**INFORMED CONSENT – BLEPHAROPLASTY SURGERY**

**INSTRUCTIONS**

This is informed-consent document which had been prepared to help Dr. Cashio inform you about blepharoplasty surgery, its risks, and alternative treatment. It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by Dr. Cashio.

**INTRODUCTION**

Blepharoplasty is a surgical procedure to remove excess skin and muscle from both the upper and lower eyelids along with underlying fatty tissue. Blepharoplasty can improve drooping skin and bagginess. It can help improve peripheral vision in older patients who have hooding of their upper eyelids. Blepharoplasty will not remove “crow’s feet” or other wrinkles, eliminate dark circles under the eyes, or lift sagging eyebrows.

Blepharoplasty surgery is customized for every patient, depending on his or her particular needs. It 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. Eyelid surgery cannot stop the process of aging. It can however, diminish the look of loose skin and bagginess in the eyelid region.

**ALTERNATIVE TREATMENTS**

Alternative forms of management include not treating the skin laxness and bagginess in the eyelids by surgery. Improvement of skin laxness, fatty deposits and skin wrinkles may be accomplished by other treatments of surgery such as a brow lift when indicated. Other forms of eyelid surgery may be needed should you have disorders affecting the functions of the eyelid such as drooping eyelids from muscle problems (eyelid ptosis) or looseness between the eyelid and eyeball (ectropion). Minor skin wrinkling may be improved through chemical skin-peels or other skin treatments. Risks and potential complications are associated with alternative forms of treatment.

**RISKS OF BLEPHAROPLASTY SURGERY**

Every surgery involves a certain amount of risk, and it is important that you understand the risks involved. 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. Cashio to make sure you understand the risks, potential complications, and consequences of blepharoplasty surgery.

**Bleeding** – It is possible, though unusual, to have a bleeding episode during or after surgery. Bleeding may occur under the skin or internally around the eyelid. Should you develop post-operative bleeding, it may require emergency treatment or surgery. Do not take aspirin or anti-inflammatory medications for at least ten days before surgery, as this may contribute to a greater risk of a bleeding problem. Many herbal supplements such as garlic, ginkgo biloba, omega 3 fatty acids, and others may also increase bleeding and should be discontinued as well. Hypertension (high blood pressure) that is not under good medical control may cause bleeding during or after surgery. Accumulations of blood under the eyelids may delay healing and cause scarring.

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**RISKS OF BLEPHAROPLASTY SURGERY, CONTINUED**

**Blindness** – Blindness is extremely rare after blepharoplasty. However, it can be caused by internal bleeding around the eye during or after surgery. The occurrence of this is not predictable.

**Infection** – Infection is very rare after surgery. Should an infection occur, additional treatment, including antibiotics, may be necessary.

**Scaring** – Although good wound healing after a surgical procedure is expected, abnormal scars may occur both within the eyelid and deeper tissues. In rare cases, abnormal scars may result. Scars may be unattractive and of a different color than surrounding skin. There is the possibility of visible marks in the eyelid or small skin cysts from sutures that may be temporary or permanent.

**Damage to deeper structures** – Deeper structures such as nerves, blood vessels, and eye muscles may be

damaged during the course of surgery. The potential for this to occur varies with the type of blepharoplasty procedure performed. Injury to deeper structures may be temporary or permanent.

**Dry eye problems** – 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 eye may be advised to use special caution in considering blepharoplasty as surgery may worsen this condition.

**Asymmetry** – The human face and eyelid region is normally asymmetrical. There can be a variation from one side to the other following a blepharoplasty surgery.

**Chronic pain** – Chronic pain may occur very infrequently after blepharoplasty.

**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.

**Ectropion** – Displacement of the lower eyelid away from the eyeball is a rare complication of lower blepharoplasty surgery. Further surgery may be required to correct this condition.

