

CONSENT FOR BLEPHAROPLASTY SURGERY

Blepharoplasty is the medical term for surgery of the eyelids to remove excess skin, possibly muscle, and/or fat from either the upper or lower eyelids. Usually this surgery is performed for cosmetic reasons, which is elective in nature. Surgery performed for functional reasons is considered reconstructive and may sometimes be performed out of medical necessity; other forms of eyelid surgery may be needed should you have disorders affecting the function of the eyelid such as drooping eyelids from muscle problems (eyelid ptosis).

Blepharoplasty surgery is customized for every patient, depending on your particular needs. There are several different techniques used to rejuvenate the area around the eyes. The technique best suited for your anatomy and skin type will be recommended to improve the appearance of your eyelids. This depends on many factors such as the amount of excess fat and skin in the eyelid area, the position of your eyebrows, and the condition of muscles around your eyelids. Blepharoplasty can be performed alone involving upper, lower, or both eyelid regions, or in conjunction with other surgical procedures of the eye, face, brow, or nose.

UPPER BLEPHAROPLASTY

Very heavy upper lids may limit the ability to see well. A browlift may be recommended instead of, or in addition to, an upper lid blepharoplasty if a low brow position is adding to the problem of excess upper lid skin. Not performing a browlift when one is indicated can affect the final results, giving a less than ideal result. Blepharoplasty will not lift sagging eyebrows.

Underlying fatty tissue that produces bagginess of the upper lid can be selectively removed or repositioned. Blepharoplasty can improve this bagginess and remove excess skin. It can help improve vision in older patients who have hooding of their upper eyelids. Although it can add an upper eyelid crease to the Asian eyelid, it will not erase evidence of one's racial or ethnic heritage.

LOWER BLEPHAROPLASTY

Lower lid blepharoplasty can be performed through either an internal or external incision. If excess lower eyelid skin requires removal, an external incision is hidden just below the lower lashes. In contrast, an internal incision (referred to as a "transconjunctival blepharoplasty") can not be used to remove excess skin; it only involves removal of excess fatty tissue contributing to bagginess or puffiness of the lower lids. Thus, a skin-tightening procedure is often recommended in addition to transconjunctival blepharoplasty if there is a small degree of excess skin. This wrinkling may be improved through chemical peels, laser resurfacing, or other skin treatments. Risks and potential complications are associated with these alternative surgical forms of treatment as well.

Blepharoplasty will not remove "crow's feet" or other wrinkles, nor will it eliminate dark circles under the eyes.

As we age, the lower lids become more lax and may fall away from the eyeball (called an ectropion), and a special kind of eyelid surgery similar to a blepharoplasty may be necessary to correct this problem. In patients with an ectropion, consideration for tightening of the lower eyelid (canthoplasty/canthopexy) at the time of blepharoplasty may be recommended.

Every surgical procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. When considering elective surgery, the risks and benefits must be carefully weighed because the only way to avoid the risks entirely is by choosing not to have surgery. Although the majority of patients do not experience

complications, you should discuss each of them with your plastic surgeon to make sure you understand all possible consequences of blepharoplasty surgery.

We often describe patients as being “good” or “poor” candidates for a particular procedure. This decision is made after taking into consideration factors such as physical findings (i.e., skin quality, body weight, degree of deformity), medical health, history of smoking, emotional state, level of expectation, and whether, in our hands, we can achieve a result that will meet your expectations. If you are told you are not currently a good candidate for a particular procedure, be sure to find out what, if anything, can be done to change this.

The most common risks associated with blepharoplasty surgery are as follows:

