



CONSENT FOR FACE-LIFT SURGERY (RHYTIDECTOMY)

Patient's Name _____ Date _____

Please initial each paragraph after reading. If you have any questions, please ask your doctor BEFORE initialing.

I have been informed that I have the following condition(s):_

-

The procedure(s) to treat my condition(s) has/have been described as:_

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- _1. A face-lift (rhytidectomy) is an aesthetic surgery to attempt to minimize or reduce evidence of aging, such as wrinkles and sagging of the skin of the face and neck. Although in general a face-lift will provide a person with more youthful appearance, it is impossible to predict the exact result of surgery. The degree of improvement is a subjective opinion and will be partly determined by age, heredity, bone structure and various individual characteristics of the skin as well as personal habits such as smoking, alcohol intake and nutrition.
- _2. I have been completely candid and honest with my doctor regarding my motivation for undergoing face-lift surgery, and realize that a new appearance does not guarantee an improved life.
- _3. When removal of pouches around the eyes is desired, eyelid surgery (blepharoplasty) may be done in conjunction with the face-lift.
- _4. Face lift and eyelid surgery will not remove small wrinkles around the eyes and lips or remove any discoloration or skin blotches.
- _5. If I use tobacco, I agree to cease use of tobacco for 2-3 weeks prior to and after surgery. Failure to do so may have serious negative effects on the success of my surgery.
- _6. I have been advised and understand that this is not a minor surgical procedure.

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_7. Additionally, I have been advised and understand that face-lift surgery will not cease the aging process. Future and additional face-lift surgeries may be necessary, depending upon aesthetic and cosmetic considerations. Surgical results may not match expectations and anticipations.

SURGICAL CONSIDERATIONS

_8. Face-lift surgery is usually performed first on one side of the face and then the other. Incision placement is determined by the surgeon's judgment before and at the time of surgery. In many cases, incisions are started inside the hairline at the temples, continued down in a natural skin line around the ear lobe, and extend into the back of the scalp or nape of the neck. Occasionally, an incision may extend inside the front of the ear. A small incision is frequently necessary under the chin to provide for the removal of excess neck skin, removal of fat and treatment of sagging neck muscles.

_9. After initial incisions, skin is separated from underlying fat and muscle; skin is gently stretched upwards and backwards and excess skin is removed. In some cases, fat deposits beneath the chin and in the neck may be removed and deeper layers of neck tissues may also be corrected.

_10. Every reasonable attempt will be made to place incisions along natural skin lines and creases. In many cases, incisions will result in some scarring, which usually fade and become less visible as healing occurs. Scars are most noticeable behind the ears; however, the hair can generally cover them. In some patients scarring may be noticeable and permanent and a second procedure (scar revision) may be indicated.

POST-OPERATIVE CONSIDERATIONS

_11. At the conclusion of surgery, large loose dressings are applied to the face and neck and sometimes drain tubes may be inserted in the incisions. These dressings resemble a "mummy" dressing and will be left in place for several days. Drainage tubes are usually removed in a few days.

_12. Post-operative discomfort is typical and can be controlled with medications.

_13. Swelling and bruising of the face is common and may last for two or three weeks. Keeping the head elevated for several days after surgery will help reduce such complications. Swelling

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may not completely resolve for up to six months, but the duration and intensity varies with each individual. Patients often report a feeling of tightness, which is described as being uncomfortable. Healing is a gradual process and the final result may not be realized for six to twelve months.

_14. As a result of surgery and repositioning of the facial skin, some numbness can be expected. Such numbness is usually temporary, lasting from six to twelve months. In some cases, there can be residual areas of permanent numbness.

_15. Post-operatively I understand I must avoid excessive or strenuous exercise such as aerobics, heavy lifting, or other strenuous activities.

