BAAPS

FACELIFT SURGERY

PATIENT INFORMATION GUIDE AND CONSENT DOCUMENT

Mr Matt Erdmann

INFORMED CONSENT

As part of your decision-making process on your journey to having a cosmetic procedure you need to understand several things:

- What your treatment options are? (ie; alternative treatments and the implications of not having any treatment)
- What are the risks associated with the treatment you choose?
- What the costs are associated with the treatment?

The purpose of this document is to inform the discussion and/or recap that which you will have already discussed and to act as a basis for further discussions at your subsequent pre-operative review appointment.

This is so that you are made aware of the options you are given and taken the time to assess them and the associated risks.

You will be asked to read and complete the form at the end of the booklet confirming that you have done so and that you understand its contents. This information booklet addresses:

- how facelift surgery is performed
- alternatives to facelift surgery
- risks associated with facelift surgery
- specific health factors associated with poor or adverse outcomes

Please review this booklet thoroughly so that you can sign the confirmation of understanding on page 16 confirming that you have read and understood the booklet. If you have any questions or there are areas you do not understand please bring the booklet to your pre-operative consultation where your surgeon can explain them to you (following which you should be in a position to sign the form).

You will be asked to sign a consent form (on page 18 of this booklet) on or before the day of your actual surgery. The consent form will refer to this leaflet and the information contained in it.

FACELIFT SURGERY AND ALTERNATIVE TREATMENTS

The effects of ageing, sun damage or significant weight loss can result in loss of skin elasticity and structural changes in the face and neck.

The facial changes that are typically seen involve the deepening of the folds between the upper lip and cheek (the nasolabial folds), the development of lines between the chin and the lower lip (marionette lines), loss of jaw line definition (as a result of jowls), loss of volume from the cheek area and descent of the residual cheek volume. In the neck increased fat deposition can result in the development of a double chin or dewlap, the development of vertical bands running from the chin to the base of the neck as well as loss of the transition between the jawline and the neck. The net effect of these changes is often described by patients as sagging of the tissues of their face and neck.

Patients often report these changes have a negative effect on their levels of self-esteem and psychological wellbeing.

The aim of the surgery is to improve the position of the facial soft tissues by relocating them to a higher position and by tightening the skin to produce an improved facial shape.

A face and neck lift (also known as a rhytidectomy) is a surgical option used to treat and reduce the signs of ageing on the lower face, jaw line and upper portion of the neck). With ageing the skin and underlying musculature of the neck lose tone resulting in the appearance of loose skin, jowls and the deepening of skin folds (particularly at the junction between the upper lip and cheek and those at the corners of the mouth). Surgery cannot stop the ageing process (this is impossible) but can improve the appearance of the most obvious effects of ageing on the soft tissues. The procedure works by tightening the soft tissues of the lower face and neck and can be combined with other treatments (such as blepharoplasty or a brow lift).

Facelift surgery, as with all cosmetic surgery procedures aims to produce a psychological benefit for those undergoing surgery as well as improving the appearance of the face. As with any cosmetic procedure it is important to have realistic expectations about the results.

HOW IS FACELIFT SURGERY PERFORMED?

There are multiple ways to undertake a facelift however all have the common basis of tightening the underlying soft tissues and excision of redundant skin.

Facelifts differ considerably in their extent of invasiveness and range from mini lifts which rely on sutures placed underneath the skin to tighten the structure of the face through to procedures which undermine and double breast the deep layers of tissues. Generally, the more manipulation there is of the deeper tissues the more significant a change that can be affected and the more durable the result. However, the more invasive a procedure is, the longer the recovery period and the higher the risk profile.

All facelifts (with the exception of a skin only facelift) rely on manipulation of a layer of tissue known as the SMAS (Superficial Musculo Aponeurotic System) which lies deep to the skin and the subcutaneous fat. In animals this layer is formed of muscle, however in humans this has evolved into a simple layer of connective tissue with the exception of the neck where it is still present as the platysma muscle. The SMAS layer is used to pull on the tissues of the face and produce changes in shape. The pull is exerted by cutting and repositioning the SMAS or by placing stitches (sutures) in it to fold and tighten it. In the neck efforts are directed at reducing the volume of fat, if excess is present, either by liposuction or direct excision and tightening the platysma either by pulling it backwards or by sewing it together in the mid-line to create a single sheet of muscle.

