



## **DEEP PLANE FACE LIFTING 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 Kind of Therapy/Intervention?

Face lifting (facial rejuvenation) operations are surgical interventions made to correct some findings on the face and the neck due to aging. As age progresses, the skin and muscles of the face undergo a process of loosening, loss of elasticity and wear. Although such operations do not stop aging; they give the face a younger appearance by gathering and lifting the skin and deeper subcutaneous tissues. Face lifting operations can be made alone or along with eyebrow raising, liposuction, eyelid surgeries and nasal surgeries. People who are most ideal for the face lifting operations are those with recently started loose skin on their face and neck, however preserving their skin elasticity and bone structure intact. Face lifting operations involve details to be planned as a result of an evaluation for each person. Face lifting operation is personal. Best face lifting operation candidates are patients with some sagging skin on the face and neck, however with elastic skin and well defined bone structure.

Alternative therapies involve intervention to the loose skin on the face and neck without a face lifting operation. Intervention can be made with surgical or non-surgical methods like chemical corrosion, liposuction to loose skin, wrinkles and excessive fat tissues.

Risks of Face Lifting Operation

Every surgical procedure involves some risk. It is important to understand the risks of face lifting operation. One's preferring the surgical method is based on comparison of risks with potential earnings. Although most of the patients do not experience the complications we are to mention below, talking to your plastic surgeon on each of them is significant for full comprehension of the risks, potential complications and results of face lifting surgery.

· Hemorrhage: Although rare, hemorrhage problem can be encountered during or after the operation. In case of hemorrhage after the operation, emergency drainage treatment or blood transfusion can be necessary. Use of aspirin or anti-inflammatory drugs should be stopped ten days before the operation because they increase hemorrhage risk. Hypertension not under medical control may also cause hemorrhage during or after operation. Subcutaneous hemorrhage may delay recovery and leave a bad scar.

- Infection: No infection is generally expected after the operation. If infection develops, even rarely, additional antibiotic therapy or surgical intervention may be necessary.
- Leaving of Scar: Although good recovery of the scar is expected after the surgery, abnormal scar can be formed on the skin and deeper tissue. These scars differ from the peripheral skin in color, and may not look pleasant. Stitches may leave visible marks. Add-on-therapy may be necessary.
- Damage in Deeper Tissues: Deeper tissues like vessels, muscles and nerves may incur damage after surgery. Its potential of occurrence may according to the type of face lifting surgery. These damages may be temporary or permanent.
- Asymmetry: Normal human face is asymmetric. Variation may occur between two sides as a result of the face lifting operation.
- Nerve Damage: Motor and sensory nerves may incur damage in the course of the face lifting operation. After the face lifting operation, there might be weakness or loss in facial expressions. Nerve damage may cause temporary or permanent loss in facial expressions and sensation. Such damages may recover in time. Damage on the sensory nerves of the face, neck and ear may cause temporary or permanent abirritation. Painful nerve is very rare.
- Chronic Pain: Chronic pain after face lifting is a very rare complication.
- Skin Irregularities, Skin Cancer: Face lifting is a surgical operation for lifting of the skin and deeper tissues. Irregularities on the skin and skin cancer may develop independent from face lifting.
- Unsatisfactory Results: There is a probability that face lifting operation does not give a good result. These involve risks such as unacceptable deformities, loss in facial expressions, degeneration in scars (crack, fission) and sensory deprivation. The result of the operation may disappoint you. Additional surgery may rarely be necessary to obtain better results.
- Allergic Reactions: Although rare, there are cases with reported local allergy to the plaster, stitching materials or topical preparations. More serious systemic reactions may develop during the surgery or with medicines used after. Allergic reactions may require add-on-therapy.
- Hair Loss: There might be hair loss in regions where the skin is elevated during the surgery. This is unpredictable.
- Delay in Recovery: It is possible that the scar splits off or recovery delays. Some areas on the face may not be showing normal recovery or may show delayed recovery. Some skin areas may die. Risk of complication such as loss of skin and delay in scar recovery is higher in smokers.
- Long Term Effects: There may be changes on the face due to age, weight gain or loss, staying under the sun and some other conditions. Face lifting operation neither stops aging nor give an ever lasting tight face and neck. New surgeries and therapies may be necessary in the future to preserve the results of the face lifting surgery.

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: _____ Date of Birth: _____	Signature: _____	Date: _____	Time: _____
<b>Legal Representative's</b> Full Name: _____ 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 not entitled to make decision	Signature: _____	Date: _____	Time: _____
	<input type="checkbox"/> Patient is under 18	<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.