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(Full name of the Patient)

.....
(Date of birth or PESEL)

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(Phone number)

INFORMATION ABOUT BLEPHAROPLASTY

Instructions

The following informed-consent form is a document that has been prepared to inform the patient about correction of sagging eyelids (blepharoplasty), its risks, and other, alternative treatment. It is very important that you read this information carefully and completely. Please sign each page, indicating that you have read and understood the entire document.

General information. Characteristic of blepharoplasty

Indications

Blepharoplasty is a surgical procedure to remove excess skin and muscle from both the upper and lower eyelids. Underlying fatty tissue that produces bagginess can be removed as well. It can help improve appearance of in older patients (tu moim zdaniem w polskiej wersji powinno być wzroku, a nie wyglądu a więc vision – przypis tłum.) who have visible excess skin of their eyelids. Blepharoplasty will neither remove “crow’s feet”, nor will it eliminate dark circles under the eyes, nor lift sagging eyebrows. Blepharoplasty surgery is customized for every patient, depending on his or her particular needs. It can be performed alone or in conjunction with other surgical procedures of the eye, face, brow, or nose. In some patients, who have looseness between the lower eyelid and the eyeball, canthoplasty, i.e. tightening of the lower eyelid should be considered. Eyelid surgery cannot stop the process of aging. Its aim is to diminish the look of loose skin in the eye region.

Alternative treatments

Alternative forms of management include not treating the skin laxness and bagginess in the eyelids by surgery. Improvement of skin laxness and skin wrinkles may be accomplished by other treatments such as a brow lift. 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 looseness between the eyelid and eyeball (ectropion). Minor skin wrinkling may be improved through chemical skin-peels or laser procedures. Risks and potential complications are associated with alternative forms of treatment as well.

The aim of the proposed procedure is

Foreseeable consequences of the procedure

- 1. Scarring** – Every surgical procedure leaves scars, which sometimes may be unattractive. Abnormal scars may occur on the surface of the skin and within deeper tissues. Scars may be of different colour than the surrounding skin tone. The correction of such scars may require additional surgical treatment. There is the possibility of developing small skin cysts from sutures.
- 2. Skin discolouration/swelling** – Some bruising and swelling normally occur after eyelid surgery. The skin within or near the surgical site can appear either lighter or darker than surrounding skin.

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However, it is uncommon that swelling and skin discolouration persist for long periods of time or remain permanent.

3. Asymmetry – The human face and eyelid region is usually asymmetrical in most people. There may also be a variation from one side to the other following a blepharoplasty surgery. Additional surgery may be required to improve symmetry.

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

5. Pain after eyelid surgery – Subsides after few hours. Chronic pain may occur very infrequently after eyelid surgery. Do not drive, do not make any important decisions and do not drink any alcohol while taking pain medication.

Blepharoplasty-related risk factors

Every surgical procedure involves a certain amount of risk factors, and therefore it is very important to understand the risks associated with blepharoplasty.

A choice to undergo a surgical procedure is individual and based on the comparison of the risk to potential benefit of improving eyelid appearance. Although the majority of patients do not experience these complications, you should discuss them with the plastic surgeon to make sure you made the right choice and fully understand the risks, potential complications, and consequences of surgery.

1. Bleeding – A rare complication. It may occur during or after surgery. Bleeding may occur under the skin or internally around the eyeball. Should postoperative bleeding occur, it requires urgent treatment. Do not take any aspirin or anti-inflammatory medications for at least 21 days before the planned surgery to reduce the risk of bleeding. Untreated hypertension may cause bleeding during or after the procedure. Herbs and dietary supplements can increase the risk of bleeding. Excess blood accumulated below the level of the skin (haematoma) may lead to delayed wound healing and formation of abnormal scars.

2. Infection – is a very rare complication after such surgery. Should an infection occur, antibiotics are administered. Should it not respond to such treatment additional surgery may be necessary.

3. Blindness – Blindness is extremely rare after blepharoplasty. It can be caused by internal bleeding around the eye. The occurrence of this is not predictable.

4. Injury of deeper structures – Deeper structures including nerves, blood vessels, and muscles may become injured during surgical procedure. Such injury may be temporary or permanent.

5. Dry eye problems – Permanent disorders involving decreased tear production can occur after surgery. The occurrence of this is rare. Individuals who normally have dry eyes may be advised that blepharoplasty can worsen the condition of their eyes.

6. Skin disorders/skin cancer - A blepharoplasty is a surgical procedure to remove excess skin and correct deeper structures of the eyelid. Skin disorders and skin cancer may occur independently of eyelid surgery.

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

8. Difficulties with complete closing of eyelids – Corneal exposure and corneal dryness may require additional surgical correction.

