

INFORMED-CONSENT-FACELIFT SURGERY (Rhytidectomy)

INSTRUCTIONS

This is an informed-consent document that has been prepared to help your plastic surgeon inform you concerning face lift 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 your plastic surgeon.

INTRODUCTION

Facelift or rhytidectomy is a surgical procedure to improve visible signs of aging on the face and neck. As individuals age, the skin and muscles of the face region begin to lose tone. The facelift cannot stop the process of aging. It can improve the most visible signs of aging by tightening deeper structures, re-draping the skin of face and neck, and removing selected areas of fat. A facelift can be performed alone, or in conjunction with other procedures, such as a browlift, liposuction, eyelid surgery, or nasal surgery.

Facelift surgery is individualized for each patient. The best candidates for facelift surgery have a face and neck line has begun to sag, but whose skin has elasticity and whose bony structure is well defined.

ALTERNATIVE TREATMENT

Alternative forms of management consist of not treating the laxness in the face and neck region with a facelift (rhytidectomy). Improvement of skin laxity, skin wrinkles and fatty deposits may be attempted by other treatments or surgery such as chemical face peels or liposuction. Risks and potential complications are associated with alternative forms of treatment.

RISKS of FACELIFT (Rhytidectomy) SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with facelift (rhytidectomy). 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 the risks, potential complications, and consequences of facelift (rhytidectomy).

Bleeding- It is possible, though unusual, that you may have problems with bleeding during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood or blood transfusion. Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this contributes to a greater risk of bleeding. Hypertension (high blood pressure) that is not under good medical control may cause bleeding during or after surgery. Accumulations of blood under the skin may delay healing and cause scarring.

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

Scarring- Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different color than the surrounding skin. There is the possibility of visible marks from sutures. Additional treatments may be needed to treat scarring.

Damage to deeper structures- Deeper structures such as blood vessels, muscles, and particularly nerves may be damaged during the course of surgery. The potential for this to occur varies with the type of facelift procedure performed. Injury to deeper structures may be temporary or permanent.

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

Risks of Rhytidectomy 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- Motor and sensory nerves may be injured during a facelift operation. Weakness or loss of facial movements may occur after facelift surgery. Nerve injuries may cause temporary or permanent loss of facial movements and feeling. Such injuries may improve over time. Injury to sensory nerves of the face, neck and ear regions may cause temporary or more rarely permanent numbness. Painful nerve scarring is very rare.

Chronic pain- Chronic pain is a very rare complication after a facelift.

Skin disorders/skin cancer- A facelift is a surgical procedure for the tightening of skin and deeper structures of the face. Skin disorders and skin cancer may occur independently of a facelift.

Unsatisfactory result- There is the possibility of a poor result from the facelift surgery. This would include risks such as unacceptable visible deformities, loss of facial movement, 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.

Allergic reactions- 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.

Hair loss- Hair loss may occur in areas of the face where the skin was elevated during surgery. The occurrence of this is not predictable.

Delayed healing - Wound disruption or delayed wound healing is possible. Some areas of the face may not heal normally or may take a long time to heal. Areas of skin may die. Frequent dressing changes or further surgery may be required to remove the non-healed tissue.

Smokers have a greater risk of skin loss and wound healing complications.

Long term effects- Subsequent alterations in facial appearance may occur as the result of aging, weight loss or gain, sun exposure, or other circumstances not related to facelift surgery. Facelift surgery does not arrest the aging process or produce permanent tightening of the face and neck. Future surgery or other treatments may be necessary to maintain the results of a facelift operation.

HEALTH INSURANCE

Most health insurance companies exclude coverage for cosmetic surgical operations such as the facelift or any complications that might occur from surgery. Please carefully review your health insurance subscriber-information pamphlet.

ADDITIONAL SURGERY NECESSARY

There are many variable conditions in addition to risk and potential surgical complications that may influence the long term result from facelift surgery. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with facelift 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.

