

Patient's Name: _____

Date of Surgery: _____

Patient Educational Information: Provided by
American Society of Plastic Surgeons

FACE LIFT

As people age, the effects of gravity, exposure to the sun, and the stresses of daily life can be seen in their faces. Deep creases form between the nose and mouth; the jaw line grows slack and jowly; folds and fat deposits appear around the neck.

A facelift (technically known as rhytidectomy) can't stop this aging process. What it can do is "set back the clock," improving the most visible signs of aging by removing excess fat, tightening underlying muscles, and re draping the skin of your face and neck. A facelift can be done alone, or in conjunction with other procedures such as a forehead lift, eyelid surgery, or nose reshaping.

If you're considering a facelift, this brochure will give you a basic understanding of the procedure when it can help, how it's performed, and what results you can expect. It can't answer all of your questions, since a lot depends on the individual patient and the surgeon. Please ask your surgeon about anything you don't understand.

THE BEST CANDIDATES FOR A FACELIFT

The best candidate for a facelift is a man or woman whose face and neck have begun to sag, but whose skin still has some elasticity and whose bone structure is strong and well defined. Most patients are in their forties to sixties, but facelifts can be done successfully on people in their seventies or eighties as well.

A facelift can make you look younger and fresher, and it may enhance your self-confidence in the process. But it can't give you a totally different look, nor can it restore the health and vitality of your youth. Before you decide to have surgery, think carefully about your expectations and discuss them with your surgeon.

ALL SURGERY CARRIES SOME UNCERTAINTY AND RISK

When a facelift is performed by a qualified plastic surgeon, complications are infrequent and usually minor. Still, individuals vary greatly in their anatomy, their physical reactions, and their healing abilities, and the outcome is never completely predictable.

Complications that can occur include hematoma (a collection of blood under the skin that must be removed by the surgeon), injury to the nerves that control facial muscles (usually temporary), infection, and reactions to the anesthesia. Poor healing of the skin is most likely to affect smokers. You can reduce your risks by closely following your surgeon's advice both before and after surgery.

PLANNING YOUR SURGERY

Facelifts are very individualized procedures. In your initial consultation the surgeon will evaluate your face, including the skin and underlying bone, and discuss your goals for the surgery.

Your surgeon should check for medical conditions that could cause problems during or after surgery, such as uncontrolled high blood pressure, blood clotting problems, or the tendency to form excessive scars. Be sure to tell your surgeon if you smoke or are taking any drugs or medications, especially aspirin or other drugs that affect clotting.

If you decide to have a facelift, your surgeon will explain the techniques and anesthesia he or she will use, the type of facility where the surgery will be performed, and the risks and costs involved. Don't hesitate to ask your doctor any questions you may have, especially those regarding your expectations and concerns about the results.

PREPARING FOR YOUR SURGERY

Your surgeon will give you specific instructions on how to prepare for surgery, including guidelines on eating and drinking, smoking, and taking or avoiding certain vitamins and medications. Carefully following these instructions will help your surgery go more smoothly. If you smoke, it's especially important to stop at least 4 weeks before and after surgery; smoking inhibits blood flow to the skin, and can interfere with the healing of your incision areas.

If your hair is very short, you might want to let it grow out before surgery, so that it's long enough to hide the scars while they heal. Whether your facelift is being done on an outpatient or inpatient basis, you should arrange for someone to drive you home after your surgery, and to help you out for a day or two if needed.

WHERE YOUR SURGERY WILL BE PERFORMED

A facelift may be performed in a surgeon's office-based facility, an outpatient surgery center, or a hospital. It's usually done on an outpatient basis, but some surgeons may hospitalize patients for a day when using general anesthesia. Certain conditions such as diabetes or high blood pressure should be monitored after surgery, and may also require a short inpatient stay.

TYPES OF ANESTHESIA

Most facelifts are performed under local anesthesia, combined with a sedative to make you drowsy. You'll be awake but relaxed, and your face will be insensitive to pain. (However, you may feel some tugging or occasional discomfort.) Some surgeons prefer a general anesthesia. In that case, you'll sleep through the operation.