9. Unsatisfactory result - There is the possibility of a poor result from eyelid surgery. Surgery may result in visible deformities, loss of function, wound disruption, and loss of sensation. Additional surgery may be required to improve these complications. The need for redo surgery is not predictable before the primary procedure.

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10. Allergic reactions – In rare cases, allergic reaction to suture material, topical preparations, or tapes may occur. Systemic reactions are very serious and associated with response to drugs. Allergic reactions may require additional treatment.

11. 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.

12. Delayed healing – Wound disruption or delayed wound healing is possible. Smoking patients present a greater risk of skin necrosis and wound healing complications.

13. Anaesthesia – Both general and local anaesthesia involve certain risk, which include both complications and death.

14. Shock – It is an extremely rare complication and is associated with excessive blood loss. It requires immediate treatment.

15. Intimate relations after surgery – Intimate relations after surgery may lead to bleeding and haematoma formation. Additionally, they may cause bruising and swelling, which may prolong or hinder the healing process.

16. Information about contraception – You should inform your surgeon if you use any form of contraception or if you are pregnant. Many medications including antibiotics may neutralise the contraceptive medication allowing for pregnancy.

17. Neurological disorders and mental symptoms – The occurrence of mental disorders after blepharoplasty related to unfulfilled expectations associated with patient's appearance after surgery were reported in the literature. True patient's expectations are important. The aim of this procedure is to improve patient's appearance, not to obtain ideally symmetrical effect.

18. Medication – Do not drive, do not make any important decisions and do not drink any alcohol while taking pain medications.

19. Smoking – Patients who are currently smoking or exposed to second-hand smoke present higher risk for surgical complications during healing process and abnormal scar formation. Such patients may additionally experience side effects in the form of problems with anaesthesia or bleeding.

Please indicate your current status by checking the appropriate item below:

I am a non-smoker. I understand the potential risk of second-hand smoke exposure causing surgical complications.

I am a smoker. I understand the risk of surgical complications due to smoking. It is important to refrain from smoking at least 6 weeks before surgery and until the healing process is completed.

Patient-associated complications

Patient-associated complications occur when:

1. The patient does not comply with postoperative recommendations.
2. The patient fails to attend follow-up visits.
3. Patient does not follow the adequate diet.
4. The patient refrains from performing certain actions.

Possible actions associated with the procedure and circumstances that justify them:

During surgical procedure a situation may occur, which requires additional procedure which was not discussed with the patient before the surgery. The occurrence of complications during or after the surgery itself may necessitate additional procedures, which were not previously discussed with the patient.

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Additional treatment necessary

Should complications occur, additional surgery or other treatments may be necessary. Even when the risk of complications is not high and they occur infrequently one should take into account the possibility of their occurrence and need to perform additional procedures to improve the outcome of the primary procedure.

Patient’s objections

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Disclaimer

Informed-consent document is used to communicate information about the proposed treatment along with disclosure of risks factors and alternative forms of treatment. This document is based on scientific literature and clinical practice. However, the informed-consent document is not all-inclusive in defining other methods of care and associated risks. The informed-consent document reflects the current state of medical knowledge only at the time it is issued.

I hereby declare that on at **Doctor Maciej Sznurkowski** discussed with me the pre-, intra- and postoperative course of action. During our talk I have had the opportunity to ask questions about the blepharoplasty, complications, which may occur during surgery, postoperative care and risk associated with the planned procedure. Such information was presented to me in a comprehensible and exhaustive manner. I received the postoperative recommendations.

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STATEMENTS. INFORMED CONSENT FOR SURGERY OR TREATMENT

I, /first and last name/,
pursuant to Articles 32-35 of the Act of 5 December 1996 on the Professions of Doctor and Dentist
(Journal of Laws of 2008 No. 136, item 857 as amended) and Article 19, Section 1, Point 3 of the Act
of 31 August 1991 on Healthcare Institutions (Journal of Laws of 2007, No. 14, item 89, as amended)
consent to the above-described planned surgical procedure and authorise **Doctor Maciej
Sznurkowski** and his assistants to perform it.

I received the following set of information: Informed consent on blepharoplasty, Postoperative
recommendations. Furthermore, I declare that I was informed in a comprehensive and
understandable manner about:

1. The need and way to prepare for the surgical procedure, including the need for early termination
or discontinuation of the therapy I am subject to;
2. Type of the surgical procedure, its anticipated duration, type of anaesthesia and anticipated
result;
3. Typical, most common complications of the procedure;
4. Course of action after the surgical procedure, including the need to introduce pharmacological
therapy;
5. Typical, most common complications of the introduced pharmacological therapy;
6. Need to attend follow-up visits after the procedure;
7. Negative consequences and complications which may occur due to my delayed introduction of
medical recommendations;
8. Potential complications associated with the surgical procedure and healing process,
consequences of not following medial recommendations, as stated in the Informed Consent for
blepharoplasty;
9. The cost of the surgery and treatment, which I accept.