**Corneal exposure problem** – Some patients experience difficulties closing their eyelid after surgery and

A problem may occur in the cornea due to dryness. Should this rare complication occur, additional treatments or surgery and treatment may be necessary.

**Unsatisfactory result** – There is the possibility of a poor result from eyelid surgery. Surgery may result in unacceptable visible deformities, loss of function, wound disruption, and loss of sensation. You may be

disappointed with the results of surgery. Infrequently, it is necessary to perform additional surgery to improve your results. Additional surgical procedures such as a brow lift may be needed to correct eyebrow sagging which contributes to upper eyelid problems.

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**RISKS OF BLEPHAROPLASTY SURGERY, CONTINUED**

**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.

**Eyelash hair loss** – Hair loss may occur in the eyelash 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.

**Long term effects** – Subsequent alternations in eyelid appearance may occur as the result of aging, weight loss or gain, sun exposure, or other circumstances not related to eyelid surgery. Blepharoplasty surgery does not arrest the aging process or result in permanent tightening of the eyelid region. Future surgery or other treatments may be necessary to maintain the results of a blepharoplasty.

**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.

**SMOKING, SECOND-HAND SMOKE EXPOSURE, NICOTINE PRODUCTS (PATCH, GUM, NASAL SPRAY)**Patients who currently smoke, use tobacco products, or nicotine products (patch, gum, nasal spray, etc.) 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, smoking may have a significant negative effect on anesthesia and recovery from anesthesia, 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 4-6 weeks before surgery and until Dr. Cashio states it is safe to return, if desired.

**ADDITIONAL SURGERY NECESSARY**

There are many variable conditions in addition to risk and potential surgical complications that may influence the long term result of eyelid surgery. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with blepharoplasty surgery. Other complications and risks can occur but are even more uncommon. Should complications occur, additional surgery or other treatments may be necessary. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained.

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**RISKS OF BLEPHAROPLASTY SURGERY, CONTINUED**

**FEMALE PATIENT INFORMATION**- It is important to inform Dr. Cashio if you use birth control pills, estrogen replacement, or if you believe 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 the coagulating of blood vessels and increased activity of any kind may open these vessels leading to bleeding. Increased activity that increases your pulse or heart rate may cause additional bruising, swelling and the need for a return to surgery and control of bleeding. It is wise to refrain from sexual activity until Dr. Cashio states it is safe.

**HEALTH INSURANCE**

If hooding of the upper eyelids interfere with your vision, Your health insurance company may cover

blepharoplasty surgery for the upper eyelids only. Most health insurance companies exclude coverage for

cosmetic surgical operations such as the lower-eyelid blepharoplasty or any complications that might occur from surgery. Please carefully review your health insurance subscriber information pamphlet.

**FINANCIAL RESPONSIBILITIES**

The cost of surgery involves several charges for the services provided. The Total includes fees charged by Dr. Cashio, the cost of surgical supplies, laboratory test, anesthesia, and outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day surgery charges involved with revisionary surgery would also be your responsibility.

**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 documents 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. Cashio may provide you with additional or different information that 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. This informed-consent document reflects the state of knowledge current at the time of publication.

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

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**INFORMED CONSENT FOR BLEPHAROPLASTY(EYELID) SURGERY**

1. I hereby authorize Dr. Richard V. Cashio Jr., M.D. and such assistants as may be selected to perform the following procedure or treatment:

**Blepharoplasty Surgery (Eyelid)**

and I have received the following information sheet: **Informed Consent Blepharoplasty Surgery.**

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgement necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.

3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involves risk and the possibility of complications, injury, and sometimes death.

4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.

5. I consent to the photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.

6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.

7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.

8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.

9. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:

a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN

b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT

c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

**I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9). I AM SATISFIED WITH THE EXPLANATION AND ALL OF MY QUESTIONS WERE ANSWERED TO MY SATISFACTION**.

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Patient or Person Authorized to Sign for Patient Date

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Witness Date