build-Up):
In rare cases, fluid may build up between your skin and the tissues under after surgery, trauma, or heavy exercise. If this happens, more surgery may be needed to drain the fluid. Seromas should be dealt with to prevent an unwanted outcome. Please notify your surgeon should this problem occur. A seroma after a facelift usually goes away by drawing out the fluid.

Return of Aging Signs:
A facelift is a temporary means to improve the visible signs of aging. How long your facelift lasts depends on many factors. These include bone structure, weight gain/loss, and the method used to perform the facelift. The facelift cannot stop the aging process. It can only improve the most visible signs of aging. This is done by tightening deeper structures, re-draping the skin of the face and neck, and removing selected areas of fat.

Distortion of Anatomic Landmarks:
A partial facelift may change the hairline, sideburns, and earlobes along with the shape of the face, eyes, and neck. These may be permanent. More surgery may be needed to fix this.

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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 **Partial Facelift Surgery (Rhytidectomy).**
2. I got the information sheet on Partial 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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