- **Bleeding-** It is possible, though unusual, to experience a bleeding episode during or after surgery. Bleeding may occur under the skin or internally around the eyeball. Significant blood loss is not expected during blepharoplasty, but just a small amount of bleeding either during or after surgery can lead to problems. The most common problem is bruising, which is to be expected. A greater degree of bleeding can lead to what is called a retro-bulbar hematoma, and this is a medical emergency. Blood collects behind the eyeball creating pressure that pushes the eyeball forward, putting tension on the nerve that is responsible for vision. This is extremely painful and obvious when it occurs, and in the worst case scenario can lead to *blindness*. The occurrence of this is very rare and not predictable. Do not take any aspirin or anti-inflammatory medicine for two weeks before or after surgery, as this may increase the risk of bleeding. Hematoma, an accumulation of blood under the eyelids, can occur at any time following surgery and may delay healing or cause scarring. Hypertension (high blood pressure) that is not under good medical control may cause bleeding during or after surgery. Your blood pressure should be well controlled before surgery. Any exertion or straining following surgery needs to be avoided for several days.
- **Infection-** This is actually quite rare following blepharoplasty. Redness and irritation are more commonly due to an allergic reaction to ointments being used around the eyes. If redness, swelling, or itching is increasing rather than decreasing you should be seen as soon as possible. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary.
- **Globe Injury -** Blepharoplasty surgery is performed so close to the eyeball (or globe) that it is at risk for getting scratched or injured. This is why I prefer to use some type of anesthesia in addition to numbing medicine when performing surgery on the lower lids. The globe is somewhat protected when doing the upper lids alone because the surgery can be performed with the eye closed.
- **Muscle Injury -** One muscle that moves the globe can be injured during a lower lid blepharoplasty. This may lead to double vision when looking in certain directions until the swelling has resolved or the muscle has healed.
- **Asymmetry -** The human face is normally asymmetrical. Eyes are rarely symmetric either before or following blepharoplasty surgery. There can be a variation from one side to the other in the results obtained from blepharoplasty surgery. Additional surgery may be necessary in an attempt to revise asymmetry. Swelling is also very different from one side to the other following surgery. If the asymmetry is correctable by additional surgery after the healing is complete, this will be offered. It is possible to waive the surgeon’s fee, but not the facility or anesthesiologist’s fee.
- **Visible Scars -** All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the eyelid and deeper tissues. Scars may be unattractive and of different color than the surrounding skin tone. Scars on the upper lid will always be

present, but they are usually hard to see because they sit in or near the natural skin crease. What can sometimes be more obvious is the color or texture change that occurs at the scar because of the removal of intervening skin. Look at your eyelid in the mirror, and note the difference in skin quality below the brows and above the lashes. The change from one area to the next is gradual. When skin is removed between these areas the change can be more abrupt, and can be helped by cosmetics if necessary. Scars on the lower lid are usually well hidden by the lashes, but they too can be seen when looking closely. Scars may be asymmetrical (appear different on the right and left side of the body). There is the possibility of visible marks in the eyelid or small skin cysts from sutures. In some cases scars may require surgical revision or treatment.

- **Dry Eyes** - Permanent disorders involving decreased tear production can occur after blepharoplasty. The occurrence of this is rare and not entirely predictable. Individuals who normally have dry eyes may be advised to use special caution in considering blepharoplasty surgery. This can be a very uncomfortable problem following blepharoplasty, especially in a climate as dry as Colorado's. If you already have dry eyes you need to consult with your ophthalmologist before having surgery. This is especially true when doing surgery on the lower lids. The surgery can lead to increased symptoms of dry eyes because more of the eyeball itself is exposed to the air following surgery. This may be helped with eye-drops and lubricants, but if it persists you may need to have your tear ducts temporarily or permanently closed.
- **Damage to Deeper Structures** - There is the potential for injury to deeper structures including, nerves, blood vessels, and eye muscles. The potential for this to occur varies according to the type of blepharoplasty procedure performed. Injury to deeper structures may be temporary or permanent.
- **Visual Disturbance** - Swelling and lubricants may lead to blurred vision for several weeks following surgery. Again, a major bleed after surgery could lead to *blindness*.
- **Ectropion** - The lower lid is a suspended structure that conforms to the shape of the lower portion of the globe. Displacement of the lower eyelid away from the eyeball is a rare complication following blepharoplasty. However, with age the eyelid loses elasticity and can naturally fall away from the eyeball or hang too low. This is called a "senile ectropion." When skin is removed or tightened following blepharoplasty the same thing can happen as a consequence of surgery. It is not uncommon to see this immediately post-operatively because of swelling, but if it persists after several months, additional surgery may be necessary. Tightening of the lower lid with a special stitch (canthopexy) is often performed at the time of surgery to help prevent this from happening. After surgery, a change in shape of the lower lid is expected with lower lid blepharoplasty. This can lead to drier eyes and possibly "scleral show" (too much white of the eye showing because of lowering of the lid).
- **Corneal Exposure Problems** - Some patients experience difficulties closing their eyelids after surgery, and problems may occur in the cornea due to dryness. This inability to close the eyes completely following upper lid surgery or brow lift is referred to as "lagophthalmos". This is usually temporary because of swelling, but if it persists it will be necessary to lubricate the globe, and possibly perform more surgery.
- **Allergic Reactions** - In rare cases, local allergies to tape, suture materials and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including anaphylaxis may occur to drugs used during surgery and prescription medications. Allergic reactions may require additional treatment.

