CONSENT FOR MINIMALLY INVASIVE FACELIFT

Patient Name: ___________________________ Date: ___________________________

Please initial each paragraph after reading.
If you have any questions, ask Dr. Rochlin BEFORE Initialing.

FACELIFT SURGERY

I hereby acknowledge that the following have been explained to me and I have had an opportunity to ask questions:

_____ The minimally invasive facelift is a technique to remove excess skin of the face and neck.

_____ I understand the purpose of the procedure and that surgery may be used to treat and possibly correct the appearance of excess skin of the face and neck.

_____ Smoking is a contraindication of the procedure. Patients who are active smokers must cease at least one month prior to surgery. Failure to follow this instruction can have dramatic effects on the success of the surgery.

SURGICAL CONSIDERATIONS

_____ The technique of the minimally invasive facelift surgery has been explained to me. I have been told that the minimally invasive facelift surgery may be performed under local anesthesia with sedation or may be performed with the use of a general anesthetic. The procedure involves an incision beginning above the ear, extending down along the front of the ear, around to the back of the ear, and then into the hairline. The skin is elevated off the face, pulled up and backwards, and then sutured into its new position.

_____ The incisions will be closed with small sutures. I have been advised that in some cases scarring may be unpredictable and a second procedure may be required to reduce scarring.

_____ Following the surgery, a snug dressing will be applied to the facial region to help shape the underlying tissue. This pressure type bandage will be worn at all times for one to two days under the guidance of your doctor. Some bruising (black and blue discoloration of the skin) and swelling may persist for several weeks after the surgery. Some postoperative pain can be expected and medication will be prescribed to provide some relief.

_____ I have been advised and acknowledge that there is no guarantee that the procedure will improve my appearance. Patients react differently depending upon age and health.

_____ If I use tobacco, I understand that this could complicate surgery, anesthesia, healing results.

_____ The minimally invasive facelift is not a full facelift or even a mini facelift. Full and mini facelifts include elevation and suturing of muscle and deep tissue. Only the skin is elevated in a minimally invasive facelift. Muscle and underlying structures are not sutured or elevated. It is our most conservative facelift. The cosmetic benefit is on the perioral region, jowls, nasolabial folds, corners of the mouth, and under the chin and jaw. The minimally invasive facelift is most effective on younger patients, patients who wish to make a previous facelift last longer, or patients who want a conservative procedure with minimal healing time but understand that the minimally invasive facelift is less effective than a mini or full facelift.

_____ The face, brows, eyes, nose, cheeks, ears, are asymmetric prior to surgery. There will be asymmetry after surgery.
Some patients experience postoperative depression after any type of surgery. Please notify the doctor if symptoms of depression occur.

The nasolabial folds (grooves from nose to corner of mouth) and the grooves and lines at the corner of the mouth will not be eliminated by a minimally invasive facelift. They will be softened.

No procedure ever achieves the perfection of eliminating all lines and signs of aging. Surgery is intended to improve your appearance.

MEN: Male facelifts are usually not as dramatic as female facelifts. Male skin and underlying structures are not as responsive to surgery. In addition, men have less hair to hide incisions and surgery usually has to be more conservative to camouflage scarring.

RISKS AND COMPlications

Dr. Rochlin and her staff have explained that there are certain inherent and potential risks in any treatment plan or procedure and for this specific instance, these operative risks include, but are not limited to:

The possibility of facial nerve injury (that controls the muscles of facial expression) or sensory nerve damage in the head and neck regions. You may experience a change in sensation (increased, decreased or altered) including pain in the area of surgery, which is usually temporary but in rare instances can be permanent.

There is the possibility of a postoperative hematoma or blood collection, which would be corrected by your doctor.

There is the risk of numbness of the skin overlying the areas where surgery is done. In most cases, this condition is temporary, however, in rare circumstances, numbness may be permanent.

Any surgery involves the risk of infection which may require antibiotic treatment. Most cases resolve without complications. However, in rare situations, treatment of serious infection may require hospitalization.

There is a possibility of localized collections of blood in areas of fat removal and tissue removal. Secondary procedures to remove the blood may be required.

It is possible that the tightened skin can be lost in specific areas. While this is unlikely, it is a possibility.

There is the possibility of unevenness of the skin or tissue beneath the skin. This is usually temporary, but in rare circumstances can be permanent.

Repeat or secondary, (i.e., not the first), facelifts are more prone to postoperative complications such as hair loss, numbness, etc.

The combination of a facelift and full face laser resurfacing can lead to increased risks as listed. A conservative facelift will reduce these risks.

There is a possibility of an allergic reaction to sutures or surgical supplies.

Incisions are an unavoidable component of a facelift. An effort is made to hide all incisions, but in rare circumstances an incision may need surgical revision postoperatively.

There is the possibility of hair loss. This is usually temporary, but in rare circumstances can be permanent.

The need for revision surgery, although rare, is a possibility with any cosmetic procedure. Post operative touch ups are usually minor and most often performed with local anesthesia. A surgical fee will be charged commensurate with the extent of the revision.

NO GUARANTEE OF TREATMENT RESULTS

No guarantee or assurance has been given to me that the proposed treatment will be curative and/or successful to my complete satisfaction. Due to individual patient differences, there may be a risk of failure and my condition may worsen.

I have had an opportunity to discuss my past medical and health history including any serious problems and/or injuries with Dr. Rochlin.

I agree to cooperate fully with the recommendations of Dr. Rochlin while I am under her care, realizing that my lack of compliance can result in a less than optimal result and/or may be life threatening.
I have advised Dr. Rochlin as to whether or not I am currently utilizing birth control pills. I have been advised and informed that certain antibiotics and some pain medications may neutralize the therapeutic effect of birth control pills, allowing for conception and resulting in pregnancy. I agree to consult with my family physician to initiate additional forms of mechanical birth control during the period of my treatment with Dr. Rochlin until I am advised that I can return to the exclusive use of birth control pills by my physician.

I agree to keep Dr. Semone Rochlin informed of any changes of address in order to be notified of any late findings, and I agree to cooperate with my care after surgery until completely discharged.

I have read a copy of the foregoing consent for the operation, understand it accept these facts, and hereby authorize the above doctor to perform this surgical procedure on me.

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), including no surgery. 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 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.

I CERTIFY: I have read or had read to me the contents of this form; I understand the risks and alternatives involved in this procedure; I have had the opportunity to ask any question which I had and all of my questions have been answered.

I confirm with my signature below that: the physician has discussed the above information with me, that I have had the chance to ask questions, that all my questions have been answered to my satisfaction, and that I thereby give informed consent. I voluntarily request treatment with by the physician, which has been explained to me, and my questions regarding such treatment, its alternatives, its complications and risk have been answered by the doctor, staff, and/or written information. My questions have been fully and completely answered for me and I have read this document and understand its contents. I hereby give my unrestricted informed consent for the procedure. In the event a dispute arises over the outcome of my procedure, I consent solely to arbitration as a legal means of settlement.

Patient Name: (Please Print) __________________________________________

Patient Signature: ___________________________ Date: ____________________

Witness Signature: ___________________________ Date: ____________________

Physician Only: I confirm with my signature that I have made time available to discuss with the above-named patient the risks, potential complications, and intended benefits of surgery. The patient has had the opportunity to ask any questions, all questions have been answered, and the patient has expressed understanding. Thus informed, the patient has requested to perform surgery on him/her.

Physician signature: ___________________________ Date: ____________________

Our patients are offered a copy of any form they sign.