



## Patient consent form for facelift and necklift surgery Part 2 of 3

This is an 'informed consent document'. It explains the risks of and alternatives to facelifts and necklifts. **It is important that you read this information carefully and completely. Please initial each page** to show that you have read it. Also, sign the consent form at the end of this part 2 for the surgery you have agreed to. For more information on the surgery, see part 1. For information on care after a facelift and necklift, please see part 3.

### What is facelift and necklift surgery?

A facelift is an operation to lift and tighten your face, and a necklift lifts and tightens your neck, to make you look younger.

### What is the alternative treatment?

Facelifts and necklifts are the most effective ways of tightening the skin of your face and neck. They do not get rid of wrinkles around your eyes, forehead and mouth. Other treatments such as Botox injections can help with this.

Facelifts and necklifts do not change the texture and look of your skin, though treatments such as laser resurfacing (where a laser is used to burn the surface of your skin in a controlled way) or chemical peels (where a chemical is applied to peel off the surface of the skin) may help with this.

Sometimes, fat grafting or lipofilling (where fat removed by liposuction from another part of the body, such as the hips or thighs, is injected into the face) can be performed instead of or as well as facelift, to make your face and skin look younger.

Sometimes sagging eyebrows can be the main problem. In this case, a browlift, either on its own or with a facelift or necklift, may help to tighten the skin on your face.

### What are the main risks and complications of facelifts and necklifts?

As with all operations, there are risks involved in having a facelift or necklift. Although the risks are unlikely, it is important to weigh them up against the potential benefit of the surgery. Discuss each of them with your plastic surgeon to make sure you understand the potential complications and consequences.

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## **Complications associated with the surgery**

- **Scars**

There will be scars from the surgery, but most of these will be hidden in the hairline. The scars will usually be red at first, then purple, and then fade to become paler over 12 to 18 months. Occasionally, scars may become wider, thicker, red or painful, and you may need to have surgery to correct them. If the scars stretch, they can create a bald strip of hair in the hairline, but this is not normally obvious.

- **Bleeding**

Heavy bleeding is unusual but possible, and you may need a blood transfusion or another operation (or both) to stop the bleeding. Any bleeding usually happens immediately after, or soon after, surgery.

Small areas of bleeding can cause irregularities in your skin, which usually settle in the months after the operation.

Before the surgery your surgeon will discuss any medicines that increase your risk of bleeding, and it is important to control high blood pressure.

Men are twice as likely to experience heavy bleeding.

- **Healing problems**

The edges of the wounds can come apart, particularly at the ends of the scar. Usually this problem is solved by dressing the wounds, but you may need further surgery to remove the tissue that hasn't healed properly. Smokers are far more likely to have healing problems.

- **Loss of blood supply to skin**

Some areas of skin may die (called necrosis) if the blood supply has been lost during surgery. This may mean that you need another operation, and this can affect the final result. There may be lumpiness or an uneven surface in an area affected by necrosis. Smokers are more likely to lose the blood supply to the skin during surgery. This risk is also more likely if the operation involves separating a lot of skin from the tissue beneath it.

- **Change of the colour of skin**

After the surgery, most patients will get some change in the colour of their skin where the operation was performed. This can usually be covered with make-up.

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- **Infection**

If you get an infection of the wound you may need antibiotics or another operation. This can affect the final result of the surgery.

- **Extrusion**

This is where deep stitches poke out through the skin. These can easily be removed.

- **Swelling, bruising and pain**

There will be some swelling and bruising of the face after the operation, and this can take weeks to settle. There may be long-term pain, but this is uncommon.

- **Asymmetry**

This is where the sides of the face and neck are not symmetrical. Minor areas of unevenness are common and usually settle with time. Sometimes the scars can change the appearance of the earlobe or the cartilage in front of the ear (the tragus), but these problems can usually be adjusted with a procedure under local anaesthetic.

- **Increased or reduced sensation**

After the surgery, most patients will get some alteration in the sensation in their face and neck, most commonly numbness near the scar. In rare cases, the change in sensation may be permanent.

- **Damage to deeper structures**

Although rare, the surgery can damage deeper structures, including nerves, blood vessels, muscles and structures in the neck.

The facial nerve controls the normal movements of the muscles in your face. If part of the nerve is damaged, there can be weakened movement of the eyebrow and lip. This damage may be temporary or permanent.