- **Eyelash Hair Loss** - Hair loss may occur in the lower eyelash area where the skin was elevated during surgery. The occurrence of this is not predictable. Hair loss may be temporary or permanent.
- **Delayed Healing** - Wound disruption or delayed wound healing is possible. Some areas of the skin may not heal normally and may take a long time to heal. Areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue. Smokers have a greater risk of skin loss and wound healing complications.
- **Change in Skin Sensation** - It is common to experience diminished (or loss) of skin sensation in areas that have had surgery. Diminished (or complete loss of skin sensation) may not totally resolve after a blepharoplasty. Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this resolves during healing, but in rare situations it may be chronic.
- **Skin Contour Irregularities** - Contour irregularities and depressions may occur after blepharoplasty. Visible and palpable wrinkling of skin can occur. Residual skin irregularities at the ends of the incisions or “dog ears” are always a possibility and may require additional surgery. This may improve with time, or it can be surgically corrected.
- **Skin Discoloration / Swelling** - Some bruising and swelling normally occurs following blepharoplasty. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.
- **Sutures** - Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible or produce irritation that requires removal.
- **Surgical Anesthesia** - Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.
- **Poor Cosmetic 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 eyelid surgery. People usually request eyelid surgery because they feel they look tired, and want a brighter appearance. Another goal may be to reduce the wrinkles around the eyes, including the crow’s feet. Dark circles under the eyes are also a common complaint. There are definite limitations to what can be achieved by blepharoplasty alone, and trying to overcorrect and remove too much can lead to a more tired or hollowed out look. Crow’s feet are not treated by blepharoplasty alone, but laser treatments may help. Botox may also help. Dark circles may be due to bulging fat causing a shadow, but often it is from being able to see the deeper tissue through thin skin. This is corrected by make up, not surgery. Be sure your expectations are realistic.
- **Need for Further Surgery** - Remember that your eyelids have a very important job, and if made too tight they will not function properly. In some situations, it may not be possible to achieve optimal results with a single surgical procedure. On occasion, surgical revisions may be required to improve your results. If what needs correction is due to a problem with the original surgery, there will be no charge by the surgeon, but a facility or hospital fee cannot be waived.

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ADDITIONAL ADVISORIES

Skin Disorders / Skin Cancer - A blepharoplasty is a surgical procedure to tighten the loose skin and deeper structures of the eyelid. Skin disorders and skin cancer may occur independently of eyelid surgery.

Long-Term Results - There are many variable conditions that may influence the long-term result of surgery. Subsequent alterations in the appearance of your body may occur as the result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause or other circumstances not related to your surgery. Blepharoplasty surgery does not arrest the aging process or produce permanent tightening of the eyelid region. Future surgery or other treatments may be necessary to maintain the results of a blepharoplasty.

Female Patient Information - It is important to inform your plastic surgeon if you use birth control pills, estrogen replacement, or if you suspect you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

Intimate Relations After Surgery - Surgery involves coagulating blood vessels, and increased activity of any kind may open these vessels leading to a bleed, or hematoma. Increased activity that increases your pulse or heart rate may cause additional bruising, swelling, and the need for return to surgery for the control of bleeding. It is wise to refrain from sexual activity for 2 to 3 weeks until it is safe to elevate your heart rate and blood pressure.

Mental Health and Elective Surgery - It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery, and often are stressful. Please openly discuss with your surgeon, prior to surgery, any history that you may have of significant emotional depression or mental health issues. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

PATIENT COMPLIANCE

Follow all physician 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 activities such as lifting and straining need to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative results depend on both surgery and subsequent care. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

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), including no surgery. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

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However, informed-consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the current 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.

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.

Medicine is not an exact science, so no guarantees can be made regarding complications or outcome of blepharoplasty. We do everything possible to ensure your safety, and strive for the best result in every case. We hope that you will also do your part by following your post-operative instructions, using good judgment, and letting us know if there are any problems.

Please ask any questions you may have regarding the surgery or potential risks prior to signing this form. Your signature means that you have had a chance to read and discuss the common risks associated with **Blepharoplasty Surgery**, and that you agree to proceed. A separate consent form from the hospital will also need to be signed for the medical record.

I CONSENT TO THE TREATMENT OF BLEPHAROPLASTY AND I HAVE READ THE ABOVE LISTED ITEMS. I AM SATISFIED WITH THE INFORMED CONSENT PROCESS

Patient or Person Authorized to Sign for Patient

Date

Witness

Date