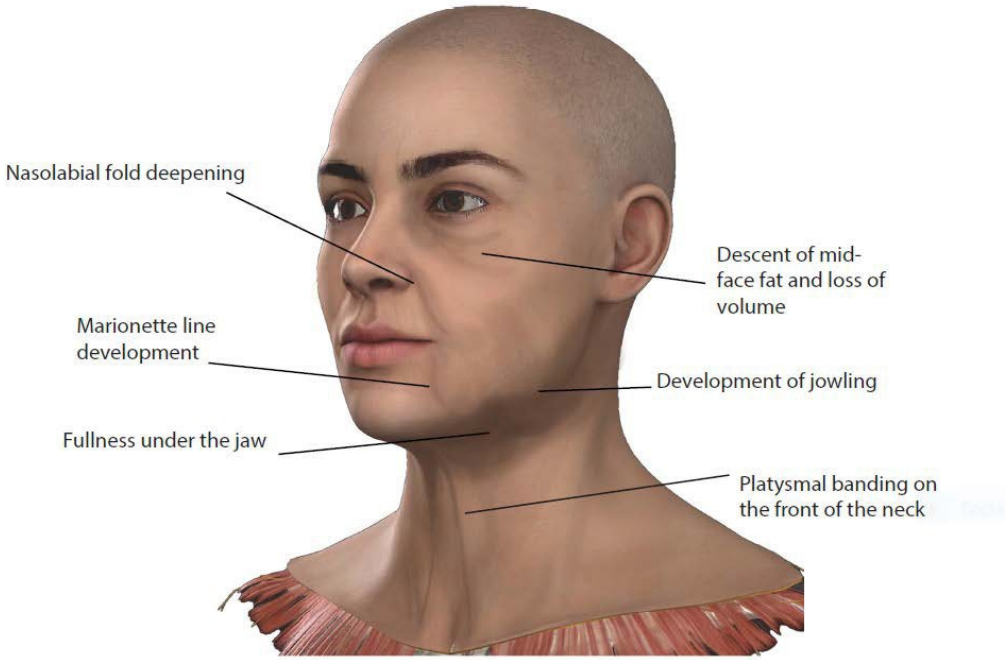


Illustration 1

Typical changes of facial appearance seen with ageing. Several factors contribute to the development of the typical features of ageing - weakening of the soft tissue support of the facial fat pads (allowing the pads to 'slip' down the face) which tend to drop down to the level of stronger ligaments running from the underlying bone to the skin, producing deepening of the nasolabial folds and marionette