Risks of Rhytidectomy Surgery, continued,

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, informed consent documents should not be considered all inclusive in defining other methods of care and risks encountered. 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

1. 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 for FACELIFT (RHYTIDECTOMY) SURGERY

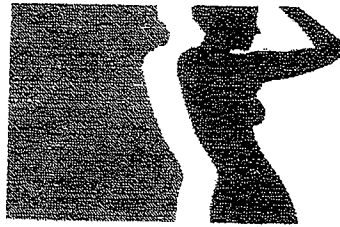
2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his 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



FARAHMAND PLASTIC SURGERY

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

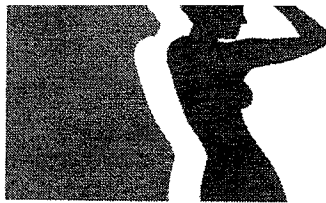
Info: _____

Your next visit is: _____

Date _____

_____ Responsible Person/Patient

_____ Witness



**FARAHMAND
PLASTIC SURGERY**

Pre-operative care

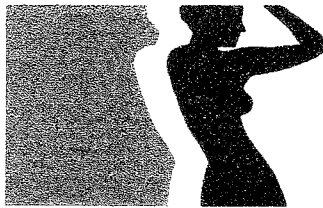
1. Do not take aspirin, aspirin containing compounds, blood thinning products, no vitamin E, no homeopathic medicines, no ibuprofens for two weeks prior to surgery. Do not drink alcohol two days prior to surgery. Do not take any of the above mentioned products for one week after surgery. You may take 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 night before surgery with sip of water. Do not take Xanax on the day of surgery.
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.

10. *NO SMOKING or SECOND HAND SMOKE FOR TWO MONTHS Before Surgery*
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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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

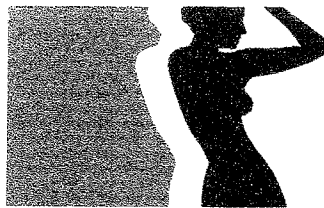
Date

Witness

Audrey Farahmand MD • Plastic and Reconstructive Surgeon
13710 Metropolis Avenue Unit #104 Fort Myers, FL 33912
Phone (239) 332-2388 • Fax (239) 332-2382
www.farahmandplasticsurgery.com

Pre-operative Check List

Patient _____ Date _____	Acct# _____ Surgery date _____
	Initials
_____ Financial Policy/ Consent signed	_____
_____ Copy of Insurance card in chart	_____
_____ Consents signed	_____
_____ Orders / Scripts (Done and Signed)	_____
_____ Labs Done by _____	_____
_____ Mammo _____ / EKG _____	_____
_____ Patient consent to treatment	_____
_____ Mentor implant acknowledgement	_____
_____ Mentor consent for silicone implants	_____
_____ Pregnancy waiver / _____ peer review (disclosure)	_____
_____ Photos taken (check book if not sure)	_____
_____ Green Sheet (Read __, Gone over __, Signed __)	_____
_____ Must explain to all cosmetic patients: Surgical cost information (Given to patient) *If further surgery should be necessary, for any reason, the patient will be responsible for the cost of the facility and anesthesia. Approximately \$2200.	_____
_____ Post operative instructions given to hospital patients	_____
_____ Sized Garment, Size _____	_____
_____ Weight _____ lbs. For all liposuction, abdominoplasty, and breast reduction patients	_____
_____ Must Order Breast , Chin, mandibular implants	_____
_____ Size: _____ Catalog number _____	_____
_____ Reminder on all the following procedures:	_____
1. Abdominoplasty	
2. Thigh lifts	
3. Inner thigh liposuction	
Patients need to shave pubic area the night before Surgery	_____
_____ Always mark orders for surgery as follows:	_____
"Patient not to be sedated until seen by Dr. 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

_____ **Prescriptions** – have your prescriptions filled prior to surgery to save time on the way home when you won't be feeling up to stopping.

_____ **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.

_____ **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**

_____ **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

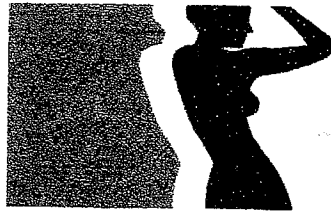
_____ Soups, water based not cream based

_____ Pudding / Applesauce

_____ Jello

_____ Toast

_____ **Other** neck pillow



**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.

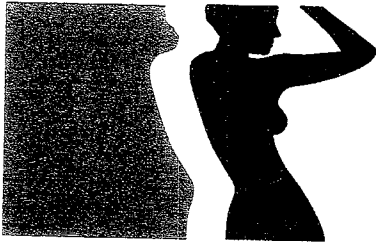
SHOULD THIS HAPPEN, OUR POLICY IS TO ONLY CHARGE FOR FACILITY COSTS AND ANESTHESIA. THE CHARGE WILL BE APPROXIMATELY \$2200.00. YOU WILL NOT BE CHARGED FOR THE DOCTOR'S TIME.

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**

(239) 332-2388
Fax (239) 332-2382

13710 Metropolis Avenue
Suite #104
Fort Myers, Florida 33912
www.farahmandplasticsurgery.com

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

Audrey E. Farahmand, M.D.
Plastic & Reconstructive Surgeon