

## **INFORMED CONSENT–BROW LIFT SURGERY**

©2005 American Society of Plastic Surgeons®. Purchasers of the Patient Consultation Resource Book are given a limited license to modify documents contained herein and reproduce the modified version for use in the Purchaser's own practice only. All other rights are reserved by American Society of Plastic Surgeons®. Purchasers may not sell or allow any other party to use any version of the Patient Consultation Resource Book, any of the documents contained herein or any modified version of such documents.

## INFORMED CONSENT – BROW LIFT SURGERY

### **INSTRUCTIONS**

This is an informed-consent document that has been prepared to help inform you of brow lift surgery, its risks, as well as 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 and agreed upon by you.

### **GENERAL INFORMATION**

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 brow lift surgery, the structures responsible for these problems are tightened or altered to smooth the forehead, raise the upper eyebrows, and improve frown lines. A brow lift may be performed alone, or in conjunction with other procedures, such as a facelift or eyelid surgery.

Advances in brow lift surgery make it possible to perform the procedure through a variety of approaches, including endoscopy. Brow lift surgery is individualized for each patient. The surgical incisions used may vary with the technique selected by your surgeon to meet your needs. The brow lift 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 brow lift surgery. Improvement of skin laxity and skin wrinkles may be attempted by other treatments or surgery such as laser resurfacing or chemical face peels. Risks and potential complications are associated with alternative surgical forms of treatment.

### **RISKS OF BROW LIFT SURGERY**

Every surgical procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. 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 these complications, you should discuss each of them with your plastic surgeon to make sure you understand all possible consequences of brow lift surgery.

**Bleeding**- It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood (hematoma) or blood transfusion. Intra-operative blood transfusion may also be required. Do not take any aspirin or anti-inflammatory medications for ten days before or after surgery, as this may increase the risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. Hematoma can occur at any time following injury and may delay healing and cause scarring. If blood transfusions are necessary to treat blood loss, there is the risk of blood-related infections such as hepatitis and HIV (AIDS). Heparin medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets.

**Infection**- Infection is unusual after surgery. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary.

**Skin Discoloration / Swelling**- Some bruising and swelling normally occurs following a brow lift. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.

**Change in Skin Sensation**- It is common to experience diminished (or loss) of skin sensation in areas that have had surgery. Diminished (or loss) of skin sensation in the face and scalp area may not totally resolve after brow lift surgery. Chronic itching sensations can occur within the scalp and brow area following a brow lift.

## INFORMED CONSENT – BROW LIFT SURGERY

**Skin Contour Irregularities**- Contour irregularities, depressions, and wrinkling of skin may occur after brow lift. Visible and palpable wrinkling of skin can occur. Residual skin irregularities at the ends of the incisions or “dog ears” are always a possibility and may require additional surgery. This may improve with time, or it can be surgically corrected.

**Scarring**- All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Excessive scarring is uncommon. Scars may be unattractive and of different color than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There is the possibility of visible marks in the skin from sutures, staples, or hardware used during a brow lift. Additional treatments including surgery may be necessary to treat abnormal scarring.

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

**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.

**Nerve Injury**- There is the potential for injury to both motor and sensory nerves during a brow lift 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.

**Damage to Deeper Structures**- Deeper structures such as the eye, nerves, blood vessels, skull bone, muscles and lungs (pneumothorax) may be damaged during the course of surgery. The potential for this to occur varies according to the type of brow lift procedure being performed. Injury to deeper structures may be temporary or permanent.

**Asymmetry**- The human face is normally asymmetrical. There can be a variation from one side to the other in the results obtained from a brow lift procedure. Additional surgery may be necessary to attempt to revise asymmetry.

**Delayed Healing**- Wound disruption or delayed wound healing is possible. Some areas of the brow and scalp may not heal normally and may take a long time to heal. Some areas of skin may die, requiring 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 materials and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur to drugs used during surgery and prescription medications. Allergic reactions may require additional treatment.

**Seroma**- Fluid accumulations infrequently occur in between the skin and the underlying tissues. Should this problem occur, it may require additional procedures for drainage of fluid.

**Eye Irritation**- Irritation or dryness in the eyes may occur after a brow lift or when the patient has eyelid surgery performed at the same time.

**Pain**- You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after brow lift surgery. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue.

**Skin Sensitivity**- Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this resolves during healing, but in rare situations it may be chronic.

## INFORMED CONSENT – BROW LIFT SURGERY

**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. Sutures may spontaneously poke through the skin, become visible or produce irritation that requires removal. 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.

**Shock**- In rare circumstances, your surgical procedure can cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. If surgical shock occurs, hospitalization and additional treatment would be necessary.

**Unsatisfactory Result**- Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. You may be disappointed with the results of brow lift surgery. This would include risks such as asymmetry, unsatisfactory surgical scar location, unacceptable visible deformities at the ends of the incisions (dog ears), loss of facial movement, poor healing, wound disruption, and loss of sensation. It may be necessary to perform additional surgery to attempt to improve your results.

**Cardiac and Pulmonary Complications**- Surgery, especially longer procedures, may be associated with the formation of, or increase in, blood clots in the venous system. Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. Pulmonary and fat emboli can be life-threatening or fatal in some circumstances. Air travel, inactivity and other conditions may increase the incidence of blood clots traveling to the lungs causing a major blood clot that may result in death. It is important to discuss with your physician any past history of blood clots or swollen legs that may contribute to this condition. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pains, or unusual heart beats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment.

