

INFORMED-CONSENT-BROWLIFT SURGERY

INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you of browlift surgery, its risks, as well as alternative treatments.

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 your plastic surgeon.

INTRODUCTION

The forehead and eyebrow region often show noticeable signs of aging. Looseness in these structures may cause drooping eyebrows, eyelid hooding, forehead furrows, and frown lines. In browlift surgery, the structures responsible for these problems are tightened or altered to smooth the forehead, raise the upper eyebrows, and improve frown lines. A browlift may be performed alone, or in conjunction with other procedures, such as a facelift, or eyelid surgery.

Recent advances in browlift surgery make it possible to perform the procedure through a variety of approaches, including endoscopy. Browlift surgery is individualized for each patient. The surgical incisions used may vary with the technique selected by your surgeon to meet your needs. The browlift cannot stop the process of aging.

ALTERNATIVE TREATMENTS

Alternative forms of treatment consist of not treating the laxness in the forehead and upper eyebrow region by a browlift surgery. Improvement of skin looseness and skin wrinkles may be accomplished by other treatments or surgery. Risks and potential complications are associated with alternative forms of treatment or surgery.

RISKS of BROWLIFT SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with browlift surgery. 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 your plastic surgeon to make sure you understand all possible consequences of browlift.

Bleeding- It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood (hematoma). Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may increase the risk of bleeding. Accumulations of blood under the skin may delay healing and cause scarring.

Infection- Infection is unusual after this type of surgery. Should an infection occur, treatment including antibiotics or additional surgery may be necessary.

Change in skin sensation- Diminished (or loss) of skin sensation in the face and scalp area may not totally resolve after browlift surgery. Chronic itching sensations can occur within the scalp and brow following a brow lift.

Skin contour irregularities- Contour irregularities, depressions, and wrinkling of skin may occur after browlift.

Skin scarring- Excessive scarring is uncommon. In rare cases, abnormal scars may result. Scars may be unattractive and of different color than surrounding skin. There is the possibility of visible marks from sutures, staples, or hardware used during a browlift. Additional treatments including surgery may be necessary to treat abnormal scarring.

Change in surgical approach for browlift- In some situations, depending on factors discovered only at the time of surgery, your surgeon may have to make changes in surgical technique and approach to the browlift procedure. This may require changing from an endoscopic (closed) procedure to a standard (open) browlift.

Risks of Browlift surgery, continued

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.

Nerve injury- There is the potential for injury to both motor and sensory nerves during a browlift procedure. Weakness or loss in movements of the forehead or upper eyebrow may occur after surgery. Most individuals will notice a return of motor function; permanent weakness is rare. Injury may also occur in the sensory nerves of the forehead, scalp, and temple regions. Diminished sensation may normally occur in the scalp region after a brow lift surgery. Permanent numbness or painful nerve scarring is rare.

Damage to deeper structures- Deeper structures such as the eye, nerves, blood vessels, skull bone, and muscles may be damaged during the course of surgery. The potential for this to occur varies with the type of browlift surgical procedure performed.

Asymmetry- The human face is normally asymmetrical. There can be a variation from one side to the other in the results obtained from a browlift procedure.

Delayed healing- Wound disruption or delayed wound healing is possible. Some areas of the brow and scalp may heal abnormally and slowly. Some areas of skin may die, requiring frequent dressing changes or further surgery to remove the non-healed tissue. **Smokers have a greater risk of skin loss and wound healing complications.**

Allergic reactions- In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions which are more serious may result from drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

Seroma- Fluid accumulations infrequently occur beneath the skin. Should this problem occur, it may require additional procedures for drainage of fluid.

Long term effects- Subsequent alternations in forehead and upper eyebrow appearance may occur as the result of aging, weight loss or gain, sun exposure, or other circumstances not related to browlift surgery. Browlift surgery does not arrest the aging process or produce permanent tightening of the forehead. Additional surgery or other treatments may be necessary to maintain the results of a browlift procedure.

