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## PLASTIC SURGERY FOR EYELIDS (BLEPHAROPLASTY) INFORMED CONSENT FORM

The objective of this form is to enable your participation into the decision making process about your healthcare by informing you.

This form has been designed in order to meet the needs of many patients under most conditions, nevertheless, it should not be considered as a document containing the risk of the entire applicable treatment. Based upon your individual healthcare, your physician may provide you with different or additional information.

After acquiring the advantages and possible risks of diagnosis, medical treatment and surgical interventions, it is up to your decision whether or not to accept these procedures. You are entitled to refuse to be informed except for the legal and medical necessities or withdraw your consent at any time.

### What is Blepharoplasty?

It is surgical intervention in which underlying fat tissue and excessive skin and muscle of the lower and upper eyelid are removed. Blepharoplasty corrects sagging, loose skin. It helps to improve the vision in elderly people in whom upper eyelid is sagging. Blepharoplasty is not useful to remove the goose foot and other wrinkles formed in the eye contour, to eliminate the black rings under the eyes and to lift the sagged brow. For this problem, the most efficient method is the administration of Botox.

### Details of the Procedure

Blepharoplasty varies according to the individual needs of each single patient. It may involve only the lower eyelid or both eyelids or it may be done in combination with other surgeries including eye, front, eyebrow and nose. Eyelid surgery does not stop the aging process. However, it decreases the loosening and sagging appearance in the eyelid area. Before the eyelid operations, the position of the eyebrow is examined and, if needed, the methods concerning the brow or the front are discussed. In this point, it is beneficial to know that skin collapse observed in the upper eyelid occasionally results from the loosening of the eyebrow and its downward displacement. This is specified during the examination. Before the operation, eyelid functions are examined. Sometimes, dysfunctions and resulting eyelid asymmetry may be observed. They are evaluated and you are instructed to which extent they may be corrected. In order to obtain better result concerning the facial symmetry, small or big additional interventions may be recommended. These interventions may vary from fat injection to some regions to midface operations.

Discontinue aspirin and aspirin-containing drugs at least one week before the operation. Again, as herbal teas such as green tea and vitamin E are believed to have blood diluting effect, they should be discontinued at least one week before the operation.

Operation should be done under general anesthesia or sedation. You may need to have some analyses before the operation, given your general health status and medical history. If the patient's medical history includes important diseases and regularly used drugs, they should be absolutely reported to the physician.

Before the operation, your makeup will be removed, your photos will be taken to compare pre- and post-operative appearance and the operation plan will be reviewed and, if needed, a drawing will be done.

At the completion of the procedure, your eyes will be covered by bands. These bands do not prevent your vision. Cold compress is applied around the eye after the procedure to control the edema. Cold compress should be applied every hour for 20 minutes within the first day and every 2 hours for 20 minutes within the second day. Starting from the 3rd day, cold compress may be continued to be applied for 5-10 minutes every morning for few weeks. Despite these measures, swelling and bruising may be seen around the eye. This swelling and bruising progressively increase within the first 2 days. Then, starting from the 3rd day, it gradually decreases. Especially during the first hours after the operation, leakage or mild bleeding may be seen on the bands that cover the eyelids. Effort, coughing and sneezing increase these complaints.

Edema may be decreased by elevating the head using some pillows during the resting period after the operation. Intake of fluid and soft foods and avoiding the intake of solid foods within the first day after the procedure help to control the edema. Within the first days after the operation, you may feel strain, stinging and burning around your eye. These complaints may be resolved using simple painkillers.

A thin, pink line on the folding of the upper eyelid, on the lower eyelid and under the eyelashes may be observed. In some cases, this may last for a longer period when it is located near the eye. Again, in some cases, when the outer edge of the eye should be suspended using a muscle hanger, the eyes may appear to be slanted, especially within the first week. This is gradually decreased over the days. This method is applied to prevent that the eye loses its shape by becoming round after the eyelid operations and that the white part under the eyeball is excessively visible.

Within the first weeks after the operation, swollen eyes upon awakening in the morning is a commonly experienced problem. This swelling gradually disappears during the day. Within the first weeks, strain, stinging or lacrimation of the eyes may be experienced due to wind or sunlight exposure. In order to prevent this inconvenience, sunglasses may be worn.

#### Risks of the Operation

- Bleeding: Even if it is rarely seen, bleeding problem may be experienced during or after the operation. If bleeding occurs after the operation, emergent drainage treatment may be required. Aspirin or anti-inflammatory drugs should be discontinued at least ten days before the operation because they may increase the risk for bleeding. Medically uncontrolled hypertension may also cause bleeding during or after the operation. Bleeding under the eyelids may delay the healing and cause scarring.
- Infection: Infection is generally unexpected after this operation. Even if rarely, in the case of an infection, additional antibiotherapy or surgical intervention may be required.
- Blindness: The likelihood of blindness after the blepharoplasty is very low. However, peri- or post-surgical intraocular hemorrhage may cause blindness. It is unpredictable.
- Damage in Deeper Structures: After the operation, deeper tissues such as veins, ocular muscles and nerves may be damaged. The likelihood of these damages may vary according to the type of the blepharoplasty. These damages may be temporary or permanent.
- Scarring: Although a good wound healing is expected after the surgery, abnormal scarring may occur in the eyelids and in deeper tissues. These scars may have a different color compared to surrounding skin and have an unpleasant appearance. It is likely to have the development of visible traces or small skin cysts due to suture in the eyelid. Additional treatment may be required.
- Eye Dryness: Permanent disorder that causes decreased tear production may be seen after the blepharoplasty. It is rarely seen and unpredictable. Especially the patients who normally have the problem of eye dryness should be warned when they plan to undergo blepharoplasty.

- Ectropion: Distant localization of the lower eyelid from the lower eyeball is a rarely seen complication. This may be corrected by doing a separate operation.
- Corneal Exposure: In some patients, closing the eyelid may be difficult after the operation and this problem may result to corneal problems due to eye dryness.
- Asymmetry: Normal human face is asymmetric. As a result of the blepharoplasty, there may be a difference between two sides.
- Surgical Anesthesia: Both local and general anesthesia are risky. Every type of surgical anesthesia or sedation has the risk for complication, damage and even death.
- Chronic Pain: Chronic pain is a very rarely seen complication after the blepharoplasty.
- Skin Irregularities/Skin Cancer: Blepharoplasty is a surgical intervention that aims to tense the loose skin and the deep structures of the eyelid. Skin irregularities and skin cancer may develop regardless from the blepharoplasty.
- Unsatisfactory Outcomes: Eyelid operation may result to unfavorable outcomes. This poses some risks such as unacceptable apparent deformities, loss of function, wound impairment (dehiscence, cracking) and loss of sense. The operation outcome may disappoint you. An additional operation is rarely required to ameliorate the outcomes. Brow sagging that may cause upper eyelid problems may be corrected by an additional operation such as brow lifting surgery.
- Allergic Reactions: There are few case reports concerning the local allergy to the bands used, suturing materials and drugs used. More serious systemic reactions may develop during the operation or with the use of the drugs after the procedure. Allergic reactions may require additional therapy.
- Eyelash Loss: In the area from which the skin is lifted up during the operation, the loss of the eyelashes of the lower eyelid may be seen. It is unpredictable. This may be temporary or permanent.
- Delayed Healing: Wound opening or delayed healing may be seen.
- Long-term Effects: The appearance of the eyelid may change as a result of aging, exposure to sunlight and some other conditions. Blepharoplasty operation cannot stop the aging process or cannot permanently ensure the eyelid tone. In order to maintain the outcomes of the blepharoplasty operation, new operations and treatments may be required in the future.

#### Possible Complications In Case The Procedure is not Performed

If this operation is not performed, the undesirable appearance on your face will continue. Because of the above mentioned problem regarding sight, wrinkles may form on your forehead or existing ones may increase.

Diagnosis \_\_\_\_\_

Treatment/procedure to be applied \_\_\_\_\_

Side/grade if applicable  Right sided  Left sided  Both sided Grade \_\_\_\_\_

Should you not intend to be informed about the purpose, duration, advantages, success ratio, potential risks and complications and alternative options of the treatment to be applied and as well as about the subsequent potential risks in case you do not accept the treatment, please declare so below with your hand writing.

I hereby declare that;

My attending physician informed me about my disease, the treatment option to be applied, its duration, advantages, success ratio, the fact that it does not necessarily guarantee the recovery of current status, period of healing, potential risks and complications, alternative techniques, the potential situations I will experience on the condition that I reject the treatment and compulsory performance of an additional operation/intervention/procedure if deemed necessary and s/he answered all my questions regarding these matters.

Above mentioned procedure has been disclosed to be performed on myself/patient I legally represent by the physicians, nurses as well as other healthcare professionals under the authority, surveillance and control of my attending physician.

I have been informed that if required, anesthesia will be performed by an anesthetist, sedation will be performed by an anesthetist or another physician competent in sedation and local anesthesia will be performed by my attending physician.

While being entitled to make decision and think straightly, I accept the medical procedure to be performed, and consent that my attending physician and his/her team will carry out any medical treatment option/surgical technique/intervention they deem to be necessary.

I authorize the hospital to examine, inspect, dispose of or keep the tissues or organs removed during the procedure for which I have consented above.

I allow my medical reports to be used for scientific researches provided that my identifying information is kept hidden.

<b>Patient's</b>			
Full Name:	Signature:	Date:	Time:
Date of Birth:			
<b>Legal Representative's</b>			
Full Name:	Signature:	Date:	Time:
Degree of Relationship:			
Reason why the consent is delivered by legal representative of the patient:			
<input type="checkbox"/> Patient is not conscious	<input type="checkbox"/> Patient is under 18		
<input type="checkbox"/> Patient is not entitled to make decision	<input type="checkbox"/> Emergency		
<b>Witness'</b>			
Full Name:	Signature:	Date:	Time:
<b>Informing Physician's</b>			
Full Name:	Signature:	Date:	Time:
<b>Interpreter's (If required)</b>			
Full Name:	Signature:	Date:	Time:

Informed consent is delivered by the patient himself/herself if s/he is older than 18 years old, by the patient himself/herself together with his/her legal representative if the patient is aged between 15 and 18 and by the representative of the patient if the patient is under 15 years old and/or is unconscious and/or is not entitled to make decision and in case of emergency.