PLEASE BRING THIS FORM WITH YOU TO THE HOSPITAL.



Blepharoplasty (Eyelid Surgery) Consent Form

Section 1: Surgery
You have requested Doctor Konrat to perform the following surgery:
This is a legal requirement, and Dr Konrat needs to have your consent to operate on you.
To give your consent, you need to be informed of the risks as well as the options & alternatives to surgery. Dr Konrat has explained these during your consultation.
If you are uncertain about anything in this form, please call Brisbane Cosmetic Clinic on 07 3391 5710 to ask a question or make an appointment for another consultation.
Third Party Consent
A training Doctor, Surgeon or other third party may be required to attend your surgery. You will be informed of this and asked for your consent for their presence.
Tick No if you do NOT wish to have a training Doctor or Surgeon to be present at your surgery.
□ Yes □ No
Deticat Cinneture
Patient Signature

Blepharoplasty Procedure

Blepharoplasty is a surgical procedure to remove excess skin and/or muscle from both the upper and lower eyelids, along with underlying fatty tissue.

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', smile lines or other wrinkles, will it not eliminate dark circles under the eyes, nor lift sagging eyebrows.

Blepharoplasty surgery is customised for every patient, depending on his or her needs. It can be performed alone, involving upper, lower or both eyelids, and in conjunction with other procedures such as Fractionated CO2 Laser.

Eyelid surgery cannot stop the process of ageing. It can, however, diminish the appearance of loose skin and bagginess in the eyelid region.

This procedure is usually performed under sedation; however, if requested, a general anaesthetic may be used. If so, the surgery will be performed in an accredited and licensed Day Hospital.

Section 2: Risks and Complications

You should not undertake surgery unless you accept the possibility that you may wish to have, or need to have, further surgery at some time in the future. If further procedures or surgery were required due to complications, there would be out-of-pocket expenses. These would include the hospital and specialist anaesthetist fees.

Further operations may occasionally be requested to achieve the results desired. In this case, the out-of-pocket expenses may include surgical fees, Hospital and specialist anaesthetist fees.

Dr Konrat has explained that the following facts, risks, and complications that apply specifically to Blepharoplasty (Eyelid) surgery:

- 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 eyelid. 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 and one week after surgery unless advised otherwise by your doctor, as this may contribute to a greater risk of a bleeding problem. 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. It can be caused by internal bleeding around the eye during or after surgery. The occurrence of this is not predictable and is extremely rare.
- **Infection:** Infection is very rare after surgery. Should an infection occur, additional treatment, including further antibiotics, may be necessary.

Section 2: Risks and Complications cont'd

- **Scaring:** Although good wound healing after a surgical procedure is expected, abnormal scars may rarely occur, both within the eyelid and in the deeper tissues. Scars may be unattractive and of a different color to the surrounding skin. There is the possibility of visible marks on the eyelid, or small skin cysts from sutures, which may be temporary or permanent. Treatments to improve this are available.
- Damage to deeper structures: Deeper structures such as nerves, blood vessels, and eye muscles may be damaged during 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 eye problems 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: 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 in lower eyelid surgery is a rare complication. Further surgery may be required to correct this condition.
- Corneal exposure problem: Some patients experience difficulties closing their eyelid after surgery
 and problems may occur in the cornea due to dryness. Should this rare complication occur, additional
 treatments or surgery 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.
 - Infrequently, it is necessary to perform additional surgery to improve your results. Additional surgical procedures such as a brow lift may be needed to correct eyebrow sagging that contributes to upper eyelid problems.
- Allergic reaction: In rare cases, local allergies to tape, suture material, or topical preparations have been reported. It is possible to have more serious systemic reactions to drugs used during surgery, and/or to prescription medicines. Allergic reactions may require additional treatment.
- **Eyelash hair loss:** Hair loss may occur in the lower eyelash 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 does it produce permanent tightening of the eyelid region. Future surgery or other treatments may be necessary to maintain the results of a blepharoplasty.

You should not undertake Blepharoplasty (Eyelid surgery) unless you accept the possibility that you may wish to have, or need to have, further surgery at some time in the future. If further surgery is required due to complications, there will be an out-of-pocket expense. This will include the hospital and specialist anaesthetist fees.

Further operations may occasionally be requested to achieve the results desired. In this case, the out-of-pocket expense will include surgical fees.

Risks related to Anaesthesia & Sedation

Dr Konrat has also explained that there are general risks associated with ANY operation, including the following:

- **Infection** in the wound with resultant redness, pain and possible discharge. In severe cases, the wound could break open and need to be restitched. Usually after a wound infection, the scar is not as fine as it otherwise would have been.
- Possible bleeding in the wound with swelling or bruising and possible blood-stained discharge. This
 is called a hematoma.
- **Secretions** may accumulate in the lungs, causing a chest infection.
- Clotting may occur in the deep veins of the leg or pelvis, and rarely the clot may break off and go to the lungs.
- **Circulation problems** to the heart or brain may occur and may result in a heart attack or stroke.
- **Death** is possible during or after an operation due to severe complications.