Eye irritation- Irritation or dryness in the eyes may occur after a browlift or when the patient has eyelid surgery performed at the same time.

Pain- Very infrequently, chronic pain may occur after browlift.

Hair Loss- Hair loss may occur within the scalp or surgical incisions. The occurrence of this is not predictable. Hair loss may resolve slowly or in rare cases be permanent.

Hardware and deeper sutures- Some surgical techniques use small screws or permanent deep sutures to help suspend brow structures. In very unusual circumstances, a screw could penetrate through the skull. Intracranial injury is rare, but possible. If this occurs, additional treatment may be necessary. It may be necessary to remove hardware or deeper sutures at a later time.

Eyelid disorders- Disorders that involve abnormal position of the upper eyelids (eyelid ptosis), loose eyelid skin, or abnormal laxness of the lower eyelid (ectropion) can coexist with sagging forehead and eyebrow structures. Brow lift surgery will not correct these disorders. Additional surgical procedures may be necessary.

Risks of Browlift surgery, continued

Unsatisfactory result- You may be disappointed with the results of surgery. Infrequently, it is necessary to perform additional surgery to improve your results.

ADDITIONAL SURGERY NECESSARY

There are many variable conditions which influence the long term result of browlift surgery. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with these procedures. 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.

HEALTH INSURANCE

Most health insurance companies exclude coverage for cosmetic surgical operations such as browlift 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 your doctor, the cost of surgical supplies, anesthesia, laboratory tests, and possible 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). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, every patient is unique and informed-consent documents should not be considered all inclusive in defining other methods of care and risks encountered when medical care is reasonable and directed at obtaining appropriate results. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the 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.

CONSENT FOR SURGERY / PROCEDURE or TREATMENT

I hereby authorize Dr. _____ and such assistants as may be selected to perform the following procedure or treatment:

I have received the following information sheet:

INFORMED-CONSENT BROWLIFT 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 judgment 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.

Patient or Person Authorized to Sign for Patient

Date _____

Witness



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PLASTIC SURGERY**

Pregnancy Waiver for Surgical Procedure

Patient _____ Acct# _____

To Whom it may concern:

I, _____, choose to waive a serum pregnancy Test.

I am positive I am not pregnant at this time.
In the event that I should discover otherwise, I agree to take full responsibility.

Surgical Date: _____

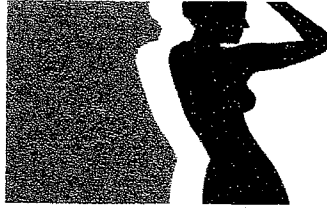
Date

Patient's Signature

Date

Witness

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www.farahmandplasticsurgery.com



**FARAHMAND
PLASTIC SURGERY**

Audrey Farahmand MD

SURGICAL COST INFORMATION

OUR GOAL IS TO GIVE EACH AND EVERY PATIENT THE BEST RESULTS. UNFORTUNATELY APPROXIMATELY 5% OF ALL PLASTIC SURGERY PROCEDURES WILL REQUIRE REVISION(S) DUE TO EXCESS SCAR TISSUE.

SHOULD THIS HAPPEN, OUR POLICY IS TO ONLY CHARGE FOR FACILITY COSTS AND ANESTHESIA. THE CHARGE WILL BE APPROXIMATELY \$2200.00. YOU WILL NOT BE CHARGED FOR THE DOCTOR'S TIME.

THIS REVISION POLICY ABOVE IS APPLICABLE TO SCAR TISSUE ONLY FOR OUR BREAST AUGMENTATIONS. NOT INCULDED ARE DEFLATIONS OR CHANGING THE SIZE OF IMPLANTS.