THE SURGERY

A facelift usually takes several hours-or somewhat longer if you're having more than one procedure done. For extensive procedures, some surgeons may schedule two separate sessions. Every surgeon approaches the procedure in his or her own way. Some complete one side of the face at a time, and others move back and forth between the sides. The exact placement of incisions and the sequence of events depend on your facial structure and your surgeon's technique. Incisions usually begin above the hairline at the temples, extend in a natural line in front of the ear (or just inside the cartilage at the front of the ear), and continue behind the earlobe to the lower scalp. If the neck needs work, a small incision may also be made under the chin.

In general, the surgeon separates the skin from the fat and muscle below. Fat may be trimmed or suctioned from around the neck and chin to improve the contour. The surgeon then tightens the underlying muscle and membrane, pulls the skin back, and removes the excess. Stitches secure the layers of tissue and close the incisions; metal clips may be used on the scalp.

Following surgery, a small, thin tube may be temporarily placed under the skin behind your ear to drain any blood that might collect there. The surgeon may also wrap your head loosely in bandages to minimize bruising and swelling.

AFTER YOUR SURGERY

There isn't usually significant discomfort after surgery; if there is, it can be lessened with the pain medication prescribed by your surgeon. (Severe or persistent pain or a sudden swelling of your face should be reported to your surgeon immediately.) Some numbness of the skin is quite normal; it will disappear in a few weeks or months.

Your doctor may tell you to keep your head elevated and as still as possible for a couple of days after surgery, to keep the swelling down. If you've had a drainage tube inserted, it will be removed one or two days after surgery. Bandages, when used, are usually removed after one to five days. Don't be surprised at the pale, bruised, and puffy face you see. Just keep in mind that in a few weeks you'll be looking normal.

Most of your stitches will be removed after about five days. Your scalp may take longer to heal, and the stitches or metal clips in your hairline could be left in a few days longer.

GETTING BACK TO NORMAL

You should be up and about in a day or two, but plan on taking it easy for the first week after surgery. Be especially gentle with your face and hair, since your skin will be both tender and numb, and may not respond normally at first.

Your surgeon will give more specific guidelines for gradually resuming your normal activities. They're likely to include these suggestions: Avoid strenuous activity, including sex and heavy housework, for at least two weeks (walking and mild stretching are fine); avoid alcohol, steam baths, and saunas for several months. Above all, get plenty of rest and allow your body to spend its energy on healing.

At the beginning, your face may look and feel rather strange. Your features may be distorted from the swelling, your facial movements may be slightly stiff and you'll probably be self-conscious about your scars. Some bruising may persist for two or three weeks, and you may tire easily. It's not surprising that some patients are disappointed and depressed at first.

By the third week, you'll look and feel much better. Most patients are back at work about ten days to two weeks after surgery. If you need it, special camouflage makeup can mask most bruising that remains.

YOUR NEW LOOK

The chances are excellent that you'll be happy with your facelift-especially if you realize that the results may not be immediately apparent. Even after the swelling and bruises are gone, the hair around your temples may be thin and your skin may feel dry and rough for several months. Men may find they have to shave in new places-behind the neck and ears-where areas of beard-growing skin have been repositioned.

You'll have some scars from your facelift, but they're usually hidden by your hair or in the natural creases of your face and ears. In any case, they'll fade within time and should be scarcely visible.

Having a facelift doesn't stop the clock. Your face will continue to age with time, and you may want to repeat the procedure one or more times-perhaps five or ten years down the line. But in another sense, the effects of even one facelift are lasting; years later, you'll continue to look better than if you'd never had a facelift at all.

INFORMED-CONSENT-FACELIFT SURGERY

Instructions

This is an informed –consent document that has been prepared to help inform you about facelift surgery, its risks, and alternative treatments.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by

Dr. _____.

INTRODUCTION

Facelift, or rhytidectomy, is a surgical procedure to improve visible signs of aging on the face and neck. As individuals age, the skin and muscles of the face region begin to lose tone. The facelift cannot stop the process of aging. It can improve the most visible signs of aging by tightening deeper structures, redraping the skin of face and neck, and removing selected areas of fat. A facelift can be performed alone, or in conjunction with other procedures, such as a browlift, liposuction, eyelid surgery, or nasal surgery.

