

MR. A. KARIDIS M.D. F.R.C.S.
Plastic & Cosmetic Surgeon

INFORMED CONSENT FOR COSMETIC SURGERY
(Facial Surgery)

TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved.

It is a legal requirement that before any surgical operation the patient reads and signs a consent form. It is important that you understand the risks and hazards involved with any surgery. Although the vast majority of patients do not experience the following complications you must be made aware of these. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

I

voluntarily request Mr. A. Karidis as my surgeon, and such associates, technical assistants, and other health care providers as they deem necessary, to carry out the following surgery:

- I understand that no warranty or guarantee has been made to me as to result or cure. Although good results are expected it is possible that the result might not live up to expectations or the goals that have been established. In this connection I know that the practice of medicine and surgery is not an exact science and that therefore reputable physicians cannot guarantee results.**
- I realise that, as in all medical treatment, complications or delay in recovery may occur which could lead to the need for additional treatment or surgery, and could also result in economic loss to me because of my inability to return to normal activity as soon as anticipated. I understand that in the event of any revision surgery taking place for whatever reason then although the surgeons fee is waived in these circumstances, I will be responsible for any anaesthetists or theatre facility fee.
- I understand that Mr. Karidis may discover other or different conditions which may require additional or different procedures than those planned. I authorise him, and such associates, technical assistants, and other health care providers to perform such other procedures, which are advisable in their professional judgement.
- Although extremely rare in cosmetic surgery, I consent to the use of blood and blood products as deemed necessary.
- I understand that external incisions leave scars that are visible. The location of these incisions has been described to me. I also understand that it is impossible to predict the exact ultimate appearance of these scars despite meticulous technique. I have been advised that scars take upwards of eighteen months to mature and the changes that normally occur in their appearance during the healing period such as redness, lumpiness, and irregularities have been described to me. I also realise that although unsightly scars can be surgically revised, this does not provide any guarantee that the subsequent ensuing appearance of the scar will be invisible.

- ❑ I understand that there are risks and hazards related to the performance of the surgical procedures planned for me. I realise that common to surgical procedures is the potential for infection, swelling, bruising, bleeding, haematoma(local blood collection) seroma(accumulation of serum), blood clots in veins and lungs (extremely rare), and allergic reactions. Preventative measures to combat the possibility of blood clots in veins, such as preoperative TED(anti-embolic)stockings, intraoperative Flowtron Compression devices and early mobilisation are routinely deployed in Mr. Karidis's practice.
- ❑ I understand that complications outlined above also occur more frequently with patients who are obese, smoke, and have a history of lung or other chronic underlying medical conditions. High blood pressure that is not well controlled with medication may cause excess bleeding during or after surgery. Accumulations of excess blood under the skin may delay healing and cause scarring.
- ❑ I also realise that although unlikely, the following risks and hazards may also occur in connection with this procedure: unsatisfactory appearance, poor healing, skin loss(necrosis), nerve damage with associated sensory changes or prolonged pain and discomfort, or unattractive scarring.

I also realise that the following additional risks and hazards may occur in connection with:

- **Blepharoplasty (eyelid surgery):**

- ❑ Lowering or irregularity of the lower eyelid(with lower eyelid surgery only) and dryness of the eyes can occur. As a result, slight changes of the shape and size of the eye can occur. This is usually temporary and resolves with conservative measures which will be advised. In a small number of patients however surgical correction may be required to improve this, although even this may not guarantee 100% complete resolution to patients satisfaction.
- ❑ Transient watering of the eyes has also been reported. Although this is usually temporary and diminishes with time it can occasionally be long lasting or very rarely permanent.
- ❑ Although every effort is made to preserve eyelash hair, rarely hair loss may occur in the lower eyelash area adjacent to the incision which is made to elevate the skin. This occurrence is not predictable. Hair loss may be temporary or permanent.
- ❑ Loss of vision, though extremely rare (approximately 1:100,000 incidence) is possible.