lines. These folds are exacerbated by loss of volume from the underlying bone of the jaws (deepening the folds). Loss of fat pad volume from around the eyes and temples produces a hollowed out appearance to these areas and makes the lower rim of the orbit visible. In the neck the platysma detaches from the underlying tissue and forms characteristic bands on either side of the neck.

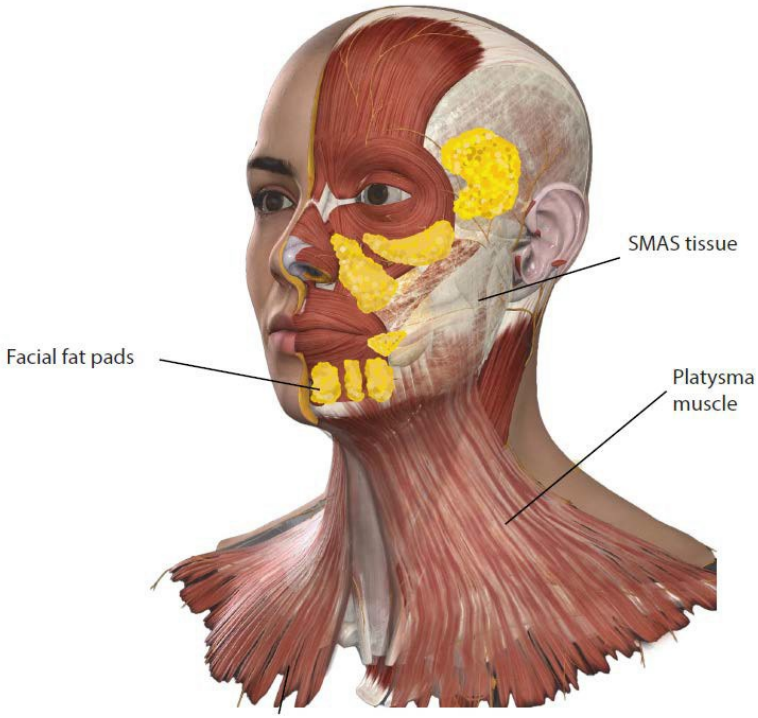
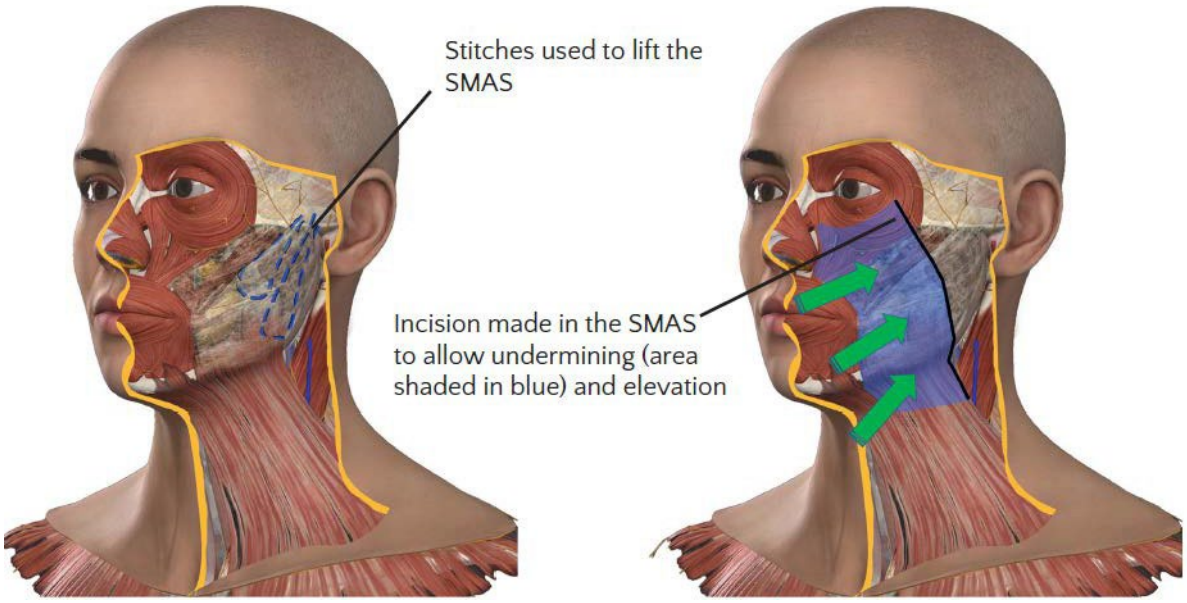


