

Patient's Name: _____

Date of Surgery: _____

FACIAL IMPLANTS

Plastic surgeons use facial implants to improve and enhance facial contours. Frequently, these implants will help provide a more harmonious balance to your face and features so that you feel better about the way you look.

There are many implants available, manufactured from a variety of materials. They may help strengthen a jawline or bring the chin or cheekbones into balance with the rest of the face.

This brochure describes some of the facial implants currently available as well as the techniques for their use. It will familiarize you with these procedures but cannot provide all the details which may be relevant to your particular needs.

If you feel that one or more of the procedures described in this brochure may be of benefit, be sure to ask your plastic surgeon for more information.

WHAT TO EXPECT FROM A FACIAL IMPLANT

Facial implants can enhance your appearance and bolster your self esteem. If you are looking for improvement, not perfection, in your appearance and are realistic in your expectations, you may find that a facial implant is the right choice for you.

Plastic surgeons will frequently use such implants to bring better balance to the features of a younger patient. For instance, a teenage girl may want her nose reshaped or her chin brought forward so that these traits are better proportioned. The more mature patient may choose to have an implant placed in conjunction with another cosmetic procedure. For example, during a facelift, a patient may wish to have implants placed over the cheekbones to help restore a more youthful appearance. Implants may also be selected to fill out a face that appears "sunken" or tired.

ALL SURGERY CARRIES SOME UNCERTAINTY AND RISK

Facial implants can produce some remarkable changes. Problems rarely occur, but you need to be informed about such possibilities. This brochure will touch upon a few, but is not intended to provide a detailed or complete inventory of potential risks.

A facial implant can shift slightly out of alignment and a second operation may be necessary to replace it in its proper position. Infection can occur with any operation. If infection were to occur around a facial implant and did not clear up after treatment with antibiotics, the implant might have to be temporarily removed and replaced at a later time. Other, less-frequent risks may be associated with certain implants. Be sure to ask your plastic surgeon for a description of the risks associated with the procedure in which you are interested.

Some of the implant materials are made of a solid silicone. Currently, there is no scientific evidence that this is a harmful substance. Your plastic surgeon will be happy to discuss any current scientific findings concerning the type of implant you're considering.

PLANNING YOUR SURGERY

When you discuss your surgery with your plastic surgeon, be certain that you clearly express your expectations. Your plastic surgeon will help you determine what it is possible to achieve. It may be helpful to provide your surgeon with photos of people who have facial features similar to those you would like to have.

Be sure you understand the details of the proposed surgery, including the cost and what to expect during your recovery.

If the surgery will entail an incision inside your mouth, it is important that you inform your physician if you smoke or if you have any dental or gum problems. Your plastic surgeon will advise you on these matters.

In preparing for your surgery, be sure to find out if you'll be able to drive home afterward or will require transportation. You should also ask if you'll need to refrain from eating or drinking the night before your surgery, and if you should stop taking any medications, including aspirin and similar drugs. You may be instructed to take oral antibiotics both before and after the procedure to help guard against infection.

Your plastic surgeon will provide information about these important matters during your pre-operative consultation.

WHERE YOUR SURGERY WILL BE PERFORMED

Your operation may take place in an office-based facility, a freestanding surgical center or a hospital outpatient facility. Sometimes, your plastic surgeon may require that you stay overnight. Your doctor will make such a recommendation based on your overall medical condition and whether another cosmetic procedure was performed simultaneously with the facial implant surgery.

TYPES OF ANESTHESIA

In some cases, facial implant surgery may require only local anesthesia combined with a sedative. However, more frequently, a general anesthesia may be recommended.

CHIN SURGERY

Insertion of a chin implant may take anywhere from 30 minutes to an hour. During the procedure, the surgeon selects the proper size and shape implant to enhance your appearance and inserts it into a pocket over the front of the jawbone. The small incision to create the pocket and insert the implant is placed inside the mouth (along the lower lip) or in the skin just under the chin area.

Usually, the chin is taped after surgery to minimize swelling and discomfort. Sutures in the skin will be removed in five to seven days. If an intra-oral incision is used, the sutures will dissolve.

RECOVERING FROM CHIN SURGERY

You will experience some discomfort and swelling in the affected area for several days. It's normal to experience some temporary difficulty with smiling and talking. Black and blue marks may be visible around the chin and neck. Your plastic surgeon will instruct you about dental hygiene, eating and any restrictions to your activities after surgery.

CHEEK SURGERY

Cheek implant surgery usually takes about 30 to 45 minutes. When cheek implants are being placed in conjunction with another cosmetic procedure, such as a facelift, forehead lift or eyelid surgery, the implants may be inserted through the incisions made for those procedures. Otherwise, an incision will be made either inside your upper lip or your lower eyelid. A pocket is then formed and an implant is inserted.

After surgery, a dressing will be applied to minimize discomfort and swelling. The severity and duration of such side effects may vary, especially if another cosmetic procedure was performed at the same time.

RECOVERING FROM CHEEK SURGERY

Your plastic surgeon will provide you with instructions about post-operative care. There will be dietary restrictions as well as limitations to your activities. Again, these instructions will vary, especially if another procedure was performed along with your implant surgery. However, you should be aware that your ability to move your mouth and lips may be diminished temporarily. Stitches used to close the incisions inside your mouth usually dissolve within about 10 days.

LOWER-JAW SURGERY

Insertion of a jaw implant usually takes about one to two hours. Internal incisions are made on either side of the lower lip to provide access for creating a pocket into which the lower-jaw implant can be inserted. Dissolving sutures are used to close the incisions.

RECOVERING FROM JAW SURGERY

Swelling is sometimes significant immediately following surgery, usually peaking 24 to 48 hours afterward. Although most of the significant swelling will subside over a period of several days, prolonged mild swelling may prevent your final facial contour from becoming apparent for several months.

During the healing phase, your activities and diet will be restricted. Your ability to smile, talk or move your mouth in any way may be limited for several days to weeks following surgery. Your plastic surgeon will instruct you about dental and oral hygiene during your recovery.

GETTING BACK TO NORMAL

Remember, with any facial surgery, you may feel and look better in a short period of time. However, it may not be advisable to participate in certain activities -- especially activity that may result in the face being jarred or bumped -- for several weeks. It's best to check with your plastic surgeon about such matters.

YOUR NEW LOOK

You may not be able to accurately evaluate your appearance for weeks, or perhaps even months. Give yourself plenty of time to get used to your new look.

You may be surprised to find that most people won't recognize that you've had facial implant surgery -- only that you look better.

I have read and I understand all the options available, and the limitations of surgery. I am aware of all the possible risks and complications of the proposed procedure and they have been explained to me in detail.

Patient's Signature

Witness

Date

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.

Facial implants

I have received the following information sheet:

2. 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.
3. 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.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
5. I consent to the photographing or televising of the operations or procedure to be performed.
6. For purposes of advancing medical education, I consent to the admittance of observes to the operating room.
7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
8. I authorize the release of personal information for legal reporting and medical-device registration if applicable.
9. 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