

INFORMED CONSENT FOR  
**BLEPHAROPLASTY (EYELID SURGERY)**

- UPPER EYELIDS
- CORRUGATOR MUSCLE DIVISION
- LOWER EYELIDS

**PLEASE READ THIS DOCUMENT, INITIAL THE BOTTOM OF EACH PAGE  
AND SIGN THE LAST TWO PAGES**

**BRING THIS DOCUMENT TO YOUR PRE-OPERATIVE APPOINTMENT**

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

**KAROL A GUTOWSKI, MD, FACS  
ANDREA MARTIN, MD  
(THE PHYSICIANS)**

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

## ***INFORMED CONSENT – BLEPHAROPLASTY, continued***

### **INSTRUCTIONS**

This is an informed-consent document which has been prepared to help inform you about blepharoplasty 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**

Blepharoplasty is a surgical procedure to remove excess skin, with or without removal of muscle, from the upper and/or lower eyelids. Underlying fatty tissue may also be selectively removed or repositioned. Blepharoplasty can improve drooping skin and “eye bags,” and help improve vision in patients who have hooding of their upper eyelids. Although it can add an upper eyelid crease to the Asian eyelid, it will not erase evidence of one’s racial or ethnic heritage. Blepharoplasty will not remove “crow’s feet” or other wrinkles, eliminate dark circles under the eyes, or lift sagging eyebrows.

Blepharoplasty surgery is customized for every patient, depending on his or her particular needs. It can be performed alone involving upper, lower or both eyelid regions, or in conjunction with other surgical procedures of the eye, face, brow, or nose. In some patients, who have laxity between the lower eyelid and the eyeball, consideration for tightening of the lower eyelid (canthoplasty/canthopexy) at the time of blepharoplasty may be recommended. Eyelid surgery cannot stop the process of aging.

### **ALTERNATIVE TREATMENTS**

Alternative forms of management include not treating the skin laxity and excess fat in the eyelids or in the forehead and upper eyebrow region by surgery. Other forms of eyelid surgery may be needed should you have disorders affecting the function of the eyelid such as drooping eyelids from muscle problems (eyelid ptosis) or loss of apposition between the eyelid and eyeball (ectropion). Minor skin wrinkling may be improved through chemical peels, lasers or other skin treatments. Risks and potential complications are associated with alternative forms of treatment.

### **RISKS OF BLEPHAROPLASTY SURGERY**

Every surgical procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual’s choice to undergo a surgical procedure is based on the comparison of the potential risks to benefits. 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 the risks, potential complications, and consequences of blepharoplasty surgery.

**Bleeding-** It is possible, though unusual, to have a bleeding episode during or after surgery. Bleeding may occur under the skin or internally around the eyeball. Should you develop post-operative bleeding, it may require emergency treatment or surgery. Do not take any aspirin or anti-inflammatory medications for two weeks 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 well controlled may cause bleeding during or after surgery. Accumulations of blood under the skin may delay healing and cause scarring.

**Blindness-** Blindness is extremely rare after blepharoplasty. It can be caused by internal bleeding around the eye during or after surgery. The occurrence of this is not predictable.

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**Change in skin sensation-** Diminished (or loss of) skin sensation in the face may not totally resolve after eyelid surgery. Tingling or itching sensations can occur within the cheek, nose, and lip area.

**Damage to deeper structures-** Deeper structures such as nerves, blood vessels, and eye muscles may be damaged during surgery. The potential for this to occur varies with the type of blepharoplasty 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 lower blepharoplasty procedure. Although very rare, weakness or loss in movement of the eyelids 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 cheek, nose and lip regions, but is uncommon. Permanent numbness or painful nerve scarring is rare.

**Scarring-** Although good wound healing after a surgical procedure is expected, abnormal scars may occur both within the eyelid and deeper tissues. In rare cases, abnormal scars may result. Scars may be unattractive and a different color than surrounding skin. There is the possibility of visible marks in the eyelid or small skin cysts from sutures. Additional treatments may be needed to treat scarring.

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

**Dry eye problems-** Permanent disorders involving decreased tear production can occur after blepharoplasty. The occurrence of this is rare and not entirely predictable. Individuals who normally have dry eyes may be advised to use special caution in considering blepharoplasty surgery.

**Ectropion-** Displacement of the lower eyelid away from the eyeball is a rare complication. Further surgery may be required to correct this condition.

**Corneal exposure problems-** Some patients experience difficulties closing their eyelids after surgery and problems may occur in the cornea due to dryness. Should this rare complication occur, additional treatments or surgery and treatment may be necessary. It is important to follow all post op instructions for eye lubrication.

**Chronic pain-** Chronic pain may occur very infrequently after blepharoplasty.

**Infection-** Infection is very rare after surgery. Should an infection occur, additional treatment including antibiotics or admission to the hospital, may be necessary.

**Skin disorders/skin cancer-** A blepharoplasty is a surgical procedure to tighten the loose skin and deeper structures of the eyelid. Skin disorders and skin cancer may occur independently of eyelid surgery.

**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.

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**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. Blepharoplasty 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.

**Eyelash hair loss-** Hair loss may occur in the lower eyelash area where the skin was elevated during surgery. The occurrence of this is not predictable. Hair loss may be temporary or permanent.

**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 upper blepharoplasty 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.

**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, resulting in wound formation. 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 medications. Allergic reactions may require additional treatment.

**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.

**Blood clots-** Blood clots in the veins of the arms, legs, or pelvis and may result from prolonged 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 pulmonary problems.

**Pulmonary complications-** Pulmonary (lung and breathing) complications may occur from both blood clots (pulmonary emboli) and complications related to general anesthesia. Should either of these complications occur, you may require hospitalization and additional treatment. Pulmonary complications can be life-threatening or fatal in some circumstances.

**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 interferes 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.

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**ADDITIONAL SURGERY**

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 outpatient hospital or facility 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 treatment of a 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.

Informed consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined based on all 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 your questions answered before signing the consent on the next page.**

***INFORMED CONSENT – BLEPHAROPLASTY, continued***

**CONSENT FOR SURGERY, PROCEDURE OR TREATMENT**

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

**Blepharoplasty (Eyelid Surgery)**

I have received the following information sheet:

**INFORMED CONSENT FOR BLEPHAROPLASTY**

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 involve risks, and the possibility of complications, or injury.
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 and video recording 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

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

***INFORMED CONSENT – BLEPHAROPLASTY, 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 The Physicians or their representatives.

**INTRODUCTION**

For your medical records, 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 The Physicians are also educators of other physicians, researchers, and healthcare providers, your images may be used for other purposes as described below.

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

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

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

I hereby authorize The Physicians 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 medical education, patient education, lay publication, or during lectures to medical or lay groups, for marketing and advertising, and for use in 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 The Physicians and their associates 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 The Physicians 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 The Physicians and any employees or agents from all liability, including any claims of libel or invasion of 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 use of these images and /or my interview.

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

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_