Illustration 2

The key tissues involved in facial ageing and face and neck lift surgery. The facial fat pads produce the volume and shape of the face especially in the cheek and area around the eyes. The platysma and SMAS tissue form a continuous sheet from the neck up to the level of the cheek bone, with the muscle of the platysma petering above the jaw line and becoming a sheet of connective tissue. All efforts to lift the soft tissues of the face and neck are directed at repositioning this layer to a more elevated position.

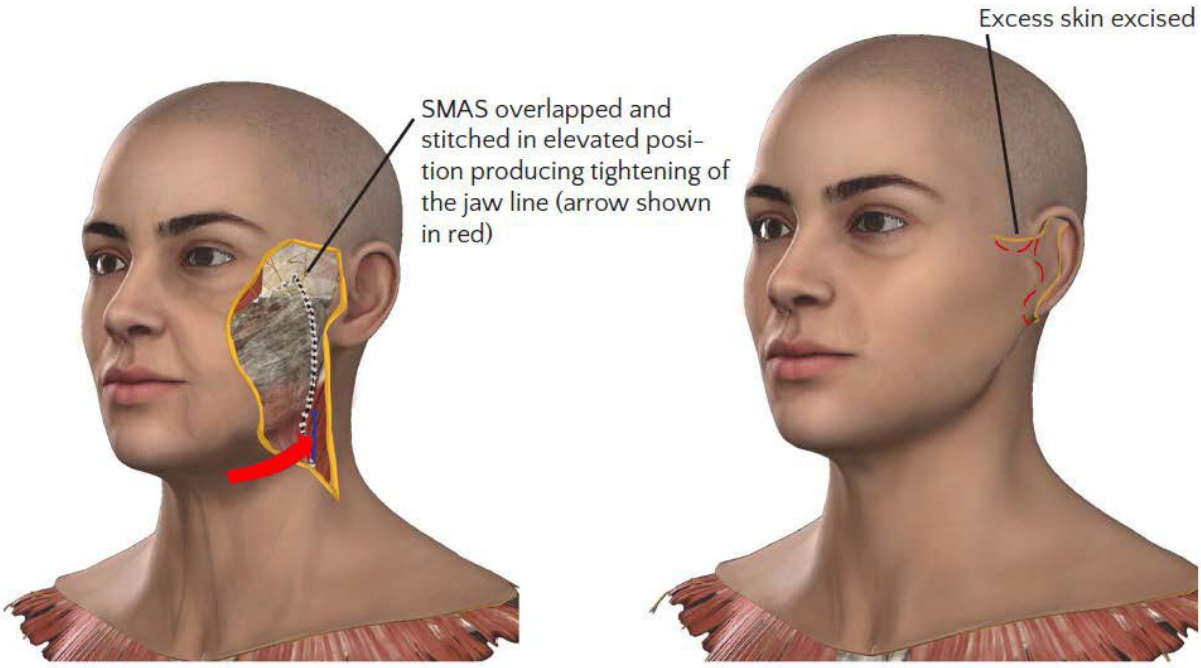


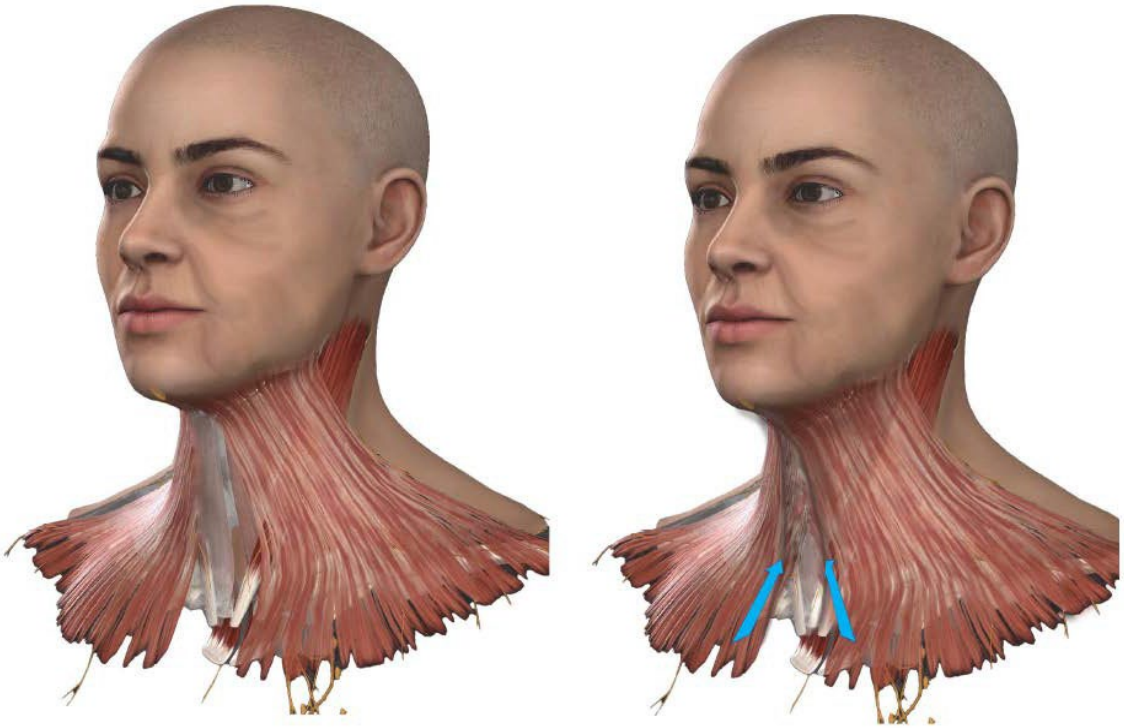
Example surgical techniques used in a face and neck lift surgery

Top left: Stitches can be used to reposition the SMAS layer and various patterns of stitch or suture can be performed in order to achieve this. The stitches are shown as the dashed blue line and the pattern shown is typical of a MACS (minimal access cranial suspension) lift. Stitches that are used to reposition the SMAS layer are known as plication sutures or stitches.

Top right and bottom left: An alternative way of repositioning the SMAS layer is to make a cut in the layer itself and excise (cut out) some of the SMAS tissue (known as a SMASectomy) sewing the two cut edges of the SMAS layer back together. An alternative to SMAS excision is to undermine or lift the tissue (shown in the top right images as the blue shaded area) and double breast it in a more elevated position. A typical example of double breasting of this mass tissue is shown in the bottom left image.

Bottom right: Typical incisions for a facelift are shown by the dashed red line (which usually extends upwards behind the ear). By tightening the underlying tissues, excess skin will be pushed both upwards and towards the ear - an example of the overlap of skin can be seen in the bottom right image. The excess skin is trimmed to fit the original incision and the wound is closed with stitches.

