



INFORMED CONSENT; FACELIFT SURGERY (Rhytidectomy)

INSTRUCTIONS

This is an informed consent document that has been prepared to help Dr. Barood inform you concerning face lift surgery, its risks, and alternative treatment.

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. Barood.

INTRODUCTION

Facelift, or rhytidectomy, is a surgical procedure to improve visible signs of aging on the face and neck. As individuals age, the skin and muscles of the face region begin to lose tone. The facelift cannot stop the process of aging. It can improve the most visible signs of aging by tightening deeper structures, re-draping the skin of face and neck, and removing selected areas of fat. A facelift can be performed alone, or in conjunction with other procedures, such as a browlift, liposuction, eyelid surgery, or nasal surgery. Facelift surgery is individualized for each patient. The best candidates for facelift surgery have a face and neck line that has begun to sag, but whose skin has elasticity and whose bony structure is well defined.

ALTERNATIVE TREATMENT

Alternative forms of management consist of not treating the laxness in the face and neck region with a facelift (rhytidectomy). Improvement of skin laxity, skin wrinkles and fatty deposits may be attempted by other treatments or surgery such as chemical face peels or liposuction. Risks and potential complications are associated with alternative forms of treatment.

RISKS of FACELIFT (Rhytidectomy) SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with facelift (rhytidectomy) surgery. 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. Barood to make sure you understand the risks, potential complications, and consequences of facelift (rhytidectomy) surgery.

Bleeding- It is possible, though unusual, that you may have problems with bleeding during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood or require a blood transfusion. Do not take any aspirin or anti-inflammatory medications for 10 days before surgery, as this contributes to a greater risk of bleeding. 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 skin may delay healing and cause scarring.

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

Scarring- Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different color

PATIENT INITIALS _____

VERSION 1/08

FACELIFT



than the surrounding skin. There is the possibility of visible marks from sutures. Additional treatments may be needed to treat scarring.

Damage to Deeper Structures- Deeper structures such as blood vessels, muscles, and particularly nerves may be damaged during the course of surgery. The potential for this to occur varies with the type of facelift procedure 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 facelift procedure.

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- Motor and sensory nerves may be injured during a facelift operation. Weakness or loss of facial movements may occur after facelift surgery. Nerve injuries may cause temporary or permanent loss of facial movements and feeling. Such injuries may improve over time. Injury to sensory nerves of the face, neck and ear regions may cause temporary or more rarely permanent numbness. Painful nerve scarring is very rare.

Chronic Pain- Chronic pain is a very rare complication after a facelift.

Skin Disorders/Skin Cancer- A facelift 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 facelift.

Unsatisfactory Result- There is the possibility of a poor result from the facelift surgery. This would include risks such as unacceptable visible deformities, loss of facial movement, 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.

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.

Hair Loss- Hair loss may occur in areas of the face where the skin was elevated during surgery. The occurrence of this is not predictable.

Delayed Healing - Wound disruption or delayed wound healing is possible. Some areas of the face may not heal normally or may take a long time to heal. Areas of skin may die. Frequent dressing changes or further surgery may be required to remove the non-healed tissue.

Smokers have a greater risk of skin loss and wound healing complications.

PATIENT INITIALS _____

VERSION 1/08

FACELIFT



Long-term Effects- Subsequent alterations in facial appearance may occur as the result of aging, weight loss or gain, sun exposure, or other circumstances not related to facelift surgery. Facelift surgery does not arrest the aging process or produce permanent tightening of the face and neck. Future surgery or other treatments may be necessary to maintain the results of a facelift operation.

ADDITIONAL SURGERY NECESSARY

There are many variable conditions in addition to risk and potential surgical complications that may influence the long term result from facelift surgery. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with facelift 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.

HEALTH INSURANCE

Most health insurance companies exclude coverage for cosmetic surgical operations such as the facelift (rhytidectomy) or any complications that might occur from surgery. Please carefully review your health insurance subscriber-information pamphlet.

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by Dr. Baroody, 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. Baroody 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.

PATIENT INITIALS _____

VERSION 1/08

FACELIFT



PLASTIC SURGERY Michael Barood, M.D.

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:

FACELIFT

I have received the following information sheet:

INFORMED CONSENT; FACELIFT (RHYTIDECTOMY) 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 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 _____

PATIENT INITIALS _____

VERSION 1/08

FACELIFT



Face Lift (Rhytidectomy) Surgery

Before Surgery Instructions:

Medications

- No Aspirin 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
- Obtain antibiotic and pain medication prior to surgery

Diet

- Nothing to eat or drink after midnight, the night prior to your surgery

Tobacco

- Absolutely no tobacco (including “the patch”) or being around anyone who is smoking for 2 months prior to surgery
- If you smoke prior to surgery, the procedure will be CANCELLED

Skin Care

- Discontinue Retina-A one month before surgery

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
- Become educated about drain care needed after surgery

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

PATIENT INITIALS _____

VERSION 1/08

FACELIFT



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

PATIENT INITIALS _____

VERSION 1/08

FACELIFT



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

PATIENT INITIALS _____

VERSION 1/08

FACELIFT



PLASTIC SURGERY
Michael Barood, M.D.

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: _____

FACELIFT



Face Lift (Rhytidectomy) Surgery

After Surgery Instructions:

Medications

- Do not take medications on an empty stomach
- Use prescribed pain medication for pain control
- Take antibiotic as directed
- No Aspirin or any medication containing Aspirin
- Use artificial tears for dryness and irritation of the eyes

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 Care

- Avoid direct sun exposure for a minimum of 1 year
- Use a sunblock containing Zinc Oxide to face and neck
- No tanning beds for at least 1 year

Attire/Makeup

- No makeup until 1 week AFTER suture removal

Dressings/Drains

- If a dressing is in place, leave undisturbed until seen by your surgeon
- Apply Neosporin or other antibiotic ointment to surgical incisions twice a day
- You may be required to wear a facial support garment after your surgery
 - Wear the garment 24 hours a day for 1 week
- If drains are in place, measure and record the output every 8 hours

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
- Avoid bending down for 2 weeks
- Avoid flexing or extending your neck for 2 weeks
- Sleep with your head elevated on two pillows for 1 week
- Shower/bathe the day after surgery
- Do not dye your hair for 1 month
- Use a hair-dryer on low setting only
- Return to work in 14 days depending on post-operative physician examination
- Drive in 3-5 days provided you are not taking prescribed pain medication

PATIENT INITIALS _____

VERSION 1/08

FACELIFT



What to Expect

There will be 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 and 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 100°F, NAUSEA OR VOMITING.

PATIENT INITIALS _____

VERSION 1/08

FACELIFT