Alternative treatment

Alternative forms of management consist of not treating the laxness in the face and neck region with a facelift (rhytidectomy). Improvement of skin laxity, skin wrinkles and fatty deposits may be attempted by other treatments or surgery such as chemical peels or liposuction. Risks and potential complications are associated with alternative forms of treatment.

Risks of Facelift (Rhytidectomy)

Every surgical procedure involves a certain amount of risks and it is important that you understand the risks involve with facelift (rhytidectomy). 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 your plastic surgeon to make sure you understand the risks, potential complications, and consequences of facelifts (rhytidectomy).

Bleeding – It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood (hematoma). Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may increase the risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. Hypertension (high blood pressure) that is not under good medical control may cause bleeding during or after surgery. Accumulation of blood under the skin may delay healing and cause scarring.

Infection – Infection is unusual after this type of surgery. Should an infection occur, additional treatment including antibiotics or surgery may be necessary.

Skin Scarring – Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different color than the surrounding skin. There is the possibility of visible marks from sutures. Additional treatments may be needed to treat scarring.

Damage to deeper structures – Deeper structures such as blood vessels, muscles, and particularly nerves may be damaged during the course of surgery. The potential for this to occur varies with the type of facelift procedure performed. Injury to deeper structures may be temporary or permanent.

Asymmetry – The human face is normally symmetrical. There can be a variation from one side to the other in the results obtained from a facelift procedure.

Surgical anesthesia – Both local and general anesthesia involve risks. There is the possibility of complications, injury and even death from all of surgical anesthesia or sedation.

Nerve Injury – Motor and sensory nerves may be injured during facelift operation. Weakness or loss of facial movements may occur after facelift surgery. Nerve injuries may cause temporary or permanent loss of facial movements and feeling. Such injuries may improve over time. Injury to sensory nerves of the face, neck and ear regions may cause temporary or more rarely permanent numbness. Painful nerve scarring is very rare.

Chronic Pain – chronic pain is very rare complication after facelift.

Skin disorders/skin cancer – A facelift is a surgical procedure for the tightening of skin and deeper structures of the face. Skin disorders and skin cancer may occur independently of a facelift.

Unsatisfactory result – There is the possibility of a poor result from the facelift surgery. This would include risks such as unacceptable visible deformities, loss of facial movement, wound disruption, and loss of sensation. You may be disappointed with the results of surgery. Infrequently, it is necessary to perform additional surgery to improve your results.

Allergic reactions – In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions that are more serious may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

Hair loss – Hair loss may occur in areas of the face where the skin was elevated during surgery. The occurrence of this is not predictable.

Delayed healing – Wound disruption or delayed wound healing is possible. Some areas of the face may not heal normally or may take a long time to heal. Areas of skin may die. Frequent dressing changes or further surgery may be required to remove the non-healed tissue.

SMOKERS HAVE A GREATER RISKS OF SKIN LOSS AND WOUND HEALING COMPLICATIONS

Long-term effects – Subsequent alterations in facial appearance may occur as the result of aging, weight loss or gain, sun exposure, or other circumstances not related to facelift surgery. Facelift surgery does not arrest the aging process or produce permanent tightening of the face and neck. Future surgery or other treatments may be necessary to maintain the results of a facelift operation.

Additional surgery necessary - There are many variable conditions to risk and potential complications that may influence the long term result from facelift surgery. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with facelift surgery. Other complications and risks can occur but are even uncommon. Should complications occur, additional surgery or other treatments may be necessary. The practice of medicine and surgery is not an exact science. Although good results may be expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained.

Financial responsibilities – The cost of surgery involves several for the services provided. The fees are divided to the following: Dr. _____'s fee and hospital fee (operating room, & anesthesia) an over night stay at the hospital is an additional charge if patient decided to stay. Mammogram, lab test or x-ray will be an additional charge. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revisionary surgery would also be your responsibility.

Disclaimer – Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed consent process attempts to define principles of risks disclosure that should generally meet the need of most patients in most circumstances.