PATIENTS SIGNATURE

DATE

WITNESS SIGNATURE

Farahmand Plastic Surgery
Authorization for Disclosure of Protected Health Information
Medical Records Release

Patient Name: _____ **Maiden Name:** _____
(If applicable)
Date of Birth: _____ **Social Security Number:** _____

I hereby authorize the release of my protected health information from:
(FROM)

Name: _____

Address: _____

My protected health information is to be released to:
(TO)

Name: _____

Address: _____

For the purpose of: **(Choose one)** _____ Continued Medical Care _____ Personal _____ Insurance
Other: _____

The following information may be disclosed **(Choose one of the following):**

_____ *****All Medical Records Covering dates** _____ **through** _____

_____ *****Entire Medical Record**

_____ *****Specific Medical Records:** _____

_____ *****Other (Specify):** _____

*****I understand that these records may include information relating to:**

- *Acquired immunodeficiency syndrome (AIDS) / human immunodeficiency virus (HIV); or
- *Sexually Transmitted Diseases; or
- *Treatment for alcohol and/or drug abuse; or
- *Behavioral health service / psychiatric care

I understand that I may revoke this authorization at any time, except to the extent that action has been taken in reliance on this authorization or, if applicable, during a contestability period. The revocation must be made by completing Farahmand Plastic Surgery's "Revocation of an Authorization to Release Protected Health Information" form. I also understand that I will not be denied or refused treatment if I refuse to sign this authorization. I further understand that the information used or disclosed pursuant to this authorization may be re-disclosed by the recipient and no longer protected by Federal and State privacy laws. I also understand that I have a right to receive a copy of this authorization if I request one. This authorization will expire "1" year from the date signed.

Signature of the Patient/Guardian/Legal Representative

Date Signed

(If not signed by patient) Print Name

Relationship to Patient

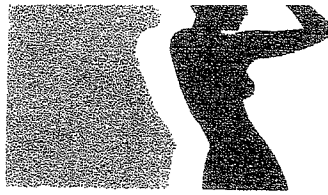


**FARAHMAND
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Pre-Operative Shopping List

The following is a list of items that should be purchased prior to surgery in order to prepare for and more easily recover from surgery.

Have	Need
_____	<input checked="" type="checkbox"/> Prescriptions – have your prescriptions filled prior to surgery to save time on the way home when you won't be feeling up to stopping.
_____	<input checked="" type="checkbox"/> Tylenol or a generic form of this drug – this will be the drug of choice once you do not need the prescription strength pain medications.
_____	Multivitamin – to take prior to surgery and during your recovery for maximum health.
_____	Germ-inhibiting soap, such as Dial , Safeguard , or Lever 2000 – to bath with prior to surgery in order to minimize germs.
_____	<input checked="" type="checkbox"/> Straws – you need to drink a lot of fluids after surgery in order to help get the anesthesia out of your body quicker and straws will help you drink more.
_____	Frozen Peas – these are great as “ice packs” for facial areas. Get 2-4 packages so that you can use 1 or 2 and have the others freezing.
_____	4 X 4 gauze and paper tape
_____	Q-tips
_____	Hydrogen Peroxide
_____	<input checked="" type="checkbox"/> Gentle foods – to encourage eating and not upset the stomach initially.
_____	Clear Soda (not diet): Ginger Ale, 7-Up, Sprite
_____	Plain crackers, saltine not buttery
_____	Soups, water based not cream based
_____	Pudding / Applesauce
_____	Jello
_____	Toast
_____	<input checked="" type="checkbox"/> Other <u>Artificial Tears</u>
_____	<u>Gen teal PM eyedrops</u>
_____	_____



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Pre-operative Care

1. Do not take aspirin, aspirin containing compounds, blood thinning products, no vitamin E, no homeopathic medicines, no ibuprofens for two weeks prior to surgery. Do not drink alcohol two days prior to surgery. Do not take any of the above mentioned products for one week after surgery. You may take **TYLENOL** in place of aspirin if needed.
2. Arrange for transportation to and from the surgical facility with a family member or friend. You will not be able to drive after surgery.
3. It is advisable to take some time off from work. You will want to discuss this with the Doctor. The amount of time will vary depending on the type of work that you do.
4. Arrange for someone to be with you for at least 24 hours after surgery.
5. Please do not wear any jewelry, make-up, or nail polish to the surgical facility on surgery day.
6. If you should become ill, please notify our office before surgery.
7. May take **XANAX** in a.m. with sip of water.
8. Do not eat any food or drink any liquids (including coffee, tea, and water) after midnight and nothing at all the morning of surgery... unless Dr. Farahmand ordered you to take medications. Your stomach must be completely empty for your safety. If you have taken anything by mouth, we will cancel your surgery. You may brush your teeth the morning of surgery.
9. It is your responsibility to keep your pre-operative appointment. Surgery will be cancelled if the required pre-operative testing is not completed.

