

INFORMED CONSENT FOR

**BROWLIFT**

- CORONAL**
- HAIRLINE**
- ENDOSCOPIC**
- OTHER** \_\_\_\_\_

**PLEASE REVIEW AND BRING WITH YOU ON THE DAY OF YOUR  
PROCEDURE**

PATIENT NAME \_\_\_\_\_



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PATIENT INITIALS \_\_\_\_\_

## ***INFORMED-CONSENT-BLEPHAROPLASTY SURGERY – Continued***

### **INSTRUCTIONS**

This is an informed-consent document which has been prepared to help inform you about browlift surgery, its risks, and alternative treatments.

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(s).

### **INTRODUCTION**

The forehead and eyebrow region often show noticeable signs of aging. Looseness in these structures may cause drooping eyebrows, eyelid hooding, forehead furrows, and frown lines. In browlift surgery, the structures responsible for these problems are tightened or altered to smooth the forehead, raise the upper eyebrows, and improve frown lines. A browlift may be performed alone, or in conjunction with other procedures, such as a facelift, or eyelid surgery.

Recent advances in browlift surgery make it possible to perform the procedure through a variety of approaches, including endoscopy. Browlift surgery is individualized for each patient. The surgical incisions used may vary with the technique selected by your surgeon(s) to meet your needs. The browlift cannot stop the process of aging.

### **ALTERNATIVE TREATMENTS**

Alternative forms of treatment consist of not treating the laxness in the forehead and upper eyebrow region by a browlift surgery. Improvement of skin looseness and skin wrinkles may be accomplished by other treatments or surgery. Risks and potential complications are associated with alternative forms of treatment or surgery.

### **RISKS OF BROWLIFT SURGERY**

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with browlift surgery. 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(s) to make sure you understand all possible consequences of browlift.

**Bleeding-** It is possible, though unusual, to have a bleeding episode during or after surgery. Should you develop post-operative bleeding, it may require emergency treatment or surgery. Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may contribute to a greater risk of a bleeding problem. Non-prescription "herbs" and dietary supplements can increase the risk of surgical 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 very rare after surgery. Should an infection occur, additional treatment including antibiotics may be necessary.

**Skin contour irregularities-** Contour irregularities, depressions, and wrinkling of skin may occur after browlift.

**Skin scarring** Excessive scarring is uncommon. In rare cases, abnormal scars may result. Scars may be unattractive and of different color than surrounding skin. There is the possibility of visible

**INFORMED-CONSENT-BLEPHAROPLASTY SURGERY – Continued**

marks from sutures, staples, or hardware used during a browlift. Additional treatments including surgery may be necessary to treat abnormal scarring.

**Change in surgical approach for browlift-** In some situations, depending on factors discovered only at the time of surgery, your surgeon(s) may have to make changes in surgical technique and approach to the browlift procedure. This may require changing from an endoscopic (closed) procedure to a standard (open) browlift.

**Change in skin sensation-** Diminished (or loss) of skin sensation in the face and scalp area may not totally resolve after browlift surgery. Chronic itching sensations can occur within the scalp and brow, following a brow lift.

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

**Nerve injury-** There is the potential for injury to both motor and sensory nerves during a browlift procedure. Weakness or loss in movements of the forehead or upper eyebrow may occur after surgery. Most individuals will notice a return of motor function; permanent weakness is rare. Injury may also occur in the sensory nerves of the forehead, scalp, and temple regions. Diminished sensation may normally occur in the scalp region after a brow lift surgery. Permanent numbness or painful nerve scarring is rare.

**Hair Loss-** Hair loss may occur within the scalp or surgical incisions. The occurrence of this is not predictable. Hair loss may resolve slowly or in rare cases be permanent.

**Hardware and deeper sutures-** Some surgical techniques use small screws or permanent deep sutures to help suspend brow structures. In very unusual circumstances, a screw could penetrate through the skull. Intracranial injury is rare, but possible. If this occurs, additional treatment may be necessary. It may be necessary to remove hardware or deeper sutures at a later time.

**Eyelid disorders-** Disorders that involve abnormal position of the upper eyelids (eyelid ptosis), loose eyelid skin, or abnormal laxness of the lower eyelid (ectropion) can coexist with sagging forehead and eyebrow structures. Brow lift surgery will not correct these disorders. Additional surgical procedures may be necessary.

**Asymmetry-** The human face is normally asymmetrical. There can be a variation from one side to the other following surgery.

**Chronic pain-** Chronic pain may occur very infrequently after a browlift.

**Unsatisfactory result-** There is the possibility of a poor result from eyelid surgery. Surgery may result in unacceptable visible deformities, loss of function, 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. Additional surgical procedures such as a browlift may be needed to correct eyebrow sagging which contributes to upper eyelid problems.

**Corrugator muscle division –** The eyebrows are lowered (frown) by pairs of muscles above the eyelid including the corrugator muscles. If these muscles are cut and partially removed during the procedure, the ability to frown may be weakened or eliminated permanently. However, other muscles may still have a similar function and so the loss of frowning is not guaranteed. There is a risk of forehead numbness and brow irregularities with this procedure.

## ***INFORMED-CONSENT-BLEPHAROPLASTY SURGERY – Continued***

**Delayed healing-** Wound disruption or delayed wound healing is possible. Some areas of the body may not heal normally and may take a long time to heal. Some areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue.

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

**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.

**Blood clots-** Blood clots in the veins of the arms, legs, or pelvis and may result from surgery or immobilization. These clots may cause problems with the veins or may break off and flow to the lungs where they may cause serious breathing problems.