RISKS AND COMPLICATIONS

_16. It has been explained to me that there are certain inherent and potential risks in any surgical procedure and that in this specific instance such operative risks include, but are not limited to:

- _A. Delayed healing. In rare instances, necrosis (loss of localized areas of skin) may occur. This complication may require additional treatment and surgery.
- _B. Infection and localized collections of blood are not uncommon. Minor blood clots will be drained locally; major hematomas may require deeper surgical drainage. When indicated, antibiotics will be prescribed. In rare cases, infection may require additional treatment or hospitalization.
- _C. Poor healing may result in excessive and permanent scarring which may require a second operation for scar revision.
- _D. Blood loss is usually minimal; however, in rare cases, a transfusion may be necessary. I understand my rights regarding donation of my own blood before surgery so it may be transfused back to me if necessary.
- _E. Nerve damage: the surgery will involve areas of certain cranial or facial nerves. Damage to sensory nerves may cause numbness, usually temporary. However, in rare cases, such numbness of the skin may be permanent. Additionally, there is a risk of damage to nerves that affect motor function. For example, there may be an inability to raise the eyebrows. Decreased function of motor nerves may also be permanent in nature.

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_ F. There may be localized hair loss, which may require further treatment.

_17. ANESTHESIA

Face-lift surgery is most commonly performed in a hospital, but may be done in an outpatient clinical setting. In the latter event, a choice of anesthetics is offered. The anesthetic I have chosen for my surgery is:

Local Anesthesia

Local Anesthesia with Nitrous Oxide/Oxygen Analgesia

Local Anesthesia with Oral Premedication

Local Anesthesia with Intravenous Sedation

General Anesthesia

_18. ANESTHETIC RISKS include: discomfort, swelling, bruising, infection, prolonged numbness and allergic reactions. There may be inflammation at the site of an intravenous injection (phlebitis) which may cause prolonged discomfort and/or disability and may require special care. Nausea and vomiting, although rare, may be unfortunate side effects of IV anesthesia. Intravenous anesthesia is a serious medical procedure and, although considered safe, carries with it the risk of heart irregularities, heart attack, stroke, brain damage or death.

_19. YOUR OBLIGATIONS IF IV ANESTHESIA IS USED

Because anesthetic medications cause prolonged drowsiness, you **MUST** be accompanied by a responsible adult to drive you home and stay with you until you are sufficiently recovered to care for yourself. This may be up to 24 hours.

During recovery time (24 hours) you should not drive, operate complicated machinery or devices, or make important decisions such as signing documents, etc.

You must have a completely empty stomach. **IT IS VITAL THAT YOU HAVE NOTHING TO EAT OR DRINK FOR EIGHT (8) HOURS PRIOR TO YOUR ANESTHETIC. TO DO OTHERWISE MAY BE LIFE-THREATENING!**

However, it is important that you take any regular medications (high blood pressure, antibiotics, etc.) or any medications provided by this office, **using only a small sip of water.**

NO GUARANTEE OF TREATMENT RESULTS

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- _20. No guarantee or assurance has been given to me that the proposed treatment will be curative and/or successful to my complete satisfaction. Due to individual patient differences, there is a risk of failure or relapse, my condition may worsen, and selective re-treatment may be required in spite of the care provided.
- _21. I have had an opportunity to discuss my past medical and social history, including drug and alcohol use, with my doctor and I have fully informed him of all aspects of my health history, recognizing that withholding information may jeopardize the planned goals of surgery.
- _22. I agree to cooperate fully with my doctor's recommendations while under treatment, realizing that any lack of cooperation can result in a less-than-optimal result, or may be life threatening.
- _23. If any unforeseen condition should arise during surgery that may call for additional or different procedures from those planned, I authorize my doctor to use surgical judgment to provide the appropriate care.
- _24. I consent to the taking of photographs, video or audio recordings and agree to be interviewed for medical, scientific, or education purposes. Filming or photographing an operation may include my face and may reveal my identity.

INFORMATION FOR FEMALE PATIENTS

- _1. I have informed my doctor about my use of birth control pills. I have been advised that certain antibiotics and other medications may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy. I agree to consult with my physician to initiate additional forms of birth control during the period of my treatment, and to continue those methods until advised by my physician that I can return to the use of birth control pills.

CONSENT

I certify that I have had an opportunity to fully read this consent, and that all blanks were filled in before signing. I also certify that I speak, read, and write English. My signature below indicates my understanding of my proposed treatment and I hereby give my willing consent to the surgery.

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Patient's (or Legal Guardian's) Signature Date

Doctor's Signature Date

Witness' Signature Date

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