I recognize that the outcome of the procedure that is possible to obtain, the healing period and
efficacy of potential postoperative therapy may not be precisely defined, which results from the
nature of the planned procedure.

I also recognize that the final outcome of the procedure, as well as the course of the postoperative
period are strictly individual. Moreover, I recognise that the final outcome of the procedure
depends on many factors listed in the informed-consent document concerning the procedure
(surgery), including my health condition, age, skin elasticity, individual skin and entire body reaction
to administered medications.

Before the procedure I received comprehensive and understandable information that the final
outcome is not identical in every case and may differ from effects which were obtained in other
patients.

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Patient's signature

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I recognize that during the course of the procedure, medical treatment and anaesthesia, unforeseen conditions may occur which left untreated could be life-threatening or lead to bodily injury or severe health disorder, and necessitate additional procedures. I therefore authorize the physician who is authorised to perform the planned surgery to perform additional procedures which may prove indispensable due to the above-mentioned circumstances. The authority granted under this paragraph shall include all health conditions that require treatment and are not known to my physician at the time the procedure is begun

I consent to the administration of proposed anaesthetics, including suggested postoperative pain therapy. I understand that all forms of anaesthesia involve certain risk and the possibility of complications, injury, and sometimes death.

I declare that I was informed about pre- and postoperative recommendations. I hereby oblige to follow all medical recommendations, including postoperative ones, as well as to attend all indicated follow-up visits at the scheduled time.

I declare that I have had the opportunity to ask the doctor questions concerning the planned surgery, potential complications, risk of complications, further treatment, and postoperative recommendations. The answers were understandable for me and provided in a comprehensive manner. Moreover, I was informed about alternative forms of treatment, including no treatment at all, and alternative procedures.

I declare that the informed-consent form was presented to me before the procedure began and the time interval between handing me the informed-consent form and the procedure itself was sufficient for me to understand it completely.

I consent to preparation of appropriate procedure-related documentation, as well as to photograph or televise the procedure for medical, scientific or educational purposes, provided my identity is not revealed.

I consent to the presence of personnel necessary to the perform this procedure and admittance of other persons, provided their participation in the procedure has strict educational purpose and will only include observation of the surgery and consultation of procedure-related documentation.

I recognise that the outcome of the procedure that does not entirely meet my expectations is not basis for civil claim, should its performance and actions undertaken after its completion complied with requirements of current medical knowledge.

I consent to the disposal, and consequently to the transportation and utilisation of any medical devices used during the procedure, tissue, or body parts which may be removed.

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Patient's signature and date

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Physician's signature and date

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Recommendations after blepharoplasty

1. The correction of excess skin from eyelids takes around 1.5 to 2.5 hours. Swelling and bruises usually subside within 2 weeks. Lower eyelids are swollen longer than upper ones. All seams are removed after 8-10 days. A check-up appointment at the clinic can be made 21-28 days after the surgery (if necessary, optionally).
2. We recommend that you should apply a cold compress (cooling dressing) near the orbits immediately after surgery.
3. While sleeping, keep your head high for 48 hours after surgery to reduce swelling. Do not lower your head below the heart level.
4. Take 2 pills of an antibiotic (Cipronex/Duracef/Augmentin) immediately after surgery and then 1 pill in the morning and 1 pill in the evening.
5. Clean the wound with a swab moistened with Octanisept 3 times day.
6. Apply the Floxal ointment on the wound and to the eye twice a day (in the morning and before going to bed).
7. Apply Maxitrol drops 3 to 4 times a day (1 drop every 4 hours).
8. Apply Auriderm XO cream / Arnica gel twice or 3 times a day on the bruised places.
9. Use an UV 50 cream twice a day around the orbit and on the face (I recommend to use a roll-on cream for kids from Deacathlon).
10. Avoid the sun and solarium completely for 6 weeks after surgery. Exposure to UV radiation results in the discolouration of scars and the heat is likely to cause the swelling of eyelids.
11. Contact lenses can be used 2 to 3 days after surgery.
12. Avoid effort and intensive physical exercises connected, in particular, with load lifting for 14 days after surgery.
13. Do not swim for 1 month.
14. Till the third day after surgery, only light physical exercises (like walking or cycling) are allowed.
15. It is forbidden to drink alcohol for 10 days after surgery.
16. Silicon ointments can be applied on maturing scars at the earliest when the seams are removed (after 10 days), but better after 2 weeks from the surgery. Apply thin layers twice a day.
17. Take only medicines and apply recommendations prescribed by your doctor. Do not take any medicines on an empty stomach.
18. Avoid all factors that can increase blood pressure and incite bleeding.

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Physician's signature and date