



INFORMED CONSENT; BLEPHAROPLASTY SURGERY

INSTRUCTIONS

This is an informed consent document which has been prepared to help Dr. Baroody inform you about blepharoplasty surgery, its risks, and 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 Dr. Baroody.

INTRODUCTION

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 selectively removed or repositioned. Blepharoplasty can improve drooping skin and bagginess. It can help improve vision in older patients who have hooding of their upper eyelids. Although it can add an upper eyelid crease to the Asian eyelid, it will not erase evidence of one's racial or ethnic heritage. Blepharoplasty will not remove "crow's feet" or other wrinkles, eliminate dark circles under the eyes, or lift sagging eyebrows.

Blepharoplasty surgery is customized for every patient, depending on his or her particular needs. It can be performed alone involving upper, lower or both eyelid regions, 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, consideration for tightening of the lower eyelid (canthoplasty/canthopexy) at the time of blepharoplasty may be recommended. Eyelid surgery cannot stop the process of aging. It can however, diminish the look of loose skin and bagginess in the eyelid region.

ALTERNATIVE TREATMENTS

Alternative forms of management include not treating the skin laxness and bagginess in the eyelids by surgery. Improvement of skin laxness, fatty deposits and skin wrinkles may be accomplished by other treatments or surgery such as a brow lift when indicated. 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 other skin treatments. Risks and potential complications are associated with alternative forms of treatment.

RISKS of BLEPHAROPLASTY SURGERY

Every surgical procedure involves a certain amount of risk, and it is important that you understand the risks involved. 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 the following complications, you should discuss each of them with Dr. Baroody to make sure you understand the risks, potential complications, and consequences of blepharoplasty surgery.

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Bleeding- It is possible, though unusual, to have a bleeding episode during or after surgery. Bleeding may occur under the skin or internally around the eyeball. Should you develop post-operative bleeding, it may require emergency treatment or surgery. Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may contribute to a greater risk of a bleeding problem. Non-prescription “herbs” and dietary supplements can increase the risk of surgical bleeding. Hypertension (high blood pressure) that is not under good medical control may cause bleeding during or after surgery. Accumulations of blood under the eyelids may delay healing and cause scarring.

Blindness- Blindness is extremely rare after blepharoplasty. However, it can be caused by internal bleeding around the eye during or after surgery. The occurrence of this is not predictable.

Infection- Infection is very rare after surgery. Should an infection occur, additional treatment including antibiotics may be necessary.

Skin Discoloration/Swelling – Bruising and swelling normally occurs following a Blepharoplasty. 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.

Scarring- Although good wound healing after a surgical procedure is expected, abnormal scars may occur both within the eyelid and deeper tissues. In rare cases, abnormal scars may result. Scars may be unattractive and of a different color than surrounding skin. There is the possibility of visible marks in the eyelid or small skin cysts from sutures. Additional treatments may be needed to treat scarring.

Damage to Deeper Structures- Deeper structures such as nerves, blood vessels, and eye muscles may be damaged during the course of surgery. The potential for this to occur varies with the type of blepharoplasty procedure performed. Injury to deeper structures may be temporary or permanent.

Dry Eye Problems- Permanent disorders involving decreased tear production can occur after blepharoplasty. The occurrence of this is rare and not entirely predictable. Individuals who normally have dry eyes may be advised to use special caution in considering blepharoplasty surgery.

Asymmetry- The human face and eyelid region is normally asymmetrical. There can be a variation from one side to the other following a blepharoplasty surgery.

Chronic Pain- Chronic pain may occur very infrequently after blepharoplasty.

Skin Disorders/Skin Cancer- A blepharoplasty is a surgical procedure to tighten the loose skin and deeper structures of the eyelid. Skin disorders and skin cancer may occur independently of eyelid surgery.

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

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Corneal Exposure Problems- Some patients experience difficulties closing their eyelids after surgery and problems may occur in the cornea due to dryness. Should this rare complication occur, additional treatments or surgery and treatment may be necessary.

Unsatisfactory Result- There is the possibility of a poor result from eyelid surgery. Surgery may result in unacceptable visible deformities, loss of function, wound disruption, and loss of sensation. You may be disappointed with the results of surgery. Infrequently, it is necessary to perform additional surgery to improve your results. Additional surgical procedures such as a browlift may be needed to correct eyebrow sagging which contributes to upper eyelid problems.

Allergic Reactions- In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions which are more serious may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

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.

Delayed Healing- Wound disruption or delayed wound healing is possible.

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

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.

HEALTH INSURANCE

If hooding of the upper eyelids interfere with your vision, your health insurance company may cover blepharoplasty surgery for the upper-eyelids only. Most health insurance companies exclude coverage for cosmetic surgical operations such as the lower-eyelid blepharoplasty or any complications that might occur from surgery. Please carefully review your health insurance subscriber information pamphlet.