Section 3: Patient Consent

Consent for Blepharoplasty (Eyelid Surgery)

- **Disclosure:** Dr. Konrat and her staff have fully informed me regarding my surgery. I have also read and I understand the Pre/ Post-Operation Instruction sheet.
- Procedure: I understand what procedure I am having and the extent of the surgery that has been planned.
- **Questions:** I have had a chance to ask all the questions I have requested and have been satisfied with the answers given. I am free to ask questions at any time. I have no further questions at this time.
- Benefits: The benefits have been fully disclosed and I fully understand them. They include improved comfort, a more pleasing appearance, and possibly less pain and discomfort.
- Risks: The risks and complications of this surgery have been fully disclosed and I completely understand and accept these risks, including, but not limited to those in Section 2. Dr Konrat has explained to me that sometimes during surgery it is discovered that additional or other surgery is needed to achieve the desired results. Life-threatening incidents will be treated at my doctor's discretion.

Consent for Blepharoplasty (Eyelid Surgery) cont'd

- I understand that every individual heals differently.
- I understand that variable blood supply may hamper proper healing.
- I understand that activities I perform may damage the procedure performed and that strict adherence to my post-op instructions is critical.
- I understand that scarring from reaction to stitches, infections, and/or Keloids may occur and that all scars may not be hidden from view, or may be more prominent, depending on the healing process.
- Revision surgery may be needed to achieve the desired look and appearance and may incur further operating theatre or surgical fees. I understand that revision may not be able to accomplish the cosmetic goals I am seeking.
- I understand that consultations and revisions performed by other surgeons are my financial responsibility.
- I understand that Dr Konrat does not guarantee that she will be able to achieve the results I am seeking. No guarantees have been implied or given.
- I understand that I must be discharged into the care of a responsible adult, and that this person must stay with me overnight.
- Since this is an elective procedure, I have had the chance to research other surgeons and surgical approaches.
- The options of care have been fully discussed, such as outside consultations and surgery, no surgery, expectant management (wait and see), medical management, or to proceed with the agreed-upon procedure. I have chosen to proceed with the elective procedure willingly and without hesitation at the time frame of my choosing.

Photography / Video Film Release

		eeds to take photographs of the treatment area from several angles as of the surgery. I consent to the taking of these pictures.
In addition, I voluntarily consent to the publication and use of my pre and post-surgery pictures video footage by Dr Konrat for the following purposes: educational, medical publications and jurposes research papers, and medical conference presentations.		the following purposes: educational, medical publications and journals,
	Initial here:	(Please put a line through any exclusions.)

I acknowledge that I have been informed about the surgery's risks and consequences and accept responsibility for the clinical decisions that were made, along with the financial costs of all future treatments.

By signing this form, I undertake to keep any post- operative appointments deemed necessary. Not doing so might result in my not receiving the correct treatment and therefore may adversely affect the result of my surgery.

Financial Consent

I understand that the cost of surgery involves several charges for the services provided, and these have been itemised in the formal quotation I received prior to booking this surgery. I am aware that the total includes fees charged by Dr Konrat as my surgeon, the Day Surgery fees (if that is applicable), the specialist Anaesthetist fees, and in some instances, laboratory tests.

The fees charged for this procedure do not include any potential future costs for additional procedures that I might elect to have or require to revise, optimise or complete my outcome. Additional costs may occur, should complications develop from the surgery. Secondary surgery or hospital day surgery charges involved with revision surgery will be my responsibility.

Declaration by Patient

I acknowledge that Dr Konrat has provided me with information concerning the procedure, the likely results, available alternative treatments, including the option of no treatment at all, and has answered all my specific queries and concerns about my surgery.

I understand that some of the above risks are more likely if I smoke, am overweight, diabetic, have high blood pressure or have had previous heart disease.

I undertake to keep any post-operative appointments deemed necessary. Not doing so might result in my not receiving the correct treatment and therefore may adversely affect the result of my surgery.

I acknowledge that no guarantee has been made that the surgery will improve the condition. Improvement is the aim not perfection. Complications may develop and a further operation may be required to improve the result.

Patient Name
Patient Signature
Date

Section 4: Declaration by Dr Konrat

I declare that I have personally explained the nature of the patient's condition, the need for treatment, the operation to be performed and the risks and alternatives outlined above.

I have given the patient, or the person named above an opportunity to ask questions which I have answered as comprehensively as possible to the best of my knowledge.

Dr Georgina Konrat		
Bsc (Melb), Bsc Syd (Hons), MBBS (Syd) FACCSM		
Date		