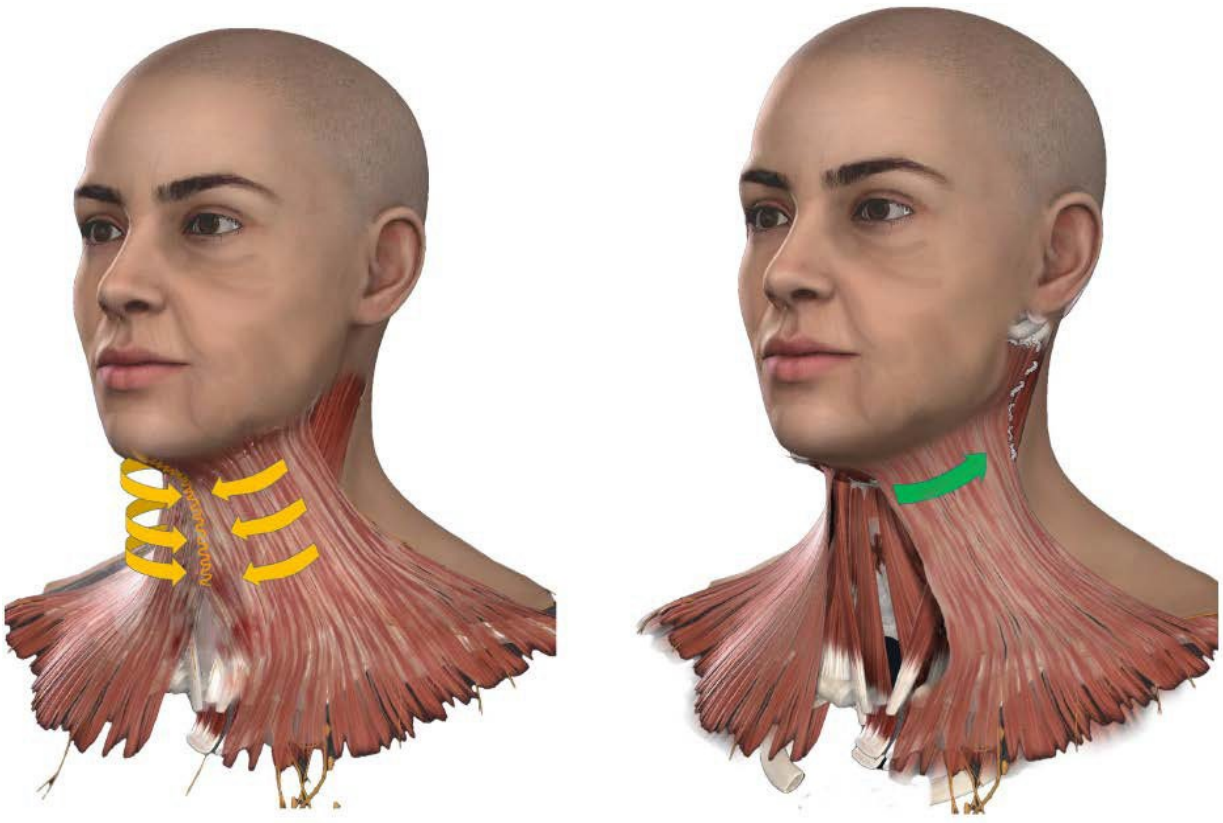




Example techniques used to correct platysmal bands

Top left and right: As the tissues of the neck age the platysma (see in its normal anatomic position) in the top left image) becomes detached from the underlying tissues (top right image). Because the muscle will always shorten if able to, this results in the free edge of the muscle 'bow stringing' from its fixed points of attachment on the chin and collar bone producing the characteristic necks bands seen with ageing.

Bottom left and right: Surgical treatment of platysmal bands can be done by either moving the muscles centrally and sewing the free edges together (creating a single sheet of muscle – bottom left image) or by pulling the muscle backward (bottom right image) and securing it in a more posterior position with stitches (shown as a white dashed line running from the ear lobe).



There are many ways to perform face and neck lift surgery. Your surgeon will discuss with you which technique they believe will work best in your case and with a view to accommodating or best meeting your own aims.

It is not usual for a surgeon to explain in detail every possible technique but if you wish to discuss that in further detail/obtain further information please ask your surgeon.

If there are particular goals you wish to achieve from the surgery then you need to make sure that you have discussed these with your surgeon so that they can discuss the options available to best address them.

ADDITIONAL FORMS OF TREATMENT

In certain circumstances an improvement in facial shape can be brought about by increasing the volume of the soft tissues of the face. This can be done by fat grafting (taking fat from another site on the body and injecting it into the facial tissues), the use of facial implants (made of silicone or another bio compatible material) or the use of fillers.

In certain circumstances barbed stitches can be used to produce a temporary lift to the soft tissues of the face and neck.

Liposuction can be performed to improve the contour of the neck and jawline in cases of mild fat excess.

Skin tightening can be produced by the use of energy transfer devices (such as laser or radio-frequency).

WILL THE RESULTS OF SURGERY BE PERMANENT?

It is important to appreciate that the results of any soft tissue surgery are determined by the amount and quality of scar tissue that is formed following the surgery (as this is what will hold the internal structures of the face and neck in place in the long term).

Although the internal stitches used in the surgery are responsible for maintaining the position of the tissues following the surgery in the short term, without the deposition of scar tissue (to act like glue), these would cheese wire through the tissues (much like heavy ear rings split an ear lobe over time) and the tissues would return to their original position.

Scar tissue formation varies from individual to individual and it is important to understand and appreciate therefore that the outcome of face and neck lift surgery (as with all soft tissue procedures) will vary from individual to individual and is not predictable.

In addition to appreciating the role of scar tissue formation in the results obtained from face and neck lift surgery it is important to understand the response of the skin to being placed under tension.

Initially when it is tightened the skin will lengthen in response to the tension placed on it (known as viscoelastic stretch or creep) and that if the skin is maintained under tension it will generate more skin to accommodate this (think of the abdominal skin's response to pregnancy).

This means that although the skin will be optimally repositioned at the time of surgery there is an inevitable process of slackening off that will occur even in the short term after the procedure.

Finally, it is important to realise that although the surgery aims to turn the hands of the clock back, it will not stop them ticking.

Because the soft tissues of the face are actively being lifted, the shape of your face will change. It is not possible to accurately predict before surgery what the shape of your face will be and some patients may feel that they no longer look like themselves. It is important that you consider this fact (and how you would feel about it should it occur) before undergoing surgery.

Having realistic expectations and an understanding of the healing processes behind the surgery is essential before undergoing face and neck lift surgery.

COMPICATIONS AND RISKS OF SURGERY

Anyone considering surgery should approach the decision with a healthy amount of respect and caution especially when the surgery is elective (or planned) and is non-essential surgery (as aesthetic or cosmetic surgery generally is).

All surgical procedures have limitations in terms of achievable outcome and it is important that your expectations match what is possible through surgery and that you are aware of the material risks and complications. Your surgeon will have discussed these risks and complications during your consultation. It is important that you take the time to read them prior to your next consultation.

GENERAL COMPLICATIONS/RISKS

Bleeding: It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may need draining surgically. If a collection of blood accumulates within the face or neck (a haematoma) this may need draining. The problems that can be encountered as a result of a haematoma in the face or neck include skin discolouration, skin necrosis (skin death caused mechanically due the pressure effect of the fluid collection or by the release of chemicals from the break down products of the blood clot). In extreme cases a collection of blood in the neck can put pressure on the airway necessitating emergency treatment.

Seroma: A seroma can be best thought of as a collection of fluid beneath the skin or within the tissue at a surgical site. If this occurs there is the possibility it will need to be drained with a needle, it may resolve itself or require an operation to drain it.

Infection: Infection is unusual after surgery. If there is a collection of fluid within the head and neck (a seroma or haematoma) these can become infected. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary.

Scarring: All surgery leaves scars, some more visible than others. 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 a different colour compared to the surrounding skin. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There is the possibility of visible marks in the skin from sutures. In some cases scars may require surgical revision or treatment. Scars can appear thick, red and raised all or part of the way along the incision line (a hypertrophic scar) or more rarely can involve tissues beyond the incision itself (and can resemble a badly healed burn), this is known as a keloid scar. Additionally, scars can tether to underlying structures or become abnormally pigmented. It is possible that additional treatments may be required for adverse scarring.

Delayed healing: Wound disruption or delayed wound healing is possible. Some areas of the treated region may not heal normally and may take a long time to heal. Areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue. Individuals who have decreased blood supply to tissue from past surgery or radiation therapy may be at increased risk for delayed wound healing and poor surgical outcome as many patients with conditions such as diabetes. Smokers have a greater risk of skin loss and wound healing complications.

Skin discoloration / swelling: Some bruising and swelling normally occurs following surgery. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent. Additionally, these areas may have exaggerated responses to hot or cold temperatures. Because of changes in the pattern of blood flow within the face and neck brought about by the surgery it is possible to develop new blood vessels which may be visible under the skin.

Sensory changes: With any form of surgery small nerve branches that supply the skin will be cut. This can lead to patches of numbness around the surgical site. It is possible that following surgery you can develop abnormal sensation in the area where you have had surgery and this may take the form of pins and needles (known as paraesthesia), hypersensitivity or even pain in response to normal touch (known as allodynia). Such problems may be related to nerves becoming entrapped within scar tissue and further surgery may help. It may be necessary to take medication to control any such symptoms on a permanent basis. Numbness following surgery is normal and usually resolves after 12 to 18 months. It is not unusual to experience shooting pains within the face and neck for up to a year following surgery (this is part of the healing process and represents nerve regrowth).

Suture extrusion: As well as stitches (sutures) in the skin, you will have deeper sutures to hold the SMAS tissues, platysma and other structures in place. These sutures are usually made from material which is broken down by the body – often called dissolving sutures. Some people can develop redness in an area of the incision that is fully healed (3 or more weeks following surgery) and it appears that pus comes out. This is the body's response to the stitch and the 'pus' represents the white blood cells trying to dissolve the suture (causing localized inflammation but without infection). Such areas are normally managed with simple dressings. It is possible to develop multiple suture extrusions at the same time or at different times during the healing process.

Allergic reactions: Local allergies to tape, suture material and glues, blood products, topical preparations or injected agents can cause skin reactions. Serious systemic reactions including shock (anaphylaxis) may occur to drugs used during surgery and prescription medications. Allergic reactions may require additional treatment and can result in severe illness or death. Often they result in minor irritation/discomfort and resolve reasonably quickly.

Deep vein thrombosis, cardiac and pulmonary complications: Any procedure requiring general anaesthesia increases the risk of the formation of blood clots in the legs. Such clots can dislodge and move to the lungs, causing shortness of breath and strain on the heart. Such clots can potentially be fatal. If you experience shortness of breath, chest pains or feel palpitations (abnormal heart beats) following your surgery it is important you seek medical advice immediately.

Blood transfusion: Blood loss during surgery may require treatment with a blood transfusion. It is possible for viral transmission to occur with such treatment (HIV, hepatitis and others). Having a blood transfusion can result in a transfusion reaction that can cause serious illness.

