

Consent to Facelift 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 Facelift Surgery (Template)

The description explains conditions of concerned patients and the purpose, method, benefit, possible complications, success rate and alternatives of facelift 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:

Facial tissue will turn slack and present an aging state including serious appearance without vitality and aging facial line and tissue due to age, lifestyle, stress, gravity, environment and loss of tissue etc.. And the purpose of facelift surgery is to improve the aging features and make face younger.

II - Purpose & Benefit:

Facelift is a kind of autonomous and non-urgent medical activity with multiple options. The physician will discuss with the patient regarding surgical method and expected result according to 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 Aspirin, Vitamin E and Warfarin etc.
7. Suffering from a chronic disease such as diabetes, hypertension, heart disease and vascular sclerosis.

III - Method:

Surgical safety is the fundamental requirement; so the patient must inform his/her physician of disease and drug history (for instance whether the patient cannot take aspirin, is taking an anticoagulant, has history of hypertension, heart disease or diabetes etc.) as well as history of the same surgery.

1. The patient shall be hospitalized on the operative day and relevant examinations including blood drawing, electrocardiogram, chest X-ray as well as preoperative visit for anesthesia must be completed. The patient must fast for 8 hours prior to the operation (including not taking any liquid food).
2. The patient will wait in the Preparation Room for prooperative examination for confirmation by the anesthetist after entering the Operation Waiting Room.
3. After the patient enters the operating room, nursing staff will connect electrocardiograph, pulse oximeter and blood pressure monitor with the patient, make preparations prior to anesthesia and provide an intravenous administration through an upper/lower limb of the patient.
4. The physician will inject local anesthetic at the operative site prior to the surgery and provide skin disinfection, cover a sterile sheet and conduct the surgery at the site. The operative duration will last 4 - 6 hours approximately depending on conditions of the patient.
5. Generally speaking, the surgical incision will be made behind the hairline of forehead, in front of or behind ears. Or the physician will discuss with the patient regarding additional surgical items prior to facelift surgery such as eyelid plastic surgery, liposuction and fat injection etc..

IV 、 Expected Benefits:

Face resurfacing can lift face including forehead, eyebrow, eye, corners of mouth and chin and improve nasolabial folds. Should the surgery is combined with botulinum or filling injection, a plump effect can be created.

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

1. Hematoma, postoperative bleeding, poor wound healing and infection.
2. Postoperative complications include upper respiratory tract infection (about 2%) or pneumonia (about 1%)
3. Facial nerve injury that may result in unnatural facial action is mostly temporary and can recover within 2 -3 weeks.
4. Abnormal facial sensation that may disappear in one year commonly.
5. Cares for the Wound
 - 1) Wound at scalp: the hair can be washed normally but do not scratch skin at/around the wound. Apply some ointment on the wound after the hair is blown dry. The ointment should be applied for once or twice per day.
 - 2) Wound at face and around ears: use a disinfected cotton swab to clean the wound with some cool boiled water or saline solution at first; next apply some ointment on the wound for once or twice per day.
 - 3) Record the volume of drainage and keep the drainage tube smooth without bending.
 - 4) Do not smoke, drink alcohol and participate in any intense exercise (e.g. running or batting) within 2 weeks after the surgery.
 - 5) Do not use too hot water in face and hair washing to prevent scald. And do not scratch the wound with your finger nails as skin in recovery is vulnerable to injury.
 - 6) In order to prevent congestion and swelling of your face and head, reduce the actions that may have your head to be lower than your heart, such as tying shoes or picking up something.

VI 、 Success Rate: postoperative satisfaction is associated with understanding on the operative method and process and reasonable expectation.

VII 、 Alternatives to the Surgery: the effect of injection of botulinum may last for six months or so and that of fat injection may last for more than six months.

VIII 、 Risk without Implementation of the Surgery:

The main purpose of facelift surgery is to improve facial appearance; so it is not a necessary procedure for treating some kind of disease. The patient should evaluate the risk and benefit of the surgery discreetly so as to decide whether to accept the surgery.

IX 、 Possible problems during postoperative recovery period:

1. Blood stasis and swelling can last about 1~3 weeks and the face will look stiff because of swelling, which may last for about a month.

2. A few patients may present facial asymmetry after the surgery, which is a common phenomenon.
3. Stolidity of facial skin that is normal may keeps for several weeks or months.
4. When nerves are recovering, original stolidity at top of the scald may become titillation, which is caused by growing nerve endings and may disappear within 6 - 12 months after the surgery.
5. Hair beside the wound may reduce temporarily and will grow again within several weeks or months. Permanent hair loss is very rare.
6. As smoking may inhibit bloodstream of skin and affect wound healing accordingly; it would be better for a smoker to quit smoking for one month prior to accepting such surgery.
7. 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 prior to the surgery.

X 、 Supplementary Description:

Existing surgical expense is limited to existing surgery and for any further surgery or subsequent treatment, the expense will be calculated separately.

XI 、 Literatures:

1. Bergeron, L., Chen, Y. R. The asian face lift. Semin Plast Surg 23: 40-47, 2009.
2. Baker, D. C., Conley, J. Avoiding facial nerve injuries in rhytidectomy. Anatomical variations and pitfalls. Plast Reconstr Surg 64: 781-795, 1979.
3. Moss, C. J., Mendelson, B. C., Taylor, G. I. Surgical anatomy of the ligamentous attachments in the temple and periorbital regions. Plast Reconstr Surg 105: 1475-1490; discussion 1491-1478, 2000.
4. Jones, B. M., Grover, R. Avoiding hematoma in cervicofacial rhytidectomy: a personal 8-year quest. Reviewing 910 patients. Plast Reconstr Surg 113: 381-387; discussion 388-390, 2004.
5. Moyer, J. S., Baker, S. R. Complications of rhytidectomy. Facial Plast Surg Clin North Am 13: 469-478, 2005.
6. Leach, J. J. Browlifting. Operative Techniques in Otolaryngology 18: 162-165, 2007.
7. Flowers, R. S., Ceydeli, A. The open coronal approach to forehead rejuvenation. Clin Plast Surg 35: 331-351; discussion 329, 2008.
8. Adamson, P. A., Johnson, C. M., Jr., Anderson, J. R., et al. The forehead lift. A review. Arch Otolaryngol 111: 325-329, 1985.
9. Kim, Y. H., Cho, B. C., Lo, L. J. Facial contouring surgery for asians. Semin Plast Surg 23: 22-31, 2009.
10. Ousterhout, D. K. Feminization of the forehead: contour changing to improve female aesthetics. Plast Reconstr Surg 79: 701-713, 1987.

XII 、 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 facelift surgery (please sign on the Consent to Facelift Surgery).
- I have understood the description stated above and disagree to accept the facelift surgery.

Relation with the Patient: _____(Required)

Physician for Explanation: _____(Signature & Seal)

Date & Time: