

CONSENT FOR SURGERY

Face-Lift Rhytidectomy

A face-lift is a simple and effective operation that is designed to lift the mid and lower face. If combined with liposuction, below the chin point, an improvement in the excess neck skin can also be achieved. Only a limited amount of excess skin needs to be removed from the temple region and behind the ear.

Any type of surgical procedure is at risk of complications and these should be considered prior to surgery.

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 surgeon.

1. Dissatisfaction with the aesthetic result:

Although every attempt is made to produce a result, which pleases the patient, this is not always possible. Some patients are dissatisfied with the results of cosmetic surgery and may not feel enough has been achieved or alternatively the appearance is not what they desire. Perfect symmetry is not achievable; there will be therefore be differences in both the healing process and the result from side to side.

2. Scarring:

An incision will be made in the temple extending in front of the ear then behind the ear and into the hairline. These are hidden in hairlines and in natural creases. These usually heal to a fine line of a scar, which is not readily noticeable. Infection or unsatisfactory healing may leave a noticeable scar. If liposuction is carried out on your neck, there will be a small incision below the chin point.

3. Swelling & Bruising:

Some bruising always occurs on the face, neck and around the eyes. This settles over a three week period. Bruising may spread down onto the chest.

While a lot of swelling settles quickly over a 2-4 week period, the earlobe can remain swollen for longer. It will take between two and six months for healing to be completed and for the best cosmetic result to occur.

We usually recommend the use of a face-lift pressure dressing to minimise swelling and give the best end result.

4. Bleeding:

Some minor bleeding always occurs over the first 48 hours following surgery. A blood stained discharge may be present for up to 2 weeks.

While it is unusual, excessive bleeding can occur and may require a further anaesthetic or additional measures to control this.

5. Tenderness:

Some discomfort always occurs immediately following surgery. This is normally controlled with simple painkiller medication. Tenderness may persist in front of the ear and cheeks for some weeks.

6. Numbness:

Numbness in the earlobe area is common. This usually settles over a three month period but some minor numbness may still be present around the wound at six months and a small area of numbness may occasionally be permanent.

7. Facial nerve weakness:

The facial nerve works all the muscles of facial expression. The occurrence of paralysis of one or more branches of the facial nerve depends on the surgical technique and the type of face-lift procedure. A face-lift has a low risk of causing muscle weakness, which may occasionally be permanent.

8. External skin colour changes and infection:

The blood supply to the skin may be altered as a result of the surgery. In some people the facial skin may change colour, particularly with temperature change. This alteration in skin colour usually fades with time, but on occasion it may persist. Surgical wounds are at risk of infections. A wound that is becoming redder and more painful may indicate infection. Medical advice should be sought to avoid wound breakdown and skin loss.

9. Revision surgery:

In most cases a satisfactory result is produced and revision surgery is not required. In some patients, abnormalities which are often minor, may persist after the initial operation and revision surgery is required to produce a satisfactory cosmetic or functional result. Revision surgery will only

be offered if your surgeon agrees an improvement can be achieved.

10. Anaesthesia:

The procedure is normally performed under general anaesthesia (in other words you will be asleep). Your anaesthetic will be performed by a Consultant Anaesthetist.

11. Stitches and staples:

You will have staples in the hairline and fine stitching in front of the ear. These usually come out at day 7 after your operation. There will be deeper stitches which are dissolving. These may take several weeks to completely dissolve.

We use an antibiotic gel three times a day on the wounds to improve healing.

I have had the opportunity to discuss these complications and any questions with my surgeon.

Signed (patient) Date

Signed Mr J J Downie FRCS Consultant Surgeon

