

Consent to Upper And Lower Eyelid Plastic Surgery

(Template)

Patient's Name: _____ Patient's Date of Birth: _____

Medical Record No. : _____ Name of Responsible

Physician: _____

I. Surgery to be implemented (please add a brief explanation for any complicated medical term)

1. Recommended Surgery (Site):

2. Recommended Reason for the Surgery:

(please note the specific side for the part with difference of left and right)

II. Statement of the Physician (please mark "V" for an item that has been notified to the patient and "X" for an item that hasn't been notified to the patient)

1. I have tried my best to explain the information relevant to the surgery in a way that the patient can understand, particularly involving the following items:

- Reason for the surgery, steps, range, risk and success rate of the surgery and possibility of blood transfusion
- Surgical complications and possible treatments
- Possible consequence of not implementing the surgery and other alternative treatments
- Any temporary or permanent symptom that may occur after the surgery
- I have delivered the additional surgery-related descriptive information the patient if any

2. I have left sufficient time to allow the patient to ask questions related to the surgery and have answered the questions too:

- (1)
- (2)
- (3)

Signature of the Physician Responsible for the Surgery:

Date: _____

Time: ____ (h) ____ (m)

III. Statement of Patient

1. The physician has explained to me and made me fully understand the information relevant to necessity, steps, risk and success rate of the surgery.
2. The physician has explained to me and made me fully understand the risks of other alternative treatments.
3. The physician has explained to me and made me fully understand the possible prognosis of the surgery and the risk of not implementing the surgery.
4. I've understood blood transfusion may be necessary during the surgery; **I** **agree** **disagree with blood transfusion.**
(Except for an emergent case as specified in Article 63 of the Medical Care Act.)
5. I have put up my questions and doubts regarding my condition, the surgery and treatment etc. and received replies.
6. I understand in case it is necessary to incise an organ or tissue during the surgery, the organ or tissue may be kept for a period of time in the hospital for the purpose of pathological analysis and report and the organ or tissue will be disposed discreetly as per relevant laws and regulations by the hospital.
7. I understand the surgery may be the most appropriate option at present but it cannot be ensured that the surgery would improve my condition definitely.

I agree with implementation of the surgery based on the statement above.

Signature of the Consenter:

Relation with the Patient: _____

Tel: (0) _____

Address:

Date: _____

Time: ____ (h) ____ (m)

Signature of the Witness:

Witness is unnecessary, Signature:

Date: _____

Time: ____ (h) ____ (m)

Remarks: _____

I. General Surgical Risks

1. Except for surgeries with local anesthesia, a small part of lungs may collapse and lose function during a surgery, resulting in an increase of the possibility of chest infection, which may require antibiotics and respiratory therapy.
2. Surgeries except for those with local anesthesia may cause vascular embolization accompanied by pain and swelling in legs. And coagulated blood clots may disperse and enter into lungs, causing a deadly danger; but such situation is not common.
3. Since the heart is under stress during a surgery, a heart disease or stroke may be induced.
4. Medical institutions and medical staff will try their best to provide a treatment and surgery to a patient; but the operation will not be necessarily successful and an accident that may even cause death still might happen.

II. The patient shall sign the field of "Signature of the Consenter" personally; but if the patient is a minor or unable to sign in the field personally, the person provided in Item 2, Article 13 of the Medical Care Act shall sign in the field <The Civil Law provides: an adult is a person whose age is 20 or above.>.

III. In case the consenter is not the patient, the relation between the consenter and the patient shall be filled in the field of "Relation with the Patient".

IV. As for the witness, the field may be left blank when there isn't any witness; but the box in front of "Witness is unnecessary" should be ticked and the person who ticks the box should leave a signature.

V. **Any medical activity relevant to a plastic or cosmetic surgery that is not necessary medically must not be executed for minors under the age of eighteen in accordance with Item 4.1 of Article 28, Physicians Act of Republic of China, Taiwan.** ◦

Description of Upper And Lower Eyelid Plastic Surgery (Template)

The description explains conditions of concerned patients and the purpose, method, benefit, possible complications, success rate and alternatives of upper and lower eyelid plastic surgery, possible problems during recovery and possible consequences without implementing the surgery, which can be used as reference for discussions between patients and physicians. Please discuss with your physician if you still have any doubt after the physician gives his/her explanation before you sign on the consent.