- **Facial Rejuvenation Surgery (Face lift/ neck lift/ forehead and Mid-face lifts):**

- ❑ Bruising and swelling will result as a consequence of surgery, which however settles in the first few weeks. Prolonged bruising with the appearance of thread veins can occasionally occur which although temporary sometimes can be permanent.
- ❑ Scars will result from surgery and I understand their location. Additional scarring can result from poor or decreased wound healing ability and scar stretching.
- ❑ Hair loss can occur when incisions are made in the scalp, and although usually temporary, can be permanent. I also understand that my hairline in the regions of the temple and behind the ears may occasionally be displaced slightly higher upwards as a result of the surgery. Every effort will be made to reduce this side effect. In men this may mean slight alterations with regards to shaving techniques.
- ❑ Excessive or postoperative bleeding can delay normal healing and recovery, as well as lead to additional scarring.

- Numbness will result within certain facial regions after the procedure (i.e. cheeks, temple and forehead region). This is usually temporary, as nerve regeneration restores the sensation again to these regions. However this can take anywhere from 6-18 months to complete, as variations do occur. I also understand that very occasionally, complete restoration of sensation to some areas may not happen.
- Although every effort will be made to avoid exposure to deep structures and nerves responsible for movement of the facial muscles, surgery can rarely result (0.5%) in loss of nerve function with subsequent paralysis of certain facial regions. Most times however this is temporary with muscle movements returning 2-6 months after injury. On very rare occasions (less than 0.1% incidence), this could however result in permanent weakness of muscles of facial expressions.
- I understand that the human face is normally asymmetrical. Therefore one cannot expect any facial procedure to result in perfect symmetry after the surgery.
- I understand that subsequent alterations in facial appearance may occur as a result of ageing, weight loss or gain, sun exposure, or other circumstances not related to facelift surgery. Facelift surgery does not stop the ageing 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.

- **Fat Transfer:**

- Although the transfer of fat from one region of the body to another is generally safe and successful, there is an element of uncertainty with respect to the longevity and “take” of the newly transferred fat in the recipient site. It is possible that some or in certain cases all of the fat could become reabsorbed. In this situation further fat transfer or the use of other fillers (synthetic) may be necessary to achieve the desired result.
- Very occasionally some lumpiness may arise in the area from either where the fat was removed or injected. External massaging usually helps smooth irregularities or lumpiness, however occasionally revision surgery may be necessary.

- **Facial implants (silicone, Endotine, Alloderm)- WHERE APPLICABLE:**

- The use of implants in any region of the face to hold or lift tissues (Endotine) reduce furrows, enhance regions (i.e. lips-Permalip) is widespread. Along with the aesthetic benefits that can be obtained, some complications can occur. The material may become infected or tender after implantation requiring its removal. A significant infection may rarely result in damage or loss to overlying skin.
- Although very rare, the body may have an allergic reaction to the material, which would require its removal. This may result in inflammation, and possibly infection. With respect to the use of the *Alloderm* implant, although long lasting it is important to remember it is **not a permanent solution**. Alloderm will eventually undergo absorption with time although this time frame varies with each individual.
- Irregularity or palpability of the implant associated with lumping and some discomfort may occur. In the case of the Endotine for Brow or mid face lifts this lumpiness and tenderness disappears with the slow dissolution of the implant. Very rarely this may require a surgical procedure to adjust or remove the implant.
- Occasionally displacement or extrusion of the implant may occur, necessitating surgical adjustment.
- Occasionally a slight skin discoloration may arise over any implant for a period of time, which is usually temporary.