**Pulmonary complications-** Pulmonary (lung and breathing) complications may occur from both blood clots (pulmonary emboli) and partial collapse of the lungs after general anesthesia. Should either of these complications occur, you may require hospitalization and additional treatment. Pulmonary emboli can be life-threatening or fatal in some circumstances. Fat embolism syndrome occurs when fat droplets are trapped in the lungs. This is a very rare and possibly fatal complication of liposuction.

**Long term effects-** Subsequent alterations in eyelid appearance may occur as the result of aging, weight loss or gain, sun exposure, or other circumstances not related to eyelid surgery. Browlift surgery does not arrest the aging process or produce permanent tightening of the eyelid region. Future surgery or other treatments may be necessary to maintain the results of a blepharoplasty.

**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.

**Death or serious injury –** In very rare cases, serious complications such stroke, heart attack or even death have resulted from surgery.

### **HEALTH INSURANCE**

If hooding of the upper eyelids interfere with your vision, your health insurance company may cover blepharoplasty surgery for the upper-eyelids only. Most health insurance companies exclude coverage for cosmetic surgical operations such as the lower-eyelid blepharoplasty 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 of eyelid surgery. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with blepharoplasty 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.

### **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

***INFORMED-CONSENT-BLEPHAROPLASTY SURGERY – Continued***

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(s) 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.**

**INFORMED-CONSENT-BLEPHAROPLASTY SURGERY – Continued**

**CONSENT FOR SURGERY/ PROCEDURE OR TREATMENT**

1. I hereby authorize Dr. Karol Gutowski and/or Dr. Julia Kerolus such assistants as may be selected to perform the following procedure or treatment:

Browlift

I have received the following information sheet:

**INFORMED-CONSENT FOR BROWLIFT 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(s) 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(s) 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

**INFORMED-CONSENT-BLEPHAROPLASTY SURGERY – Continued**

**AUTHORIZATION & CONSENT FOR RELEASE OF MEDICAL IMAGES**

It is important that you read this information carefully and completely. After reviewing, please sign the consent as proposed by Dr. Gutowski and/or Dr. Kerolus or their representatives.

**INTRODUCTION**

Medical images (photographs, slides, videos, interviews or any other images of you, or components of your medical record) may be taken before, during, or after a surgical procedure or treatment. These images may be needed to document your medical condition, used as supporting material for authorizing medical coverage and payments, and treatment planning. Consent is required to take, use and release such images. Since Drs. Gutowski and Kerolus are also educators of other physicians, researchers, and medical writers, your images may be used for other purposes as described below.

**1. CONSENT TO TAKE PHOTOGRAPHS, SLIDES, DIGITAL IMAGES, AND VIDEOTAPES**

I hereby authorize Dr. Gutowski or Dr. Kerolus and/or their associates to take any images before, during and after my treatments or surgeries.

**2. CONSENT FOR RELEASE OF PHOTOGRAPHS/SLIDES/VIDEOTAPES**

I hereby authorize Dr. Gutowski and/or Dr. Kerolus and their associates to use any of these images for professional medical purposes deemed appropriate including but not limited to showing these images on public or commercial television, electronic digital networks including the internet, print or visual or broadcast media, for purposes of examination, testing, credentialing and/or certifying purposes for purposes of medical education, patient education, lay publication, or during lectures to medical or lay groups, for marketing and advertising, and for use in supporting documentation for insurance or third-party payer purposes, medical teaching, research or dissemination of medical information to medical and nonmedical audiences, including, but not limited to, journal or book publications, presentations, conferences, and print marketing material (magazine, newspaper, etc) or electronic media (television, internet, etc).

**3. CONSENT FOR RELEASE TO PROFESSIONAL ORGANIZATIONS**

I further authorize Dr. Gutowski and/or Dr. Kerolus and their associated to release such images to the American Society of Plastic Surgeons (ASPS), the American Society for Aesthetic Plastic Surgery (ASAPS), the American Board of Plastic Surgery (ABPS), the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS), and the American Board of Facial Plastic and Reconstructive Surgery (ABFPRS). I provide this authorization as a voluntary contribution in the interests of public education. The images may be used for publication in print, visual or electronic media, specifically including, but not limited to, medical journals (such as *Plastic and Reconstructive Surgery*, *Annals of Plastic Surgery*, *Aesthetic Plastic Surgery*), textbooks, lay publications, patient education or during lectures for the purpose of informing the medical profession or the general public about plastic surgery methods, medical education or examination material by ASPS, ASAPS, ABPS, AAFPRS and ABFPRS. I understand that such images shall become the property of ASPS, ASAPS, ABPS, AAFPRS and ABFPRS and may be retained or released by these organizations for the limited purpose mentioned above. I also grant permission for the use of any of my medical records including illustrations, photographs, video or other imaging records created in my case, for use in examination, certifying and/or re-certifying purposes by ABPS and ABFPRS.

I understand that I will not be identified by name in any release of these materials but in some cases the images may contain features that may make my identity recognizable. I release and discharge Dr. Gutowski and/or Dr. Kerolus and all parties acting on their authority from all rights that I may have in these images, and from any claims that I have related their use in the above mentioned manner.

I also release Dr. Gutowski and/or Dr. Kerolus and any employees or agents from all liability, including any claims of libel or invasion or privacy, directly or indirectly connected with, arising out of or resulting from the taking and authorized use of these images or recorded interviews. I understand that I have the right to request cessation of recording or filming at any time.

I understand that I will not be entitled to monetary payment or any other consideration as a result of any use of these images and /or my interview.

***INFORMED-CONSENT-BLEPHAROPLASTY SURGERY – Continued***

Patient Name \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness or Guardian/Parent \_\_\_\_\_ Date \_\_\_\_\_