Informed-consent documents are not intended or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

IT IS VERY IMPORTANT THAT YOU READ THE ABOVE INFORMATION CAREFULLY AND HAVE ALL OF YOUR QUESTIONS ANSWERED BEFORE SIGNING THE CONSENT ON THE NEXT PAGE.

CONSENT FOR SURGERY/PROCEDURE OR TREATMENT

1. I hereby authorize Dr. _____ and such assistants as may be selected to perform the following procedure or treatment.

2. I have received the following information sheet:
INFORMED-CONSENT FOR FACELIFT (RHYTIDECTOMY)

3. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.

4. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.

5. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.

6. I consent to the photographing or televising of the operations or procedure to be performed.

7. For purposes of advancing medical education, I consent to the admittance of observes to the operating room.

8. I consent to the disposal of any tissue, medical devices or body parts which may be removed.

9. I authorize the release of personal information for legal reporting and medical-device registration if applicable.

10. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND;
 - a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
 - b. THERE MAU BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
 - c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

The following is to confirm that we have discussed with you the nature of your condition, the proposed treatment thereof, the prospects for success and the limited risks of potential side effects associated with such treatment/s. As per current medical knowledge any potential side effects resulting from our treatments are reversible and temporary in nature.

By signing this form, you confirm and consent to the following:

1. My medical condition and the proposed treatment have been explained to me. I have been advised that although good results are expected, the possibility and nature of complications cannot be accurately anticipated and therefore, there can be no guarantee, either expressed or implied as to the success or other result of treatment.

2. The potential side-effects of the treatment being idiosyncratic reactions (reactions specific to an individual), such as: bruising, temporary pain and itching, redness, infection, onset of herpes, onset of acne, burning and blistering, fat necrosis,

facial nerve affection, unsatisfactory cosmetic result, extrusion, swelling, transient skin discoloration, allergic reaction, and reversible brow or eyelid ptosis, have been explained to me.

3. I declare that while completing the medical questionnaire, I have answered the information related to my personal medical history questions completely and I have not withheld any information.

I have consulted with the physician or therapist (depending on the nature of treatment) who will be treating me and all my questions concerning the treatment have been answered to my satisfaction. I fully understand all of the above and thereafter, I consent to the proposed treatment/s

I CONSENT TO THE TREATMENT OR PROCEDURE AND ABOVE LISTED ITEMS (1-9). I RECEIVED, IN SUBSTANTIAL DETAIL, FURTHER EXPLANATION OF THE PROCEDURE OR TREATMENT, OTHER ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT AND INFORMATION ABOUT THE MATERIAL RISKS OF THE PROCEDURE OR TREATMENT.

Patient or Person Authorized to sign for Patient

Date

Witness

PRE-OPERATIVE INSTRUCTIONS

- **No eating or drinking after midnight (if surgery is in the afternoon, no eating or drinking minimum 8 hours before the surgery).**

No pain medications that contain aspirin (Tylenol or other brand that has no aspirin is the only pain medication you can take), no inflammatory drugs, no vitamin E etc. for 2 weeks before and after the surgery (check the list of medications on the next page).

If you are presently taking high blood pressure medication, you may take your medication the morning of surgery with as little water as possible. Please make sure that _____ is aware that you are taking medication.

No Alcoholic drinks 3 days before and after surgery.

NO SMOKING for a minimum of 4 weeks before and after surgery.

No exercise for 2 days before surgery. No exercise 4 weeks after surgery.

Do not wear make-up, including false eyelashes, lipstick, nail polish, and contact lenses on the day of your surgery.

Wear a loose button down shirt, loose pant and sandal (NO TIGHT CLOTHING PLEASE) cloths may get dirty so it is better to wear old clothing.

Take a bath and use antibiotic soaps the morning before surgery.

For tummy tuck and liposuction patients, DO NOT shave your pubic hair before the surgery.

Bring your prescriptions with you the day of your surgery.

Make sure that a responsible person will be with you to give you a ride home and be with you 24-48 hours after your surgery.

For female patients, make sure that you are not pregnant before the surgery. You may bring a scarf, sunglasses or other articles to cover your dressings when leaving the office.

It is best not to have a permanent or hair coloring within 7 days prior to surgery. Be punctual. If you are delayed, please call the hospital or the office.