I 、 Patient's Conditions:

An ugly eyelid may be congenital or caused by aging. Common ugly upper eyelid includes single-fold eyelid, too small eyelid fissure, accumulation of eyelid fat, eyelid ptosis and blepharochalasis. And common ugly lower eyelid involves prominence of pouch fat, obvious lacrimal groove and blepharochalasis etc. induced by slack connective tissue. In addition, a disease or trauma also may cause defective or ugly eyelid.

II 、 Purpose & Benefit: to improve appearance of eyelid.

III 、 Method:

A surgery may be used to improve the appearance of eyelid, such as to remove excessive skin and fat, make double eyelid folds or reconstruct defective eyelid with grafting depending on the patient's demand. The patient should inform her physician if she meets any one of the following conditions:

1. Likely to suffer from blood coagulation dysfunction.
2. Likely to suffer from scar hyperplasia.
3. Allergic to some drug.
4. Smoking and drinking.
5. Having ever accepted a surgery before.
6. Taking medicines that may affect blood coagulation such as Warfarin, Aspirin and Vitamin E etc..
7. Suffering from a chronic disease such as diabetes, hypertension, heart disease and vascular sclerosis.

IV 、 Expected Result: improvement of appearance of eyelid.

V 、 Possible Complications, Probability of Sequelae (including but not limited to the following) and Treatment:

1. Hematoma or bleeding after surgery.
2. Wound infection, scar hyperplasia, hypertrophy or contracture.
3. Sensation of foreign matter in eye or shedding tears.
4. Loose, shifting or extruded stitches even non-obviousness or disappear of double-fold eyelid
5. Temporary ectropium of eyelid or asymmetric eyes may occur in a patient who has accepted an eyelid plastic surgery due to scar reaction and mostly appear within half a year after the surgery. Such phenomenon will improve gradually when the scar is stable.
6. Due to swelling of the eyelid, double or blurred vision may occur in the early postoperative stage and improve gradually within 1 or 2 days after the surgery commonly.
7. Eyeballs of a few patients may be compressed by blood accumulated posterior eyeball. (0.05% of patients may suffer from a temporary visual deprivation due to blood accumulated posterior eyeball after the surgery and 0.0045% of patients may suffer from a permanent visual deprivation for the same reason; Ophthal Plast Reconstr Surg. 2004;20:426-432). Temporary or permanent double vision (0.2%; Ann Ophthalmol, 1984)
8. Other incidental diseases and complications

VI 、 Possible problems during postoperative recovery period:

1. Eyelid swelling and blood stasis: ice compress for 10 to 20 minutes per hour (the duration mainly depends on the patient's endurance) may mitigate swelling and pain of the wound.
2. Hematoma: do not bow or do something hard to prevent hematoma of eyelid due to rise of blood pressure or congestion of eyelid.
3. Poor wound healing: do not take any irritating food such as pepper and alcohol etc.. Avoid smoking or second-hand smoking. And keep a normal lifestyle to prevent poor wound healing. The wound needs dressing change on time.
4. Scar: the scar when the wound is healed will present pink. Color of the scar may be weakened with care and massage for 3 to 6 months.
5. The physician will schedule revisit and removal of stitches. And the patient should seek medical treatment as soon as possible in case of significant bleeding, serious pain, local irritation or discomfort.

VII 、 Supplementary Description:

1. As smoking may inhibit bloodstream of skin and affect wound healing accordingly; it would be better for a smoker to quit smoking for two weeks as least prior to accepting such surgery.
2. If you are a patient who is taking any anticoagulant drug, please discuss with your internist about the feasibility of stopping taking such drug for 1 - 2 weeks since such drug may cause a disturbance of blood coagulation and affect wound healing.

VIII 、 Literatures:

1. Hass, Andrea N.; Penne, Robert B.; Stefanyszyn, Mary A.; Flanagan, Joseph C. Incidence of Postblepharoplasty Orbital Hemorrhage and Associated Visual Loss. Ophthal Plast Reconstr Surg. 2004;20:426-432.
2. Hayworth RS, Lisman RD, Muchnick RS, Smith B. Diplopia following blepharoplasty. Ann Ophthalmol. 1984;16:448-451.

IX 、 Questions from the Patient and Her Family:

1 .

2 . _____

3 . _____

Patient (or Family/ Legal Representative): _____(Signature & Seal)

I have understood the description stated above and agree to accept the eyelid plastic surgery (please sign on the Consent to Eyelid Plastic Surgery).

I have understood the description stated above and disagree to accept the eyelid plastic surgery.

Relation with the Patient: _____(Required)

Physician for Explanation: _____(Signature & Seal)

Date & Time: