Patient consent form for blepharoplasty surgery (eyelid reduction)

Part 2 of 3

This is an 'informed consent document'. It explains the risks of and alternatives to an eyelid reduction. **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 an eyelid reduction, please see part 3.

What is blepharoplasty surgery?

Blepharoplasty surgery, commonly known as an eyelid reduction, is an operation to reshape the eyelids in order to create a more youthful appearance or improve vision (or both).

What is the alternative treatment?

Sometimes, a sagging forehead and eyebrow can make the eyelid look like it is sagging. Your surgeon may recommend an eyebrow lift instead of, or at the same time as, an eyelid reduction.

Only wrinkles in the skin which is cut away by the surgery will be improved. Folds of skin extending on to the cheek will not normally be improved. If you have wrinkles and saggy skin elsewhere on your face and neck, it may be useful to have a facelift or necklift (or both) at the same time as the eyelid reduction. A facelift can be used to not only lift the eyebrow and the upper eyelid, but also to lift and open the outer corner of the eye.

Although an eyelid reduction is the best way to reduce sagging of the eyelid, a laser can sometimes be used to burn the surface of your skin in a controlled way. This is called laser resurfacing and it can be carried out at the same time as the eyelid reduction to improve any remaining wrinkles. After laser resurfacing, the skin heals to be softer and less wrinkled. This improvement is not permanent, and the procedure does not work well on dark skin. It has no effect at all on dark circles under the eye.

Botox (injections of the botulinum toxin) can also be used to smooth out fine wrinkles.

What are the main risks and complications of an eyelid reduction?

As with all operations, there are risks involved in having an eyelid reduction. Although the risks are unlikely, it is important to weigh them up against the potential benefit of the surgery. Discuss each of

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them with your plastic surgeon to make sure you understand the potential complications and consequences.

Complications associated with the surgery

- **Scars**
  There will be scars from the surgery. These 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.

- **Bleeding**
  Bleeding into the wound or the eye socket is unusual but possible, and you may need a blood transfusion or another operation (or both) to stop the bleeding.

  If there is bleeding into the eye socket, this is an emergency as increased pressure in the eye socket can cause permanent blindness. The risk of bleeding into the eye socket is higher if your surgeon needed to remove fat. It usually happens immediately after, or soon after, surgery.

  A build-up of clotted blood underneath the wound can delay healing or cause scarring, and you may need another operation to remove it.

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

- **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.

- **Swelling, bruising and pain**
  There will be some swelling and bruising around the eyes after the operation, and this can take weeks to settle. There may be long-term pain, but this is uncommon. The final result can take many months to appear, once the swelling has completely gone down.

- **Healing problems**
  Sometimes, wounds take longer than expected to heal. This problem is usually put right by dressing the wounds, but you may need an operation to remove the tissue that has not healed.

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Smokers are more likely to have healing problems.

Sometimes, tiny white cysts can appear along the stitch line. These are nothing to be concerned about and your practice nurse can pick them out with a needle.

If you tend to suffer from dry eyes or watering eyes, the surgery will temporarily make this worse. However, it should settle within six weeks.

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

- **Increased or reduced sensation**
  After the surgery, the skin near the scar can be more or less sensitive. In rare cases, the change in sensation may be permanent.

- **Asymmetry**
  This is where the eyes are not symmetrical. Almost everyone has a mild degree of asymmetry, and eyelid surgery may make you much more aware of this.

- **Eyelid position**
  For the first day or two after the surgery it is quite common for the eyelash line of the lower lid to be slightly pushed away from the eye due to swelling. This will usually settle on its own or with simple dressings, but you may need another operation.

  If too much skin is removed, it can cause your eyelid to be so tight that you cannot close it properly. This can lead to the surface of the eye getting dry. If this is severe, you may need a small skin graft.

- **Damage to deeper structures**
  Although rare, the surgery can damage deeper structures, including the eyes, nerves, blood vessels and muscles. This damage may be temporary or permanent. Blindness is an exceptionally rare complication. However, temporary changes in the film of moisture over the eyeball or pressure on the eye itself can affect your eyesight and may make you more aware of age-related deterioration in vision. Any temporary effect from the surgery will disappear within six months.

  Rarely, the surface of the eye can be scratched during the operation or by a stitch. If this happens

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you may need to use an antibiotic ointment for a few days.

If the operation involved removing fat from a lower eyelid, there can be damage to eye muscle within the fat, which can cause double vision. This may be permanent and you would need to have a second operation.

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

  A very small number of patients need another operation to get the result they want.

- **Change over time**
  The result of an eyelid reduction usually lasts for five to 10 years and can sometimes be permanent.

  The appearance of your eyelids will change as a result of ageing, sun exposure or other circumstances not related to your surgery. You may need more surgery or other treatments in the future to maintain the results of the eyelid reduction.

- **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

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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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The British Association of Aesthetic Plastic Surgeons

BAPRAS British Association of Plastic Reconstructive and Aesthetic Surgeons

Patient consent form – blepharoplasty (eyelid reduction)

(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:

……

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, infection, swelling, pain, healing problems, extrusion of stitches, increased or reduced sensation, asymmetry, eyelid position, 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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