Be assured that we will do everything within our power to make your surgical experience as convenient and comfortable as possible.

Thank you for your confidence in us.

PAYMENT POLICY

Surgeon's fee has to be paid in cash 1 week before surgery. Cashier's check or Bank check is acceptable.

Patient is responsible to pay hospital fee the day before surgery.

CANCELLATION/ REFUND POLICY:

20% of the total Amount is NOT REFUNDABLE if you decided to cancel the surgery after the day of your pre-operative visit.

I have read and I understand the payment and cancellation policy.

Patients Signature

Date

PLEASE READ CAREFULLY

DO NOT take any medication containing aspirin or acetylsalicylic acid, which is aspirin, minimum of 7 days before surgery. To be safe, check medicine labels for ingredients. When in doubt, please feel free to call our office. If needed Tylenol can be substituted for aspirin.

The following is a list of common medications containing aspirin:

A.P.C. Tabs

DeWitt's Pills

Norgesic

Advil

Nuprin
Alka Seltzer Plus
Anacin
Ascriptin
Aspergum
BC Powder
Bayer
Bufferin
Butal compound
Cama Arthritis
Comprazil Tabs
Contact
Cope
Coricidin tabs
Darvon
Dasin

Doan's Pills

Dristan
Ecotrin
Empirin
Equigesic
Emprazil
Flogesic
Florinal
Ibufrophen
Isollye
Measuring Tabs
Midol
Momentum
Motrin
Nervine

pepto-Bismol
Persiten
Percodan
Rhinex
Robaxisal Tabs
Salicylsallycylic
Sinulin
Soma compound
St. Joseph Aspirin
Supoac
Synalgas
Triaminicin Tabs
Ursinus
Vanquish
Zorpin

POST-OPERATIVE INSTRUCTIONS- FACE LIFTS

General Information

- Do not drive a car or operate machinery for 24-48 hours.
- Do not consume any alcohol for at least 10-14 days after your procedure.
- **Do not use tranquilizers, sleeping medications, or any nonprescribed medications unless approved by your physician. Avoid for 14 days any type of Nsaids(non-steroidal anti-inflammatory drugs) i.e., Advil, Ibuprofen, Aleve, Naprosyn, Etc.**
- **No Aspirin for 14 days.**
- Do not smoke for a minimum 4 6 weeks.
- Avoid sun exposure for at least 4 weeks or longer post-operatively, and then use sun block if necessary.
- Please have a responsible person with you for 24 hours.

Activity

- Rest for the remainder of the day.
- Exercise is to be eliminated for the first 3 weeks, then start light activity (walking, etc.).Moderate activity can be started in 3 weeks (stationary bike) and full activity may be resumed at four weeks post-operatively.
- Do not do any type of lifting for 1 week, after your surgery
- Keep you head higher than your heart, when tighing shoes, lift feet to avoid bending over.

Treatment

- Start ice packs for the forehead and eyes. You may soak a soft washcloth or gauze with ice water and place on eyes for 30 minutes every 2-3 hours Do this for the first 24-36 hours. Ice pack to the forehead may also be helpful.
- Sleeping with head elevated is recommended for the first 7 days, this helps prevent swelling. Place 3-4 pillows under the head neck and back to keep at a 45-degree angle.
- If you need to clean your lashes, cotton swab moistened with water or saline work well.
- Eye make up may be used after 2 weeks; contact lenses may be started again after 3 weeks.

Medications

- **Next dose of medications may be given:**

Pain medication _____ @ _____
 Antibiotics _____ @ _____
 Steroids _____ @ _____
 Other _____ @ _____

Diet

- Begin with clear liquids and progress to your normal diet if not nauseated.
- Avoid greasy and spicy foods.

Notify Physician or assistant @ _____

IF ANY OF THE FOLLOWING PERSIST:

- Chills fever (above 101 F degrees).
- Persistent nausea or vomiting.
- Persistent bleeding or swelling at operative site.
- Unable to urinate in 6-8 hours.
- Pain medication is not relieved by medication.
- If drains fill completely a 30 minutes time period.

Follow Up care

Next appointment is scheduled-----At-----office