ADDITIONAL SURGERY NECESSARY

There are many variable conditions in addition to risk and potential surgical complications that may influence the long term result of eyelid surgery. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with blepharoplasty surgery. Other complications and risks can occur but are even more uncommon. Should complications occur, additional surgery or other treatments may be necessary. 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.

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FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by your doctor, 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. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revisionary surgery would also be your responsibility.

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). 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. Dr. Barood may provide you with additional or different information which is based on all the facts in your particular case and the 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.

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CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby authorize Dr. Barood and such assistants as may be selected to perform the following procedure or treatment: BLEPHAROPLASTY
I have received the following information sheet:

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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 involves risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
5. I consent to the photographing or televising of 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 authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
9. 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 (1-9).
I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Date _____ Witness _____

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Eyelid Surgery (Blepharoplasty)

Before Surgery Instructions

Medications

- No Aspirin or Anti-inflammatory medications (See next page) for at least 3 weeks before surgery
- Notify physician of all medications you are taking including over-the-counter and herbal supplements
- Bring your daily medication with you on the day of your surgery

Diet

- Nothing to eat or drink after midnight the night prior to your surgery (Does not apply if procedure is performed in the office)

Tobacco/Alcohol

- Absolutely no tobacco (including "the patch", nicotine gum, nicotine nasal spray) or being around anyone who is smoking for 2 months prior to surgery
- If you smoke prior to surgery, the procedure will be **CANCELLED**
- No alcohol for 2 days prior to surgery

Skin and Eye Care

- Discontinue Retina-A one month before surgery
- Purchase "artificial tears" at a local drug store to relieve dryness of the eyes after the procedure

Attire/Makeup

- Do not wear any makeup, contact lenses, nail polish, or jewelry to surgery
- Wear loose, comfortable clothing
- Leave jewelry and other personal valuables at home

Activity

- Plan to have someone stay with you for the first 24 hours after your surgery
- Plan for a driver after surgery. If you do not have someone to drive you home your surgery will be **CANCELLED**

Notify the office if you have any of the following symptoms within 2 weeks of your surgery:
FEVER, COUGH, COLD, NAUSEA, VOMITING, DIARRHEA, OR RASH

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Before you stop taking any prescribed drugs, you must receive clearance from the prescribed physician. Please notify our office immediately if you do not receive clearance to stop taking your prescribed medications.

The following drugs could cause life-threatening problems with surgery. If you are on these medications you must discuss these with your doctor. Patients who take these drugs may require laboratory tests and a consultation with their physician to determine when they may safely undergo a surgical procedure.

- ❖ Coumadin
- ❖ Elmiron-IC
- ❖ Fragmin, Lovanox and other low Molecular Weight Heparin Drugs
- ❖ Methotrexate
- ❖ Plavix
- ❖ Persantin

Patients on Aspirin, Coumadin, or Aggrenox regimen should consult their ordering physician for instructions.

All herbal or dietary supplements should be stopped 2 weeks prior to surgery. **This includes vitamins, and anti-oxidant supplements, as well as consumption of any form of Green Tea.**

FAILURE TO ADHERE TO THE ABOVE MAY RESULT IN THE CANCELLATION OF YOUR SURGERY.

There are several categories of additional medications that must not be taken in the 2 weeks prior to surgery. A listing of these drugs is attached. You are not to take any of these products listed. Tylenol is fine.

Authorization

I have disclosed all of the medications, supplements and herbal remedies I take on a regular or incidental basis to Dr. Barood. I understand that I am required to refrain from taking any of the above and below listed medications in the days prior to surgery. Should I take any of the medications, supplements or herbal remedies I am instructed to avoid, it is my obligation to notify my physician immediately. I fully understand that my surgery may have to be rescheduled or postponed in the event that I have not complied with these medication restrictions listed.

I also understand that it is my responsibility to obtain clearance from the prescribing physician before I stop taking any of my regularly prescribed medications.

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Medications, Vitamins, and Supplements to Avoid

Aspirin and Aspirin containing medications include, but are not limited to the following:

Alka Seltzer	Darvon Compound	Palbalate
Alka Seltzer Plus	Darvon Compound 65	Palbalate SF
Anacin	Don's Pills	PAC
Apac Tablets	Dristan	Pamprin
APC Tablets	Easprin	Percodan
Arthritis pain reliever	Ecotrin	Percodan Demi
Arthropan	Emprin Compound	Propox Compound
Aspirin Tablets USP	Emprin Compound #3	Robixisal
ASA	Equagesic	Salflex
ASA plus codeine	Excedrin	Sine Off
Acriptin	Fiorinal	Sodium Salicylate
Asperbuf	Fiorinal #3	Soma Compound
Aspergum	4 Way Cold Tab	Saint Joseph
Axotoal	Liquiprin	Supac
Azdpme	Lortab ASA	Synalgos
BAC	Magnaprin	Synalgos DC
Bayer Aspirin	Measurin	Salwin Compound
BC Powder	Mediprine	Trilistate
Bufferin	Midol	Trigesic
Butalbital Compound	Momentum	Ursinus Tabs
Cama inlay-tabs	Mono-gesic	Vanquish
Carisprodal Compound	Norgesic	Zorprin
Congesprin	Norgesic Forte	Plavix
Cope	Norwich	Coumadin
Coricidin-D	Orphengesic	
Damason	Orphengesic Forte	

