

FACELIFT (Rhytidectomy)

While the patient is sedated, the plastic surgeon makes incisions above the hairline at the temples, and behind the earlobe, to the lower scalp. In general, the surgeon then tightens the underlying muscle and membrane, may remove some of the fat tissue and loose skin, and stitches the incisions closed. The membrane is called the SMAS layer and assists in the lifting portion of the facelift.

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 facelift have been discussed with me and may include, but are not limited to:
- *asymmetry*
 - *bleeding (requiring hospitalization)*
 - *discoloration*
 - *hematoma*
 - *infection*
 - *loss of skin or hair*
 - *nerve damage*
 - *numbness*
 - *scarring*
 - *unsatisfactory results*
- _____ 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 and accept the risks of blood transfusion(s) that may be necessary.
- _____ 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.
- _____ The placement of incision and resulting scar have been explained to me.
- _____ I have been informed that the nerves that control the muscles of facial expression can, on rare occasion, be slow in recovering.
- _____ I am aware that smoking during the pre- and postoperative periods could increase chances of complications.
- _____ 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 avoid taking 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.
- _____ I understand that any tissue/specimen removed during the surgery may be sent to pathology for evaluation.
- _____ 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