### **ADDITIONAL ADVISORIES**

**Long-Term Results**- Subsequent alterations in forehead and upper eyebrow appearance may occur as the result of aging, weight loss or gain, sun exposure, pregnancy, menopause, or other circumstances not related to brow lift surgery. Brow lift surgery does not arrest the aging process or produce permanent tightening of the forehead. Future surgery or other treatments may be necessary to maintain the results of a brow lift procedure.

**Skin Disorders / Skin Cancer**- A brow lift is a surgical procedure for the tightening of skin and deeper structures of the face. Skin disorders and skin cancer may occur independently of a brow lift.

#### **Use of Fibrin Sealants “Tissue Glue” Advisory-**

Fibrin sealants which are produced from heat-treated human blood components to inactivate virus transmission are used to hold tissue layers together at surgery and to diminish post-operative bruising following surgery. This product has been carefully produced from screened donor blood plasma for hepatitis, syphilis, and human immunodeficiency virus (HIV). These products have been used safely for many years as sealants in cardiovascular and general surgery. This product is thought to be of help in diminishing surgical bleeding by adhering layers of tissue together.

## INFORMED CONSENT – BROW LIFT SURGERY

**Previous Surgical Scars-** The presence of surgical scars from previous facial surgery may limit the amount of skin tightening that can be produced.

**Female Patient Information-** It is important to inform your plastic surgeon if you use birth control pills, estrogen replacement, or if you believe you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

**Intimate Relations After Surgery-** Surgery involves coagulating of blood vessels and increased activity of any kind may open these vessels leading to a bleed, or hematoma. Activity that increases your pulse or heart rate may cause additional bruising, swelling, and the need for return to surgery and control bleeding. It is wise to refrain from sexual activity until your physician states it is safe.

### **Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray)-**

Patients who are currently smoking, use tobacco products, or nicotine products (patch, gum, or nasal spray) are at a greater risk for significant surgical complications of skin dying, delayed healing, and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication. Please indicate your current status regarding these items below:

\_\_\_\_\_ I am a non-smoker and do not use nicotine products. I understand the risk of second-hand smoke exposure causing surgical complications.

\_\_\_\_\_ I am a smoker or use tobacco / nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products.

It is important to refrain from smoking at least 6 weeks before surgery and until your physician states it is safe to return, if desired.

**Mental Health Disorders and Elective Surgery-** It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery and often are stressful. Please openly discuss with your surgeon, prior to surgery, any history that you may have of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

**Medications-** There are many adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Be sure to check with your physician about any drug interactions that may exist with medications which you are already taking. If you have an adverse reaction, stop the drugs immediately and call your plastic surgeon for further instructions. If the reaction is severe, go immediately to the nearest emergency room. When taking the prescribed pain medications after surgery, realize that they can affect your thought process and coordination. Do not drive, do not operate complex equipment, do not make any important decisions, and do not drink any alcohol while taking these medications. Be sure to take your prescribed medication only as directed.

### **ADDITIONAL SURGERY NECESSARY**

There are many variable conditions that may influence the long-term result of brow lift surgery. Secondary surgery may be necessary to obtain optimal results. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with facelift surgery. Other complications and risks can occur but are even more uncommon. 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. In some situations, it may not be possible to achieve optimal results with a single surgical procedure.

## INFORMED CONSENT – BROW LIFT SURGERY

### **PATIENT COMPLIANCE**

Follow all physician instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation and the need for return to surgery. It is wise to refrain from intimate physical activities after surgery until your physician states it is safe. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

### **HEALTH INSURANCE**

Most health insurance companies exclude coverage for cosmetic surgical operations such as brow lift surgery or any complications that might occur from surgery. Please carefully review your health insurance subscriber information pamphlet. **Most insurance plans exclude coverage for secondary or revisionary surgery.**

### **FINANCIAL RESPONSIBILITIES**

The cost of surgery involves several charges for the services provided. The total includes fees charged by your surgeon, the cost of surgical supplies, anesthesia, laboratory tests, and possible 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. The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revision surgery will also be your responsibility. **In signing the consent for this surgery/procedure, you acknowledge that you have been informed about its risk and consequences and accept responsibility for the clinical decisions that were made along with the financial costs of all future treatments.**

### **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), including no surgery. 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 may provide you with additional or different information which is based on all the facts in your particular case and the current 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 – BROW LIFT SURGERY**  
**CONSENT FOR SURGERY / PROCEDURE or TREATMENT**

1. I hereby authorize Dr. \_\_\_\_\_ and such assistants as may be selected to perform the following procedure or treatment:

**BROW LIFT SURGERY (Forehead Lift)**

I have received the following information sheet:

**INFORMED CONSENT – BROW LIFT 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 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 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 risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee or representation has been given by anyone as to the results that may be obtained.
5. I consent to be photographed or televised before, during, and after 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 consent to the utilization of blood products should they be deemed necessary by my surgeon and/or his/her appointees, and I am aware that there are potential significant risks to my health with their utilization.
9. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
10. I understand that the surgeons' fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.
11. I realize that not having the operation is an option.
12. 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 (1-12). I AM SATISFIED WITH THE EXPLANATION.

\_\_\_\_\_  
Patient or Person Authorized to Sign for Patient

Date \_\_\_\_\_ Witness \_\_\_\_\_