COMPLICATIONS SPECIFIC TO FACE AND NECK LIFT SURGERY

Skin necrosis: If the blood supply to the skin is insufficient following surgery (which can be for a variety of reasons) it can necrose (die). If this happens the skin will form an eschar (scab) which may need to be removed surgically. Dressings are likely to be required for a period and further surgery may be needed to correct adverse scars.

Fat necrosis: If the fat cells beneath the skin have inadequate blood supply or are traumatized by manipulation during the procedure that will result in the tissue dying. This can result in the formation of lumps beneath the skin which may be felt and, in some circumstances, seen. Discharge of liquid from the surgical incision is possible due to fat liquefaction. Additional surgery to remove areas of fat necrosis may be necessary. If an area of fat necrosis were to become infected it would require further treatment with antibiotics or surgery. There is the possibility of contour irregularities in the skin that may result from fat necrosis.

Skin contour irregularities: Contour and shape irregularities may occur after face and neck lift surgery. Visible wrinkling or puckering of the skin may occur and may require additional treatment if problematic. Any fluid collections that occur beneath the skin can also lead to contour irregularities and may require additional treatment.

Tightness and restricted movement: As part of the surgery the deeper tissues of the face and neck are tightened to produce a change in appearance. For some patients that can result in limitations of movement (such as ability to open the mouth fully, lift the chin up or turn the head to either side). Such limitations usually resolve within a few months of the surgery, but some patients may experience a persistent feeling of restriction.

Facial nerve injury: There is the potential for injury to the nerve (or branches of the nerve) that moves the muscles of the face. The ability to raise your eyebrows, close your eyes, smile or move the lips may be affected as a result of this. This can produce weakness of the affected muscles (and asymmetry of movement between sides of the face) or paralysis (resulting in complete loss of movement in the affected region). Any such deficit is likely to be temporary (resolving in a few weeks to months) but may be permanent.

Salivary gland leakage: The salivary glands may be modified as part of a face and neck lift procedure or may be unintentionally injured during the surgery. This can lead to leakage of saliva from the cut edge of the gland. This will result in a collection of saliva under the skin that may require repeated drainage (or some other form of intervention) until the leakage seals itself.

Hair loss and hairline changes: It is normal to lose hair follicles 1 to 2mm either side of a skin incision. Additionally, it is possible to lose hair in any region of skin that has been elevated (this is particularly relevant for male patients in the beard area). Such loss may be temporary or permanent. Because the skin is being lifted and the edges altered it is possible to get changes in the pattern of the hairline or location of hair bearing skin (such as the beard region being transposed onto the tragus of the ear in men).

You may need to define with y our surgeon which of these complications (if they occur) will be addressed without further cost to you. Any acute complication is likely to be dealt with and addressed at no cost to you, but you may wish to discuss this or clarify it with your surgeon.

ASYMMETRY OF THE FACE AND NECK

Everyone is different on the right-hand side of their face and neck compared to the left and pre-existing asymmetry between sides will influence the outcome of your surgery.

Particular areas of asymmetry frequently seen include:

Skin fold and wrinkle asymmetry: The muscles in the face will have different directions of pull and will produce different amounts of force. This will produce differences in the skin folds and wrinkle pattern seen between the sides of the face both before and after surgery.

Facial bone asymmetry: The size, length and shape of the facial bones are inherently asymmetric. This is particularly noticeable in the location of the orbits (eye sockets) and shape and size of either side of the lower jaw. Cheek bone prominence tends to vary between sides and affects the shape of the mid-face between the right and left side.

Volume asymmetry: The shape and contour of the face and neck may differ between sides following surgery.

Scar asymmetry: The shape, length and position of the scars between the right and left sides of the face may different.

Ear position: It is normal for the location of the ears to be different on either side of the head - this is not changeable and any difference between ear shape and position evident prior to surgery will be present following surgery.

SPECIFIC HEALTH FACTORS AFFECTING THE OUTCOME OF FACE AND NECK LIFT SURGERY

Body mass index: Research has shown that the higher your body mass index (BMI) the more likely you are to have a complication post-surgery. Achieving the healthiest BMI possible prior to surgery is always recommended.
https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/

Smoking: Smoking or vaping with a nicotine vape (or using a nicotine patch or gum) reduces blood flow to the tissues and results in poorer scarring, wound healing and is associated with a higher rate of complications in general. You are advised to stop smoking 6 weeks prior to surgery and to refrain from smoking thereafter.

Medications: Certain medications can interfere with wound healing and increase the likelihood of infections following surgery. It is important that you inform your surgeon of all the medications you are on.

Diabetes: Diabetes affects immune system function, as well as tissue perfusion (blood flow) and wound healing. You are at higher risk for developing complications following surgery if you suffer with diabetes.

ADDITIONAL CONSIDERATIONS RELATING TO FACE AND NECK LIFT SURGERY

Surgical plan: Although a pre-operative plan will have been discussed prior to the operation, there are multiple ways of undertaking an individual procedure. Each technique has been developed to achieve the same end result (though may result in differing scar patterns). It may sometimes be necessary to alter the initial plan discussed with you at the time of operation due to anatomic considerations that become apparent during the surgery. Your surgeon will discuss with you what may be subject to change or what these changes may be - this varies between different types of procedure.

Unsatisfactory result: Although good results are always aimed for, they cannot be guaranteed. You may be disappointed with the results of face and neck lift surgery. Asymmetry between sides of the face, loss of function, wound disruption, poor healing, and loss of sensation may occur after surgery. Unsatisfactory surgical scar location or visible deformities may occur. The long- t e r m results of the surgery are dependent on tissue quality and scar tissue formation (these factors cannot be controlled as part of the surgery). Insufficiency of these factors can result in early loss of tissue position and recurrence of skin sag.

Although the risks and complications occur infrequently, the above risks are particularly associated with face and neck lift surgery. In addition to the risks and complications outlined above there are others that can and do occur, though these are even more uncommon. The outcomes of surgery and medicine are influenced by many factors beyond the control of your surgeon and as such cannot be predicted.

FINANCIAL RESPONSIBILITIES RELATING TO HAVING SURGERY

What is likely to be covered if there is a problem? This will vary between hospitals and surgeon - you should check this with your provider before surgery.

Financial responsibilities: The cost of the surgery involves payment for multiple services provided. The sum includes fees charged by your surgeon, the consultant anaesthetist and hospital charges.

Certain procedures are undertaken with the expressed understanding that a second operation may be required at a second point in the future dependent on the recovery from the initial procedure. Such procedures are not included within the original fee and are acknowledged to be your responsibility.

The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require to revise, optimize, or complete your outcome.

Additional or revision surgery: If you have a complication following your procedure further surgery (or other interventions) may be necessary to obtain optimal results. An example of this may be a significant soft tissue infection (such as an abscess) that results in loss of tissue requiring revision surgery or reconstruction. Additional costs may occur should complications develop from your surgery – this will depend on the facility (hospital) where you have your surgery, and it is important you understand the hospital policy in relation to this before having the procedure.

STATEMENT OF CONFIRMATION

By signing this information and consent booklet relating to face and neck lift surgery, I acknowledge that I have been informed about its risks and consequences and accept responsibility for the decisions that have been made relating to my treatment along with the financial costs of any potential future treatments.

I confirm that I have read all the above information carefully and have had any questions that I have raised relating to face and neck lift surgery answered by this form and/or during the consultation with my surgeon.

I am aware that I will be asked again on the day of surgery to sign a consent form and by then will have read and considered all the above and have raised any questions that I wish addressed.

I understand that there is no guarantee of face or neck shape following surgery and that improvements that can be achieved are limited by the pre-existing anatomy.

I understand and accept also that the extent of any scarring is variable and cannot be predicted.

I understand that the pre-operative plan may need to be varied by intra-operative factors and I consent to such changes being made by the surgeon during the surgery if deemed necessary by them/ in my best interests and taking account of my previously discussed preferences.

I understand that following review of this leaflet or any referenced material within it I am fully able to contact my surgeon with any further questions I may have.

Specific goals or aims to be addressed by the surgery not covered above:

_____

PATIENT OR PERSON AUTHORISED TO SIGN FOR PATIENT (SIGN AND PRINT)

_____

DATE

CONSENT FOR SURGERY / PROCEDURE or TREATMENT

I hereby authorise _____ and their assistant(s) as selected to perform the following procedure:

FACE AND NECK LIFT SURGERY

I have been provided with the face and neck lift surgery booklet that accompanies this form at my initial consultation (date_____) and been given the opportunity to ask questions I may have had.

I recognise that during the course of the operation and medical treatment or anaesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorise the above doctor 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.

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

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

I consent to be photographed or televised before, during, and after the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures. YES / NO (please delete as appropriate)

For purposes of advancing medical education, I consent to the admittance of observers to the operating room. YES / NO

I consent to the disposal of any tissue, medical devices or body parts which may be removed. YES / NO

I consent to the utilisation of blood products should they be deemed necessary by my surgeon and/or his/her appointees, and I am aware that there are potential significant risks to my health with their utilisation. YES / NO

I authorise the release of my personal details to appropriate agencies for legal reporting and medical device registration, if applicable. YES / NO

I understand that the surgeons' fees are separate from the anaesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, I will likely be responsible for those additional costs.

I understand that unless expressly or otherwise agreed, not having the operation is an option.

THE FOLLOWING HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:

- THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
- THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
- THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS
I AM SATISFIED WITH THE EXPLANATION.

_____

PATIENT OR PERSON AUTHORISED TO SIGN FOR PATIENT (SIGN AND PRINT)

DATE _____

I am a non smoker and do not use nicotine products.

I am a smoker and/or use nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products.

_____

CONSULTANT PLASTIC SURGEON PERFORMING THE PROCEDURE (SIGN AND PRINT)

DATE _____

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