- **Unsatisfactory result**

Sometimes, patients are not satisfied with the result of their facelift or necklift. This may be to do with the look or feel of the face or neck, or the shape not meeting expectations. It is very important that you talk to your surgeon, before you have the surgery, about the appearance and shape you want, and whether this can be safely achieved with a good outcome.

Although facelifts and necklifts are usually successful and can produce dramatic results, a facelift cannot make you look 18 again, and you should be aware of the limitations before you agree to have surgery.

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- **Change over time**

The appearance of the face and neck will change as a result of ageing or other circumstances not related to your surgery, such as putting on or losing weight. You may need further surgery or other treatments to maintain the results of the facelift or necklift.

- **Allergic reaction**

Rarely, allergic reactions to tape, stitches or solutions have been reported. If you have an allergic reaction you may need extra treatment.

**Risks of anaesthetic**

- **Allergic reactions**

You could have an allergic reaction to the anaesthetic.

- **Chest infection**

There is a small risk of chest infection. The risk is higher if you smoke.

- **Blood clots**

Blood clots can form in the leg (called a deep vein thrombosis or 'DVT'). These cause pain and swelling and need to be treated with blood-thinning medication. In rare cases, part of the clot breaks off and goes to the lungs (called a pulmonary embolus or 'PE'). The risk of this is higher if you smoke, are overweight or are taking the contraceptive pill.

- **Heart attack or stroke**

A heart attack or stroke could be caused by the strain surgery places on your heart. You will be assessed for the risk of this before your surgery.

- **Death**

As with all surgery, it is possible to die as a result of the operation.

**Further risks specific to you or the procedure**

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**It is important that you have all of your questions answered before signing the consent form on the next page.**

**You can change your mind at any time, even after you have signed the consent form.**

**Disclaimer**

This document is designed to give you useful information. It is not advice on your specific needs and circumstances. It does not replace the need for you to have a thorough consultation, so you should get advice from a suitably qualified medical practitioner. We – The BAAPS and BAPRAS – have no liability for any decision you make about the surgery you decide to have.

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### **Patient consent form – facelift surgery**

(Affix identification label here)

Name:

Address:

Date of birth:

Hospital number:

NHS number:

Sex:        Male                   Female

Side of procedure:    Left side         Right side         Both sides

Further procedures that may become necessary:

Necklift          
Other        .....

Type of anaesthetic to be used:  
General     Regional     Local     Sedation only

Consultant's name:

Has the procedure, alternative procedures and treatments and all associated risks (as well as any risks of not having this procedure) been explained to you?    Yes     No

Have you been able to ask questions and raise concerns with the doctor?    Yes     No

Have any questions you had been answered to your satisfaction?    Yes     No

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Do you understand the risks of the procedure and those specific to you (including scars, bleeding, healing problems, loss of blood supply to the skin, change in skin colour, infection, extrusion of sutures, swelling, pain, asymmetry, change in sensation, damage to other structures, unsatisfactory result, change over time, the need for a future procedure)? Yes  No

Do you understand the risks of the anaesthetic and those specific to you (including allergic reaction, chest infection, DVT, PE, heart attack, stroke, death)? Yes  No

Do you agree to the following?

- Receiving a blood transfusion, if necessary, during or after the procedure Yes  No
- Tissue taken from you being used for research Yes  No
- Photos being taken for diagnosis and treatment Yes  No
- Anonymous photos being used for teaching Yes  No
- Medical students being in the operating theatre for the purposes of learning Yes  No

**Do you want to go ahead with the procedure?** Yes  No

Patient's signature:..... Date:.....

Patient's name (in block capitals):.....

**Surgeon**

Sign below to confirm that you have explained the information in this document to the patient and you believe that they understand it.

Doctor's signature:..... Date:.....

Doctor's name (in block capitals):.....

Phone number:.....

Job title:.....

**Anaesthetist**

Sign below to confirm that you have explained the information in this document to the patient and you believe that they understand it.

Anaesthetist's signature: ..... Date:.....

Anaesthetist's name (in block capitals):.....

Phone number:.....

Job title:.....

**Interpreter**

Sign below to confirm that you have explained the information in this document to the patient and you believe that they understand it.

Interpreter's signature:..... Date:.....

Interpreter's name (in block capitals):.....

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**Doctor's confirmation of consent** (to be signed on the day of surgery if this form was signed before then)  
Sign below to confirm that you have made sure that the patient has no further questions and that they would still  
like to go ahead with the procedure.

Doctor's signature:..... Date:.....

Doctor's name (in block capitals):.....

Phone number:.....

Job title:.....

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