

Blepharoplasty (Eyelid Surgery) Consent

Patient Name: _____ Date:_____

This is an informed consent document that has been prepared to help inform you of blepharoplasty surgery, its risks, as well as alternative treatments.

It is important that you read this information carefully and completely. Please read each section and initial in each box. When you have read the entire document sign the consent for surgery.

Introduction:

Blepharoplasty is the procedure used to remove excessive skin and to sculpt or reposition fat from the upper and/or lower eyelids. 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 such as tucking the muscle (ptosis repair through same incision or from undersurface of eyelids.

A blepharoplasty does NOT:

- 1. Resurface (erase wrinkles) on the remaining skin.
- 2. Raise the eyebrow.
- 3. Stop the process of aging.

Risks of Blepharoplasty Surgery:

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with blepharoplasty 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 you surgeon to make sure you understand all possible consequences of blepharoplasty surgery.

	Bleeding - It is possible, though unusual, to experience a bleeding		
	episode during or after surgery. Bleeding may occur under the skin		
	or internally around the eyeball. Should post-operative bleeding		
	occur, it may require emergency treatment to drain accumulated		
blood. Do not take any aspirin or anti-inflammatory medication			
	for two weeks before the surgery, as this may increase the ris		
	of bleeding. Accumulations of blood under the skin may delay		
	healing and cause scarring or even visual loss in rare cases.		

Infection - Infection is unusual after this type of surgery. Should an infection occur, treatment with oral or intravenous antibiotics will be necessary. If you have an infection – you may need additional surgery to drain an abscess or to correct problems created by the infection.

Blindness - Blindness is extremely rare after lower lid blepharoplasty. However, it can be caused by internal bleeding behind the eye during surgery or after surgery. The occurrence of this is not predictable, but compliance with stopping medications listed above and limiting your activity will prevent this occurrence.

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 different color than surrounding skin. There is the possibility of visible marks in the eyelid or small skin cysts from sutures. Additional treatments including surgery may be necessary to treat abnormal scarring.
Exposure to dust or dirt or wearing eye make up in the first week contribute to inflammation and may encourage scar formation.
Diplopia -Damage to the inferior oblique muscle during lower lid blepharoplasty is possible. Diplopia would occur that would require additional surgical repair.
Asymmetry - The human face is normally asymmetrical. There can be a variation from one side to the other in the results obtained from a blepharoplasty procedure. Also, the amount of bruising and swelling is often asymmetric.
Delayed Healing - Wound disruption or delayed wound healing is possible. The most common reason for the wound opening is eye rubbing – especially at night. Take benedryl at bedtime to avoid this complication.
Allergic Reactions – you may be allergic to the suture material, topical preparations and surgical tape. Systemic reactions, which are more serious, may result from drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.
Ectropion - Displacement of the lower eyelid away from the eyeball is a rare complication. Further surgery may be required to correct this condition. It typically occurs in patients with unrecognized cancer or autoimmune disease.
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 might be necessary.
Eyelash 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.

	Additional Surgery – if you have a complication, you may need additional medicines, injections or even surgery. Other complications that have not been described can occur; the practice of medicine and surgery is not an exact science. There is no guarantee or warranty expressed or implied on the results that may be obtained.		
	Women - I have advised my doctor about my upills. I understand that certain antibiotics and ot are known to neutralize their effect and that compregnancy can occur. I agree to consult with my to initiate other forms of birth control during the treatment for eyelid surgery and until I am advis that I can return to the exclusive use of birth control contro	her medications ception and family physician period of my ed by my physician	
blephar questic satisfac	read and understand the above paragraphs an roplasty surgery carries with it certain seriou ons regarding this consent have been answer ction, and I fully understand the risks involve speak, and write English.	s risks. All my ed fully and to my	
Patients	s or Legal Guardian's Signature	Date	

Witness' Signature

Doctor's Signature

Date

Date