BLEPHAROPLASTY
(Eyelid Surgery)

Blepharoplasty is a surgical procedure to correct drooping upper eyelids and puffy bags below the eyes by removing excess fat, skin, and muscle.

Patient's Initials

_____ The details of the procedure including the anticipated benefits and material risks have been explained to me in terms I understand.

_____ Alternative methods and therapies, their benefits, material risks and disadvantages have been explained to me.

_____ I understand and accept that the most likely material risks and complications of blepharoplasty have been discussed with me and may include but are not limited to:

- *additional corrective surgery*
- *allergic reaction to tape, sutures or topical preparations*
- *asymmetry in healing or scarring*
- *bleeding*
- *bruising*
- *decrease in sensation of eyelid skin or impaired eyelid function*
- *dryness, irritation, burning, itching of eyes*
- *formation of whiteheads*
- *hematoma, post operative blood clot collection*
- *infection*
- *pain*
- *pulling down of lower lids*
- *scarring*
- *swelling*
- *temporary blurred or double vision*
- *temporary difficulty in closing eyes completely*
- *temporary discomfort*
- *temporary excessive tearing, sensitivity to light*
- *tightness of lids*
- *unsatisfactory result*

_____ I understand and accept that there are complications, including the remote risk of death or serious disability, that exist with any surgical procedure.

_____ I understand that tissue cannot heal without scarring and that how one scars is dependent on individual genetic characteristics. The physician will do his/her best to minimize scarring but cannot control its ultimate appearance.

_____ I am aware that smoking during the pre- and postoperative periods could increase chances of complications, especially scarring.

_____ Although extremely rare, postoperative impairment of vision or blindness have been reported.

_____ I have informed the doctor of all my known allergies.

_____ I have informed the doctor of all medications I am currently taking, including prescriptions, over-the-counter remedies, herbal therapies and supplements, aspirin, and any other recreational drug or alcohol use.

_____ I have been advised whether I should take any or all of these medications on the days surrounding the procedure.

_____ I am aware and accept that no guarantees about the results of the procedure have been made.

_____ I have been advised of the probable consequences of declining recommended or alternative therapies.

_____ I have been informed of what to expect postoperatively, including but not limited to: estimated recovery time, anticipated activity level, and the possibility of additional procedures.

_____ The doctor has answered all of my questions regarding this procedure.

I certify that I have read and understand this treatment agreement and that all blanks were filled in prior to my signature.

Continued

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SAMPLE

I authorize and direct ____________________________, M.D., with associates or assistants of his or her choice, to perform blepharoplasty on ____________________at______________________.
(*patient name*) (*name of facility)*

I further authorize the physician(s) and assistants to do any other procedure that in their judgment may be necessary or advisable should unforeseen circumstances arise during the procedure.

______________________________	______________________________
Patient or Legal Representative Signature/Date/Time	Relationship to Patient
______________________________	______________________________
Print Patient or Legal Representative Name	Witness Signature/Date/Time

I certify that I have explained the nature, purpose, anticipated benefits, material risks, complications, and alternatives to the proposed procedure to the patient or the patient's legal representative. I have answered all questions fully, and I believe that the *patient/legal representative* *(circle one)* fully understands what I have explained.

____
Physician Signature/Date/Time

_______ copy given to patient _______ original placed in chart
initial initial

SAMPLE

6/03
Revised 9/05, 12/05, 1/06, 6/07

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