Surgery Day

1. Call the surgical facility _____ the day before surgery to determine what time to report for registration.
2. Remove all make-up, jewelry, and nail polish.
3. Wear comfortable clothing, preferably a button front shirt. (**BREAST SURGERY PATIENTS**—Please bring a sports bra with front closure, no wires. This may be purchased at Target and is called Jogbra)
4. If you have any questions, please do not hesitate to call our office at 332-2388.

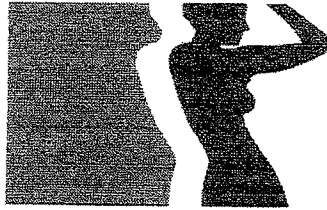
I have read the pre-operative information and fully understand its contents.

Patient _____ **Acct#** _____

Witness _____

Date _____

Date _____



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Home Care Instructions Face Lift

1. Rest in bed as much as possible for the first 24 hours. Sleep with your head elevated on 3-4 pillows or in a reclining chair to help reduce swelling for 5-6 days.
2. Take only liquids (soup, jello, or ice cream) for the first 24 hours after surgery. Eat soft foods for the next 1-2 days. Your normal diet may be resumed after this, but avoid hard foods such as: bread crusts, nuts, tough meats, etc.
3. Do not bend over or do any strenuous exercise for 10 days. Do not twist your neck from side to side. Do not wear make-up for the first week. Dr. Farahmand will instruct you as to when you can resume wearing make-up.
4. A turban wrap bandage will be applied after surgery and will be changed by Dr. Farahmand in her office. Do not remove this dressing. If it should become wet or soiled call us immediately.
5. Take a sponge bath until drains are removed.
6. If drains are in place empty as necessary when full, record time and volume.
7. Massage calf muscles and exercise ankles four times daily until normal activity resumes.
8. Do not drive for 1 week. Do not use a hair dryer, hot curlers, or curling iron.
9. Do not use ice. If your eyes have also been operated on, you may use cold compresses on your eyes.
10. Report any fever or chills, any adverse reactions to medications or unusual symptoms immediately to Dr. Farahmand. If you have any questions or problems, please do not hesitate to call our office: 332-2388.
11. **Do not take any aspirin products, ibuprofen, or vitamin E until approved by Dr. Farahmand.** Medications for pain relief and antibiotics with directions will be given to you. Take all medications as prescribed, pain medications should be taken with food.

Additional

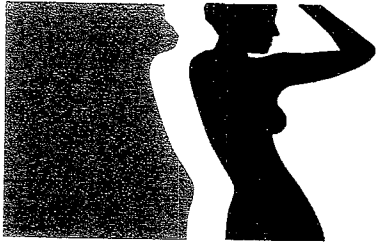
Info: no smoking or second hand smoke

Your next visit is: _____

Date

Responsible Person/Patient

Witness



**FARAHMAND
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Fort Myers, Florida 33912

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Illicit/Illegal Drugs and Surgery Warning

WARNING: If you have used or are planning to use illicit/illegal drugs within 72 hours of your surgical procedure, it could severely interfere with your anesthesia. It could cause a wide range of medical and surgical complications. The drug using patient having surgery needs special attention in order to avoid interactions and complications. Please speak to Dr. Farahmand about your drug use so that she may review the different drugs and their clinical effects and the problems which could be encountered.

If you have used illicit/illegal drugs 72 hours prior to your surgery it is recommended that you reschedule your surgery to another date.

Signature

Date

Witness

Date