

LATERAL BROWLIFT

MAKING AN INFORMED DECISION

GENERAL INFORMATION

A Lateral Browlift is a surgical procedure to improve visible signs of aging on the brow and upper eyelid. As individuals age, the skin and muscles of the brow and eyelids begin to lose tone. The browlift cannot stop the process of aging. It can improve the most visible signs of aging by tightening the deeper structures and re-draping the skin of the lateral brow, which elevates the brow, outer part of the upper eyelid and the outer part of the cheek. A browlift can be performed alone, or in conjunction with other procedures, such as eyelid surgery, face and neck surgery.

ALTERNATIVE TREATMENT

Alternative forms of management consist of not treating the laxness in the brow and eyelids. Some improvement in wrinkles or lines can be gained with the use of Botox and/or fillers. Improvement of skin laxity, skin wrinkles and fatty deposits may be attempted by other treatments of surgery such as chemical face peels, laser resurfacing or liposuction. Risks and potential complications are associated with some alternative forms of treatment.

RISKS of BROWLIFT SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved in browlift. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with Dr Linsell to make sure you understand the risks, potential complications, and consequences of a browlift.

Bleeding – It is possible, though unusual, that you may have problems with bleeding during or after surgery. Should post-operative bleeding occur, it might require emergency treatment to drain accumulated blood or require a blood transfusion. Do not take any aspirin or any inflammatory medications for ten days before the surgery, as this contributes to a greater risk of bleeding. Hypertension (high blood pressure) that is not under good medical control may cause bleeding during or after surgery. Accumulations of blood under the skin may delay healing and cause scarring.

Infection - Infection is unusual after surgery as you are routinely given antibiotics during and for 10 days after your procedure. Infection may contribute to breakdown of your wound and delayed healing. This will always heal yet may take longer than expected. Should an infection occur, treatment including antibiotics, hospitalization, or additional surgery may be necessary.

Scarring – Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different colour than the surrounding skin. There is the possibility of visible marks from sutures. Additional treatments may be needed to treat scarring.

Delayed healing – Wound disruption or delayed wound healing is possible. Some areas of the face may not heal normally or take a long time to heal. Areas of skin may die. Frequent dressing changes or further surgery may be required to remove the non-healed tissue.

Smokers have a greater risk of skin loss and wound healing complication.

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Damage to deeper structure – Deeper structures such as blood vessels, muscles, and particularly nerves may be damaged during the course of surgery. The potential for this is to occur varies with the type of browlift procedure performed. Injury to deeper structures may be temporary or permanent.

Asymmetry – The human face is normally asymmetrical. There can be a variation from one side to the other in the results obtained from browlift procedure.

Surgical Anaesthesia – Both local and general anaesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anaesthesia or sedation.

Nerve injury – The Facial Nerve supplies the muscles of facial expression. A branch of the Facial Nerve crosses the area accessed during the browlift. Damage to the Facial Nerve can result in decreased or loss of movement in some of the muscles of facial expression in the forehead. If this occurs it is usually temporary and it corrects itself within 6 months. Rarely, permanent damage to the Facial Nerve results in facial and/or brow asymmetry, which may be impossible to correct. Injury to sensory nerves of the forehead may cause temporary or more rarely permanent numbness of the forehead and scalp. Painful nerve scarring is very rare.

Chronic pain – Chronic pain is a very rare complication after browlift.

Unsatisfactory result – Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. You may be disappointed with the results of browlift surgery. This would include risks such as facial asymmetry, loss of movement in the muscles of facial expression, unsatisfactory or highly visible surgical scar location, loss of sensation and persistent loose skin and wrinkles. It may not be possible to correct or improve the effects of surgical scars. In some situations, it may not be possible to achieve optimal results with a single surgical procedure. Additional surgery may be required to improve results.

Allergic reaction – In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions, which are more serious, may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

Hair loss – Hair loss may occur in forehead area where the skin was elevated during surgery. The occurrence of this is not predictable, however is uncommon.

Long term effects – Subsequent alterations in facial appearance may occur as a result of aging, weight loss or gain, sun exposure, or other circumstances not related to browlift surgery. Browlift surgery does not arrest the aging process or produce permanent tightening of the forehead and face. Future surgery or other treatments may be necessary to maintain the results of a browlift operation.

PATIENT COMPLIANCE

Please follow all of Dr Linsell's instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by Dr Linsell. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling and the need for the return to surgery. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

PLEASE INITIAL HERE TO INDICATE YOU HAVE READ AND UNDERSTAND PAGE 2 OF THIS CONSENT FORM:

ADDITIONAL ADVICE:

Deep Venous Thrombosis, Cardiac and Pulmonary Complications: Surgery, especially longer procedures, may be associated with the formation of, or increase in, blood clots in the venous system. Pulmonary complications may occur secondarily to blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anaesthesia. Pulmonary and fat emboli can be life threatening or fatal in some circumstances. Air travel, inactivity and other conditions may increase the incidence of blood clots travelling to the lungs causing a major blood clot that may result in death. It is important to discuss with Dr Linsell any past history of blood clots or swollen legs that may contribute to this condition. Cardiac complications are a risk with any surgery and anaesthesia, even in patients without symptoms. If you experience shortness of breath, chest pain or unusual heartbeats, seek medical attention immediately. Should any of these complications occur, you might require hospitalization and additional treatment.

Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray): Patients who are currently smoking, use tobacco products, or nicotine products (patch, gum or nasal spray) are at a greater risk for significant surgical complications of skin dying, delayed healing and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smokers may have a significant negative effect on anaesthesia and recovery from anaesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication. Please indicate your current status regarding these items below:

_____ I am a non-smoker and do not use nicotine products. I understand the risk of second-hand smoke exposure causing surgical complications.

_____ I am a smoker or use tobacco/ nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products.

It is important to refrain from smoking at least 6 weeks before surgery and until Dr Linsell states it is safe to return, if desired.

Intimate Relations After Surgery: Surgery involves coagulating of blood vessels and increased activity of any kind may open these vessels leading to a bleed, or hematoma. Increased activity that increased your pulse or heart rate may cause additional bruising, swelling and the need for return to surgery and control of bleeding. It is wise to refrain from sexual activity for about 2 weeks after your procedure.

Medications: There are many adverse reactions that occur as the result of taking over the counter, herbal, and/or prescription medications. Be sure to check with Dr Linsell about any drug interactions that may exist with medications that you are already taking. If you have an adverse reaction, stop the drugs immediately and call Dr Linsell for further instructions. If the reaction is severe, go immediately to the nearest emergency room. When taking the prescribed pain medications after surgery, realize that they can affect your thought process. Do not drive or drink alcohol whilst taking medications. Be sure to take your prescribed medication only as directed.

PLEASE INITIAL HERE TO INDICATE YOU HAVE READ AND UNDERSTAND PAGE 3 OF THIS CONSENT FORM:

HEALTH INSURANCE

Most health insurance companies exclude coverage for cosmetic surgical operations such as the browlift and sometimes for any complications that might occur from surgery. Please carefully review your health insurance subscriber-information pamphlet.

ADDITIONAL SURGERY NECESSARY

There are many variable conditions in addition to risk and potential surgical complications that may influence the long-term result from browlift surgery. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with browlift surgery. Other complications and risks can occur but are even more uncommon. Medicine and surgery is not an exact science. Although good results are expected, there is no guarantee you will receive the result you are after.

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by Dr Linsell, the anaesthetist, the surgical assistant, laboratory tests, and possible hospital charges. Fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional costs may occur should complications develop from the surgery. Whilst Dr Linsell will generally perform revisional surgery within the first 12 months for a small out of pocket cost for his fee, there may be charges for the anaesthetist, assistant and hospital.

DISCLAIMER

Informed consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). This document is based on a thorough evaluation of scientific literature and relevant clinic practice to describe a range of generally acceptable risks and alternative forms of management of a particular disease or condition. The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Dr Linsell may provide you with additional or different information that is based on all the facts in your particular case and the state of medical knowledge.

Informed consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve. This informed consent document reflects the state of knowledge current at the time of publication.

It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.

PLEASE INITIAL HERE TO INDICATE YOU HAVE READ AND UNDERSTAND PAGE 4 OF THIS CONSENT FORM:

CONSENT FORM – LATERAL BROWLIFT

The following form acknowledges my willingness to undergo the procedure of Browlift performed by Dr Malcolm Linsell.

Initial:

I acknowledge that I have consulted with Dr Linsell and I have a good understanding of the operation and the expected outcomes.

Initial:

I acknowledge the cost of the procedure has been explained in detail and that there will be fees for surgeon, anaesthetist, assistant surgeon and the hospital.

Initial:

I acknowledge that this is real surgery and any surgery carries with it the risk of complications.

Initial:

I acknowledge Dr Linsell has explained the most common complications that can arise from this procedure.

Initial:

I acknowledge and accept that some complications can interfere with my expected outcome.

Initial:

I acknowledge I have been given ample time and opportunity to ask Dr Linsell questions about the procedure, my expected outcome and the possible complications.

Initial:

I acknowledge that photographs of my face will be taken before, during and after the operation.

Initial:

I acknowledge and agree to the use of my photographs to follow my own progress and (without being identified) to share with other patients to help them with their decision-making.

Initial:

I agree to the potential use of my photographs (without being identified) in medical conferences and publications.

Initial:

I agree to the potential use of my photographs (without being identified) on Dr Linsell's web page, Facebook page, Instagram page and other online forums to help other patients with their decision-making.

Initial:

I agree that I will not smoke for a minimum of 6 weeks before the operation and a minimum of 4 weeks after the operation.

Initial:

I acknowledge blood products or derivatives are occasionally necessary to administer during and after the operation.

Initial:

I acknowledge that in the event of one of the hospital staff coming into direct contact with my blood, blood samples will be taken from the staff member and myself to test for infections such as Hepatitis and HIV.

Initial:

I acknowledge that during the course of the operation, unforeseen conditions may necessitate additional or different procedures to those outlined. I authorise and request that Dr Linsell perform such procedures that are, in his professional judgement, necessary and desirable.

Initial:

I acknowledge a revision surgical procedure is occasionally necessary for up to 12 months after the procedure. If required, Dr Linsell will do this for a small out of pocket cost for his surgical fee, however there may be fees for anaesthetist, assistant surgeon and hospital.

Initial:

I understand I have the right to change my mind at any time, including after I have signed this form, but preferably following a discussion with Dr Linsell.

Initial:

I understand and acknowledge that no surgery is an option.

Initial

My signature below confirms I have read and understand the information provided and hereby consent to the procedure.

Print name:

Signed:

Date:

Dr Malcolm D Linsell

Signed:

Date: