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ENDOSCOPIC MIDDLE FACE LIFT SURGERY PATIENT INFORMATION AND CONSENT (CONSENT) FORM

Dear Patient, Dear Parent / Guardian

This form is used to inform the patient and their relatives about the surgery to be performed. has been prepared.

It is a legal obligation to have it read and approved. The data sheets describe the anticipated risks and adverse events (complications) of surgical treatments; They are used to convey information about other treatment options. The risks identified have been defined to meet the needs of most patients in most circumstances. However, this form should not be considered as a document that includes the risks of all treatment modalities. Depending on your own personal health or medical knowledge, your plastic surgeon may give you different or additional information.

Do not sign the form on the last page until you have carefully read all the information below and answered all your questions.

Anesthesia:

Information on anesthesia and possible risks in the anesthesia information form you will see. If you have any concerns, talk to the anesthesiologist. If the information form is not given, please ask.

General Information:

Mid-face lift (facial rejuvenation) surgeries, face and neck aging

These are surgical interventions performed to correct certain findings. As age progresses, a process of relaxation, loss of elasticity and wear begins in the skin and muscles of the face. Although these operations are not aging operations; These are surgeries that provide a younger appearance to the face by the recovery and stretching of the skin and deeper tissues under the skin.

Mid-face lift surgery can be performed alone or in combination with eyebrow lifting, vacuum liposuction, eyelid surgery and nose surgery. The most ideal ones for mid-face lift surgeries are areas where loosening has started on the face and neck, but skin elasticity and bone structures are still in place. Mid-face lift surgeries include details to be planned as a result of an evaluation for each person. Midface surgery is personal. The best candidates for facelift surgery are patients with facial and neck sagging, but with skin elasticity and well-defined bone structure.

If the patient has significant diseases in his past and the drugs he uses constantly, the doctor should be informed. The aim of midface surgery is to achieve a smoother facial appearance by stretching and suspending the facial skin and underlying tissues. This surgery does not correct fine wrinkles on the eyelids, forehead, lips and skin. In this surgery, incisions will be made starting from the inside of the hair (just above the ear in limited facelift surgery) in front of the ear, the earlobe and then back to the back of the ear. The reason for following this line is because of the surgical scars.

is the selection of a natural line that will be less obvious. After that, the cheek and, if necessary, the neck skin will be stretched at certain rates (according to the surgical technique), and the excess will be removed and stitched to the area in front of and behind the ear (on the line where the incision is made). Various permanent and dissolving sutures can be placed on the deep tissues of the face.

Alternative Treatment

There is no alternative surgery or intervention that will show the effect of facelift surgery. However, to provide a better image, fat injections, filler injections, skin peels and various suspensions can be made to the face. However, these methods cannot destroy the excess skin on the face and cannot lift the face.

Risks of Mid-Face Lift Surgery

Every surgical procedure carries some risk. It is important to understand the risks of facelift surgery. Choosing a surgical route is based on a comparison of risks with potential gains. Although most patients do not experience the complications that we will discuss below, discussing each of these with your plastic surgeon; It is important to fully understand the risks, potential complications and results of facelift surgery.

1. Bleeding: Although rare, bleeding problem may be encountered during or after the operation. If bleeding occurs after the operation, emergency drainage treatment or blood transfusion may be required. Since they increase the risk of bleeding, the use of aspirin or anti-inflammatory drugs should be stopped ten days before the operation. Hypertension that is not under medical control can also cause bleeding during or after the operation. Bleeding under the skin can delay healing and cause bad scarring.

2. Infection: Infection is usually not expected after this surgery. In rare cases, additional antibiotic therapy or surgical intervention may be required if infection develops.

3. Poor scarring: Although good wound healing is expected after surgical intervention, abnormal scarring may occur in the skin and deeper tissues. These scars are different in color from the surrounding skin and may not look pretty. There is a possibility that the stitches will leave visible scars. Additional treatment may be required.

4. Damage to deeper structures: After surgery, deeper tissues such as vessels, muscles and nerves may be damaged. The potential for this may vary depending on the type of facelift surgery. These damages can be temporary or permanent.

5. Asymmetry: Normal human face is asymmetrical. As a result of facelift surgery, there may be variation between the two sides.

6. Surgical anesthesia: Both local and general anesthesia carry risks. Any type of surgical anesthesia or sedation has a risk of complications, damage, and even death.

7. Nerve damage: Motor and sensory nerves may be damaged during the facelift operation. There may be weakness or loss of facial movements after facelift surgery. Nerve damage in facial movements and sensation, temporary or may cause permanent loss. This type of damage can heal over time. Damage to the sensory nerves of the face, neck, and ear area can cause temporary or permanent numbness. Painful nerve is very rare.

8. Chronic pain: Chronic pain after facelift is a very rare complication.

9. Skin irregularities, skin cancer: A facelift is a surgical operation to stretch the skin and deeper structures. Skin irregularities and skin cancer may develop independently of a facelift.

10. Unsatisfactory results: There is a possibility that facelift surgery will not give good results. This carries risks such as unacceptable visible deformities, loss of facial movements, wound deterioration (cracking, splitting) and loss of sensation. The outcome of the surgery may disappoint you. Rarely, additional surgery may be required for better results.

11. Allergic reactions: There are very rare cases where local allergy to the infrequently used plaster, suture materials or topical preparations has been reported. More serious systemic reactions may develop with drugs used during or after surgery. Allergic reactions may require additional treatment.

12. Hair loss: There may be hair loss in the areas where the skin is pulled up (elevated) during the surgery. Whether this will happen or not is unpredictable.

13. Delayed healing: It is possible for the wound to separate or to delay healing. Some areas of the face may not heal normally or this may be delayed. Some skin areas may die. Smokers have a higher risk of complications such as skin loss and delayed wound healing.

14. Long-term effects: As a result of aging, weight gain or loss, exposure to the sun and some other conditions, there may be subsequent changes in the face. Facelift surgery does not stop aging, nor does it permanently tighten the face and neck. New surgeries and treatments may be required in the future to preserve the results of facelift surgery.

Statement of consent of the patient, parent or guardian:

My doctor gave me the necessary explanations about my health condition.

What the planned treatment/intervention is, its necessity, the course of the intervention and other treatment options, their risks, the consequences that may arise if I do not receive treatment, the success of the treatment
I got detailed information about the possibility and side effects.

I understood the points that I should pay attention to before and after the treatment/intervention.

It was explained that all documents and samples taken during the diagnosis/treatment/intervention could be used for educational purposes.

My doctor answered all my questions in a way I could understand.

I learned about people who will apply treatment/intervention.

I am sane and consider myself competent to make decisions.

I know that I don't have to give consent to the treatment/intervention if I don't want it and/or I can stop the process at any stage I want.

Estimated Time of the Procedure: 180 – 360 minutes (3-6 hours) (the duration of the procedure may vary in case of any complications).

Important Characteristics of the Medications to be Used: During my stay in the hospital, I received information about the important features (what they are used for, benefits, side effects, how to use) of the drugs to be used for diagnosis and treatment.

Lifestyle Suggestions Critical to the Health of the Patient: I received information about what I should do for my lifestyle (Diet, bath, drug use, movement status and/or restriction status) after my treatment/surgery.

CONSENT EXPLANATION OF THE PATIENT, PARENT OR GUARDIAN

- I am sane and consider myself competent to make decisions.
- My doctor gave me the necessary explanations about my health.
- What the planned treatment/surgery is, its necessity, the course of the surgery and other treatment options, their risks, consequences if I don't get treatment, about the people who will perform the treatment/surgery, the likelihood of success and side effects of the treatment.
I got detailed information. Things I should pay attention to before and after the treatment/surgery I understand.
- My doctor answered all my questions in a way I could understand.
- I do not have to give consent to the treatment/surgery if I do not want it and/or I know I can stop.
- I agree to donate blood if necessary during treatment/surgery.
- All documents related to me provided during diagnosis/treatment/surgery, I understand that the PHOTOS and the samples taken may be used for educational purposes and I agree.
- GUARANTEE TO IMPROVE THE CURRENT STATUS of the treatment/surgery to be applied NOT AVAILABLE and even as a result of the treatment/surgery to be applied. I realized that I COULD BE EVEN WORST THAN MY SITUATION, and I accepted. I do.

PATIENT, PARENT OR GUEST

Name and surname:

TC Identification number:

Signature:

History:

“RELATIVE PATIENT” or “RELATIVE PARENT/GUARDIAN”

(This second person cannot be hospital staff or someone who has a close relationship with hospital staff)

Name and surname:

TC Identification number:

Signature:

History:

THE DOCTOR INFORMING THE PATIENT

Stamp (Name Surname):

Signature:

History:

In cases where direct communication with the patient cannot be established, the person providing the communication (eg translator)

Name and surname:

TC Identification number:

Signature:

History:

WARNING:

* If the patient is not able to give consent, the identity information and signature of the person from whom consent is taken are taken.

* BOTH PARENTS (MOTHER AND FATHER) signing in pediatric patients

IT IS A LEGAL MANDATORY. If only one of them has a signature, the signer is the child's must legally prove that he is taking care of himself. Otherwise

IT IS NOT POSSIBLE TO APPLY THE TREATMENT/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.

Patient's			
Full Name:	Signature:	Date:	Time:
Date of Birth:			
Legal Representative's			
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		
Witness'			
Full Name:	Signature:	Date:	Time:
Informing Physician's			
Full Name:	Signature:	Date:	Time:
Interpreter's (If required)			
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.