

Consent for Facelift and Necklift procedure (Rhytidectomy)

N.B. Please read this consent form for surgery carefully. It covers common issues with the Facelift procedure.

Patient's Name: _____

1. I authorise Dr Sanjay Azad to perform on me the operation known as a facelift (Rhytidectomy).
2. The nature and effects of the operation, the risks and complications involved, as well as alternative methods of treatment have been fully explained to me by the Dr Sanjay Azad and I understand them.
3. Complications after a facelift can be those after any surgical procedure. The following points, among others, have been specifically made clear:
 - a) Scars that result from this operation are permanent. Every effort will be made to conceal them and to make them as inconspicuous as possible.
 - b) Every person scars differently. Scars may be pink/purple/white, stretched, raised/indented, thickened (hypertrophic) or even keloidal.
 - c) There may be facial swelling and puffiness that may persist for several weeks.
 - d) There will be discolouration from bruising (black and blue marks) for several days and in some cases for considerably longer periods.
 - e) There may be scattered areas of numbness or prickling over the face and neck following the surgery that may persist for an indefinite period of time, or even be permanent.
 - f) At times, fluid or blood may accumulate in the operative sites and these may require aspiration or drainage, in the operating theatre.
 - g) There is the possibility of injury to the facial nerve branches that could result in temporary or **permanent** weakness of some of the facial muscles. This may affect my ability to work, socialise and go out and face people. The branches at the side of my mouth are at risk with a face lift, and the branches to the bottom corners of my mouth are at risk with a neck lift.
 - h) Part of the undermined skin could be lost and turn into a black scab and require a skin graft or could heal on its own and could result in wide scars (this is more likely in **smokers**).
 - i) Infection is possible in any type of surgery, including facelift.
 - j) I understand that I may look worse after the operation if I have complications.
 - k) No guarantee has been made regarding the amount or percentage of improvement, in terms of apparent age nor the permanency or longevity of the results.
 - l) There is an increased risk in **smokers** and/or **obese** people of wound break down, chest infections, heart and lung complications and venous thrombosis.

- m) I understand that if I have not given up smoking for 8 weeks before my operation, as instructed and agreed, then I may be cancelled on the day of operation.
 - n) A rare complication may be sweating over my cheek when I see or eat food after my operation. This may require treatment with ongoing botulinum toxin indefinitely. This will cost extra.
 - o) I understand that the two sides of the human face are not the same and can never be made perfectly symmetric.
 - p) I understand that my face may feel tight for some time after my operation.
 - q) The skin on my neck may feel tight for some time, like a tight polo-neck.
 - r) Large salivary glands under my chin may be unmasked by a neck lift. Removing these glands is not routine, and they may be visible afterwards.
- 4. I authorise Dr Sanjay Azad to perform any other procedure that she may deem desirable in attempting to improve the condition stated in Paragraph 1 or any unhealthy or unforeseen condition that may be encountered during the operation.
 - 5. I consent to the administration of anaesthetics by the Doctor or under the direction of the physician responsible for this service.
 - 6. I understand that the practice of medicine and surgery is not an exact science and that reputable practitioners cannot guarantee results. No guarantee or assurance has been given by Dr Sanjay Azad, or anyone else, as to the results that may be obtained.
 - 7. Because of the nature of the procedure, an exact end-result cannot be predicted and I have not been given any guarantee of specific results. To achieve the desired aesthetic result a touch up may be required. Should revisionary surgery be required, there will be **further costs** involved. Any revisionary surgery may only take place after 12 months.
 - 8. For the purpose of advancing medical education, I consent to the admittance of authorised observers to the operating room.
 - 9. I give permission to Dr Sanjay Azad to take still or motion clinical photographs with the understanding that such photographs remain the property of the Doctor.
 - 10. I am not known to be allergic to anything except:

CONSENT FOR PROCEDURE

(1) I, _____, hereby consent to undergo the investigation, treatment or operative procedure, _____, ordered by or to be performed by Dr. Sanjay Azad, Consultant Plastic Surgeon.

(2) The nature and anticipated effect of what is proposed including the significant risks and alternatives available have been explained to me. I am satisfied with these explanations and I have understood them.

(3) I also consent to such additional or alternative investigations, treatments or operative procedures as in the opinion of Dr. Sanjay Azad, Consultant Plastic Surgeon are immediately necessary.

(4) I further agree that in his discretion, Dr. Sanjay Azad may make use of the assistance of other surgeons, physicians, and hospital medical staff (including trainees) and may permit them to order or perform all or part of the investigation, treatment, or operative procedure, and I agree that they shall have the same discretion in my investigation and treatment as Dr. Sanjay Azad.

Dated _____
day / month / year

Witness _____

Patient _____