

# THE PLASTIC SURGERY CLINIC

Dr Luke Stradwick MBBS (Hons), BMedSci (Hons), FRACS

## CONSENT FOR RHYTIDECTOMY (FACE LIFT)

1. I hereby request the above named surgeon(s) and/or their associates to perform a surgical procedure known as rhytidectomy (commonly known as facelift). This procedure has been explained to me by the doctor(s) and I completely understand its nature and consequences.
2. I understand that every surgical procedure involves certain risks and possibilities of complications such as bleeding, infection, poor healing, tissue damage, nerve injury and, in rare cases, death or other serious bodily injury, etc. and that these and other complications may follow even when the surgeon(s) uses the utmost care, judgement and skill. These risks have been explained to me and I accept them. The following points have been explained in detail.
  - a. That there are always scars following this procedure. The location and extent have been explained in full. Every effort will be made to make them as inconspicuous as possible.
  - b. Delayed healing at times occurs along the margins of the incisions and occasionally there is some loss along the skin edges requiring prolonged dressings or additional surgery for correction. Additional surgical procedures will involve additional charges or fees.
    - \* Smokers have a greater risk of skin loss and wound healing complications.
  - c. That there may be swelling in the face which can persist for several weeks and, in rare cases, longer following the procedure.
  - d. There may be discolouration of the skin (black and blue) for several weeks.
  - e. There may be scattered areas of numbness over the face and neck following surgery which may persist for an indefinite period of time.
  - f. That no guarantee has been made as to the amount of improvement either in terms of apparent age or the permanency of the result.
  - g. Some patients may develop hypertrophic scars or keloids which may require additional treatment and incur extra costs payable by myself, the patient. I realise this can happen even though the surgery has been performed correctly without complication.
  - h. Any special conditions I may have, such as high blood pressure, etc., means my risk of undesirable side effects is greater than normal and I have considered that factor for added risk in my decision of whether or not to proceed with the surgery.
  - i. 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 or blood transfusion. I will not take any Aspirin or anti-inflammatory medications for ten days before surgery, as this may increase the risk of bleeding.
  - j. Infection is unusual after this type of surgery. Should an infection occur, treatment including antibiotics or additional surgery may be necessary.

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- k. Deeper structures such as nerves, blood vessels and muscles may be damaged during the course of the surgery. The potential for this to occur varies with where in the body surgery is being performed. Injury to deeper structures may be temporary or permanent.
- l. I am aware that all faces are asymmetrical (not equal) on both sides and I am aware that this may not improve with the surgery that I am proceeding to undertake.
3. I have an understanding of the operation which includes but is not limited to the above items. I understand that secondary revisions may be required in some cases. I also understand that charges will be made for the use of the operating room, whether in the day surgery or in the hospital, and for any materials required. I agree to be responsible for these charges.
4. I recognise that, during the course of the operation, unforeseen conditions may necessitate additional or different procedures than those outlined. Also, emergency conditions may require performance of additional medical procedures. I, therefore, further authorise and request that the above-named surgeon or his/her assistants perform such procedures as are, in his or her professional judgment, necessary and desirable, including but not limited to, pathology and radiology. The authority granted under this Paragraph 4 shall extend to remedying conditions that are not known to or could reasonably be anticipated by the above doctor(s) at the time the operation is commenced.
5. I consent to the administration of local or general anaesthetic agents by or under the direction and supervision of the above doctor(s) and anaesthetist working with them.
6. I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me as to the results of the operation or procedure; nor are there any guarantees against unfavourable results.
7. I consent to be photographed before, during and after the surgery; that these photographs shall be the property of the above doctors and may be used as they deem proper for scientific and educational purposes. I agree that these might be used in Internet patient education.
8. I agree to keep the above doctor(s) informed of any change of address, and I agree to cooperate with them in my care after surgery until completely discharged. I am aware that I must not smoke or take recreational drugs in the pre-operative or post-operative periods.
9. I understand that the doctors' fees are separate from the anaesthesia and hospital charges, and the doctors' fees are agreeable to me and are my responsibility completely. There may be a fee if a secondary procedure is required. I agree to be financially responsible for any further surgery I may require. I am satisfied that I have liaised with Dr Stradwick and he has understood my expectations of surgery. Some operations require secondary or multiple procedures to obtain a better result. If a complication does occur from the surgery performed, in the process of the treatment of the complication, I understand that I may lose time from work and that there could be unforeseeable social or family disruption.

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10. I understand that secondary surgical procedures are much more difficult than primary procedures. The operations for repair are much more complex than the primary operations because of scarring and more bleeding and bruising. The possibility of nerve damage, poor healing and infection is greater and most importantly, the results are unpredictable. It is important for the patient to realise that the results of secondary surgery will never be as predictable as those of primary surgery. If a secondary procedure is necessary, further expenditure will be required, namely surgeon's fees, the use of the operating room, anaesthesia and possibly hospitalisation. Before embarking on secondary surgery, I am aware of possible future commitments to multiple procedures in order to gain an acceptable result for myself.

### **Healing and Complications**

11. With any procedure involving surgery, normal healing is essential to obtain a good result from your operation. Normal healing is a prolonged process involving maturation of scar tissue and resolution of swelling. This process may be unpredictably prolonged and painful varying from individual to individual.

I understand this and will cooperate with my doctors and their staff during the healing phase of my surgery. I will keep my post-operative appointments.

I understand that if intervention is needed by the doctor or his staff to help with the healing, that this could involve extra costs and I agree to be responsible for these costs if applied.

Complications can occur from any surgical procedure and they do, no matter how much care the doctors and staff take before, during and after the surgery.

I will not smoke cigarettes or take recreational or hard drugs, or self-administer medications before or after the surgery in an effort to decrease the chance of some of the complications occurring.

Complications such as haemorrhage and infection, abnormal healing and wound breakdown may occur and may make my condition worse. Should this occur, I understand that I will be responsible for the additional costs as well as any other related commitments such as healing time which could result in additional time off work or inability to meet previously scheduled work, social or familial commitments.

I have read all the post-operative instructions relating to my surgery and I agree to follow these instructions carefully.

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12. I will be required to attend a post-operative appointment one to two days after surgery when a post-operative nurse will examine me and educate me regarding the care of my dressings. Subsequent appointments will be allocated to me during this immediate post-operative period.
13. I have read a copy of the foregoing consent for the operation, understand it, accept these facts, and hereby authorise the above doctor(s) to perform this surgical procedure on me.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_ Witness

### IF THE PATIENT IS A MINOR, COMPLETE THE FOLLOWING

The patient is a minor of \_\_\_\_\_ years of age; and we the undersigned, are the parents or legal guardian of the patient and do hereby consent for the patient.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_ Witness