Anti-Inflammatory and Anti-Inflammatory containing medications include, but are not limited to the following:

Aches n Pain	Haltran	Naproxen
Advil	Ibuprofen	Nuprin
Aleve	Ibu-tab	Orudis
Anaprox	Ifen	Ovuvail
Ansaid	Indocin	Pediaprophen
Butazoladin	Indomethocin	Phenylbutazone
Cataflam	Meclomen	Panstel
Clinoril	Medipren	Rufen
Co-Advil	Motrin	Tolectin
Daypro	Motrin IB	Toradol
Dolobid	Nalfon	Trendar
Fledene	Naproxyn	Voltaren

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Additional medications to avoid include but are not limited to the following:

- | | | |
|---------------|-------------------------|-----------------|
| Alloe | Kava-Kava | Mysteclin F |
| Barberry | Licorice | Nicobid |
| Bilberry | Parsley Seed | Oraflex |
| Cardomon | Saffron | Pamelor |
| Don Quai | Tansy | Parnate |
| Chlortrimeton | Tumeric | Phendimetrazine |
| Clinoril | Valerian | Phentermine |
| Elavil | Vitamin C 250 gms / day | Ru-Tuss |
| Echinacea | Vitamin A | St. John's Wart |
| Fatty Acids | Vitamin E | Surmontil |
| Fever Feu | Willow Bark | Tagamet |
| Fish Oil | Endep | Tenuate Dospan |
| Garlic | Etiafon | Tetracycline |
| Ginkgo | Flagyl | Triavil |
| Ginger | Flexoril | Vibramycin |
| Ginseng | Imitrex | Yohimbe |
| Hawthorne | Lioresal | Zomax |

I have read and understand all of the above instructions. I understand that following these instructions is solely my responsibility. I understand that it is also my responsibility to ask Dr. Barood and his staff any questions I have related to these instructions or about my procedure, health, and healing.

Patient or Person Authorized
to Sign for the Patient _____ Date: _____

Witness Signature _____ Date: _____

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Eyelid Surgery (Blepharoplasty) After Surgery Instructions

Medications

- Do not take medications on an empty stomach
- Use Extra-Strength Tylenol or prescribed medication for pain control
- No Aspirin or any medication containing Aspirin
- Use artificial tears for dryness and irritation 3-4 times per day

Diet

- Begin with sips of liquids and gradually progress to a regular diet as tolerated

Tobacco

- No smoking and being around anyone who is smoking for 2 months

Skin and Eye Care

- Avoid direct sun exposure for a minimum of 1 year
- Apply a sunblock with Zinc Oxide to your face and eyelids 2 weeks after surgery
- Avoid tanning beds
- Wear sunglasses with UV protection for the first several weeks

Attire/Makeup

- No eye makeup until 1 week after suture removal
- No contact lenses for 1 week after surgery

Dressings

- Apply a soft washcloth dipped in iced tap water to face and eyes – On for 15 minutes, off for 15 minutes for 1 hour every 6 hours for the first 24 hours
- Do not apply ice directly to skin
- Apply prescribed antibiotic ointment to suture lines twice per day for 5 days

Activity/Work

- Rest at home for 24 hours
- No heavy lifting (greater than 10 pounds) and no strenuous exercise (aerobics, stretching, vacuuming, laundry, etc.) are permitted for 3 weeks
- Keep your head elevated above your waist for 2 weeks
- Sleep with your head elevated on two pillows for 1 week
- Shower/bathe the morning after your surgery
- Gently wash your face and eyelids as usual
- Return to work in 5-7 days depending on post-operative physician examination
- Drive in 2-3 days provided you are not taking prescribed pain medication

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Eyelid Surgery (Blepharoplasty)

What to Expect

There will be a small amount of swelling and bruising following surgery. The amounts vary with each individual. The bruising typically resolves within 2-3 weeks. The swelling may take a few months to completely resolve, but the majority of the swelling will be gone in 2-3 weeks.

It is not uncommon to feel emotional after any cosmetic surgery. This is usually related to the immediate discomfort, anxiety over the appearance of swelling and bruising, and limitation of activity and socializing. These feelings will disappear as your appearance improves and you return to your usual daily activities.

Notify the office immediately if you develop: POUNDING OR THROBBING PAIN (ESPECIALLY IF PRESENT ON ONE SIDE AND NOT THE OTHER), INCREASED SWELLING, (ESPECIALLY IF PRESENT ON ONLY ONE SIDE), LOSS OF VISION, FEVER OVER 101°F, NAUSEA OR VOMITING.

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