- When materials are used for lip enhancement, it is possible to experience an outbreak of cold sores (*herpes simplex*) in the lips, which usually responds to conservative medical treatment.
- As *Alloderm*, fully integrates with the tissue it is set in, it therefore cannot be removed after an initial period of 6 weeks.
- I understand that there are many variable conditions in addition to risk and potential surgical complications that may influence the long term results of any surgery(i.e. smoking, genetics). I also understand that even though risks and complications occur infrequently, the risks cited above are the ones that are particularly associated with my surgery. Other complications and risks can occur but are even more uncommon(less than 0.1%)
- THIS PARAGRAPH PERTAINS TO SMOKERS:** Smokers are recognised to have a significantly higher risk of post operative wound healing problems with a subsequently higher potential of infection as well as operative and post operative bleeding. Patients should discontinue smoking for two weeks before and two weeks after surgery. Although it helps to stop smoking before and after surgery, this does not completely eliminate the increased risks resulting from long-term smoking. Smoking also has a long term adverse effect on the skin and ageing process.
- ANAESTHESIA:** I acknowledge that the anaesthetist has reviewed the proposed anaesthetic with me and answered my questions in this regard. I understand that anaesthesia involves additional risks and hazards but I request the use of anaesthetics for the relief and protection from pain during the planned and additional procedures. I realise the anaesthesia may have to be changed possibly without explanation to me. Although modern anaesthesia is considered safe I understand that certain complications may very occasionally result from the use of any anaesthetic, such as drug reactions(usually minor), respiratory, recovery problems and although extremely unlikely, death(1:250,000). Other risks and hazards include minor throat discomfort post operatively (temporary only), as well as injury to vocal cords, or teeth (very rare). Please inform the anaesthetist regarding any previous dental work.
- THIS PARAGRAPH PERTAINS TO FEMALE PATIENTS ONLY:**
Anaesthetic agents can be harmful to the foetus of a pregnant woman. General anaesthesia should be avoided during pregnancy whenever possible. I hereby state that I am not pregnant and accept the responsibility of making this determination.
- I hereby give permission to Mr. Karidis or any assistant he may designate to take photographs for diagnostic purposes and to enhance the medical record. I agree that these photographs will remain his property and that he may use these discreetly for medical, scientific or other publications and presentations provided my identity is not revealed. No photographs which can identify me facially will ever be used in any popular press or media without my expressed consent.
- I have been told that a medical grade synthetic implant may be used (where applicable) in the above mentioned operation and have been advised of the risks as well as alternative methods of treatment. I also understand that occasionally the body can reject implants.
- I certify that I fully informed Mr. Karidis correctly and to the best of my knowledge of my full medical history and status. I understand that withholding medical information could lead to complications or problems that may have been prevented if that information were known prior to my surgery.
- I agree to follow the instructions given to be by Mr. Karidis to the best of my ability before, during and after the above mentioned surgical procedure, and will notify Mr. Karidis of any problems following my surgery.
- I understand and agree that any dispute or litigation with respect to the treatment or procedure of the above will be heard and settled in the city in which the procedure occurred in the United Kingdom, and the laws of England and Wales shall govern all aspects of such dispute or litigation.

- I certify that Mr. Karidis has discussed the operation with me to my satisfaction; this form fully explained to me, that I have read it or have had it read to me, that the blank spaces have been filled in, and that I understand its contents. I have been given an opportunity to ask questions about my condition, alternative forms of anaesthesia and treatment, risks of non treatment, the procedures to be used, and the risks and hazards involved, and I believe that I have sufficient information to give this informed consent.

DO NOT SIGN THIS FORM UNLESS YOU HAVE READ IT AND FEEL THAT YOU UNDERSTAND IT. PLEASE ASK ANY QUESTIONS YOU MIGHT HAVE BEFORE SIGNING.

I hereby accept that the essential information necessary to make an informed decision has been given to me. All questions have been implicitly answered to my satisfaction.

Patients Name

Date

Address

City

Patients Signature

I hereby certify that I have discussed all the above with the patient. I have offered to answer any questions regarding the procedure and believe the patient fully understands what I have explained and answered.

Mr. A. Karidis
Consultant Plastic Surgeon

Date