

Kaiser Permanente Cosmetic Services

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INFORMED CONSENT- COSMETIC BROW LIFT SURGERY

Introduction

This is an informed-consent document to inform you of the indications and goals of brow lift surgery, the risks associated with the procedures, and alternatives to surgery.

It is important you read this information carefully and have all of your questions answered before signing the consent form.

Eyebrow/Forehead Lift

The face, especially the area around the eyes, is a focal point in interpersonal interactions. Much is conveyed, intended or not, by one's expressions and facial features. The forehead and eyebrow region are often the first areas of the face to exhibit signs of aging. Looseness in these structures may cause drooping eyebrows, eyelid "hooding," forehead furrows, and frown lines.

A forehead or brow lift is a procedure to correct drooping eyebrows. By lifting the eyebrows, the space in the upper eyelid area is "opened up" because the eyebrows are no longer pushing down on the upper eyelid skin. An upper eyelid blepharoplasty (skin removal) may or may not be combined with the brow lift. In fact, some patients who believe they need upper eyelid surgery may find that a forehead lift better meets their functional and aesthetic goals.

Another benefit of the procedure is that it helps restore a more youthful and rested appearance to the area above the eyes by partially smoothing the horizontal lines and furrows that can make one appear angry, sad, or tired.

To get an idea of what a forehead lift can achieve for you, look in a mirror and manually elevate your eyebrows. This is what you can expect after your brow lift. If the brows cannot be manually elevated, a brow lift is unlikely to help.

In performing a forehead lift, the muscles and tissues that cause the drooping or furrowing are removed or altered to smooth the forehead, raise the eyebrows, and minimize frown lines. The two basic ways of lifting the forehead are the **coronal forehead lift**, in which the incision is hidden just at or behind the hairline, or the **endoscopic forehead lift** performed with the use of an endoscope, a "small camera in a tube," that allows the procedure to be performed with small incisions. Both techniques yield similar results and your surgeon will help you decide which surgical approach will best achieve your functional and cosmetic goals.

Forehead lifts can be done under local or general anesthesia. Local anesthesia (an injection in the incision areas) is combined with a sedative to make you drowsy. You will be awake but relaxed; although you may feel some tugging and mild discomfort, your forehead will not be sensitive to pain. With general anesthesia, you will sleep through the entire operation.

The Coronal Forehead Lift

Before the operation begins, your hair will be secured with rubber bands or ties on either side of the incision line. Your hair will not be shaved, but hair that is growing directly in front of the incision line may need to be trimmed.

For most patients, an incision within the hairline will be used. It follows a headphone-like pattern, from ear to ear. The incision is usually made well behind the hairline so the scar will not be visible. *This type of incision does result in some elevation of the hairline.*

If your hairline is high or receding, the incision may be placed just at the hairline to bring your hairline down and avoid making your forehead appear longer. By altering your hairstyle or wearing your bangs down on your forehead, most such scars become relatively inconspicuous over time.

Working through the incision, the skin and underlying tissue of the forehead are carefully lifted so the muscles of the forehead can be altered or released. The scalp is then elevated to lift the brows, the excess skin at the incision is trimmed, and the incision closed with stitches and/or clips.

Your face and hair will be washed. The wound may be left without a dressing or gauze padding and elastic bandage wrap may be placed around the head.

The Endoscopic Forehead Lift

Typically, an endoscopic forehead lift requires the same preparation steps as the coronal procedure: the hair is tied back where the incisions will be made.

However, rather than making one long incision, the surgery is done through five short scalp incisions, each about an inch in length, behind your hairline. One incision is usually in line with the center of the forehead. An incision is also placed about 4-5cm on each side of the central incision. The last two incisions are placed in the temple regions. An endoscope, which is a pencil-like camera device connected to a television monitor, is inserted through one of the incisions allowing the surgeon to view the muscles and tissues beneath the skin on the monitor. Using other instruments inserted through a different incision, the forehead skin is lifted and the muscles and underlying tissues are removed or altered to produce a smoother appearance. The eyebrows are lifted and secured into their higher position by sutures and temporary fixation devices beneath the skin surface; no strip of scalp is removed.

When the lift is complete, the scalp incisions will be closed with stitches or clips and the area will be washed. Gauze and an elastic bandage may also be used.

Alternatives to Surgery

An alternative to any surgery is to choose to not have it done. Some improvement in skin laxity and wrinkles may be accomplished by other treatments, each with their own risks and potential complications.

Surgical Risks, Consequences, and Potential Complications

Every surgical procedure involves a certain amount of risk; it is important you understand these risks to make an informed decision regarding surgery. The following is a list of some of the complications associated with brow lift surgery. Although the majority of patients do not experience these complications, you must be aware of their possibility and understand all possible consequences of brow lift surgery.

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

Change in surgical approach- In certain situations during an endoscopic forehead lift, the endoscopic approach may need to be abandoned and switched to the coronal procedure. This may result in a more extensive scar and a longer recovery period.

Pain- Mild postoperative pain is not uncommon and is managed with pain medications. Very infrequently, chronic pain may occur after a brow lift.

Bleeding- It is possible, though unusual, to experience excessive bleeding during or after surgery. If you do have post-operative bleeding, it may require emergency treatment to drain the accumulated blood (hematoma). Accumulations of blood under the skin may slow healing and cause scarring. To minimize the risk of bleeding, do not take any aspirin or anti-inflammatory medications for two weeks before surgery; some dietary supplements and herbal medications may also increase your risk of bleeding.

Seroma- Fluid accumulations may occur beneath the skin. Should this problem occur, it may require additional procedures to drain the fluid.

Infection- Infection is unusual after this type of surgery. If it does occur, antibiotics and/or additional surgery may be necessary.

Changes in skin sensation- Loss of sensation along and/or behind the incision line is common, especially with the coronal forehead lift procedure. It is usually temporary (6-12 months), but may be permanent in some patients.

Skin contour irregularities- Contour irregularities, depressions, and wrinkling of the skin may occur. These may be temporary or permanent.

Scarring- Scarring is uncommon. There is the possibility of visible marks from sutures, staples, or hardware used during a brow lift surgery. This is especially possible if the incisions cannot be camouflaged behind the hairline. Additional surgery may be necessary to address the scarring.

Hair loss- Hair loss may occur within the scalp or near surgical incisions. The occurrence of hair loss is not predictable. It may resolve slowly or, in rare cases, may be permanent.

Nerve injury- In rare cases, the nerves that control eyebrow movement may be injured on one or both sides resulting in a varying amount of facial weakness or paralysis of the muscles that elevate the brow or close the eye. Most individuals will notice a return of this function; permanent weakness is rare.

Damage to other structures- Surrounding structures, such as the eye, nerves, blood vessels, skull bone, and muscles may be damaged during the course of surgery.

Eyelid disorders- Disorders that involve abnormal position of the upper eyelids (eyelid ptosis), loose eyelid skin, or abnormal laxness of the lower eyelid (ectropion or entropion) may coexist with sagging forehead and eyebrow structures. Brow lift surgery will not correct these disorders. Additional surgical procedures may be necessary.

Eye irritation- Irritation or dryness of the eyes may occur after a brow lift. Difficulty closing the eyelids may result, especially if an upper eyelid blepharoplasty is done at the same time or has been done in the past.

Asymmetry- The human face is not symmetric. Eyebrow asymmetry may result causing one brow to appear higher than the other. This is especially likely if the brows are uneven before surgery.

Delayed healing- Wound disruption or delayed healing is possible. Some areas of the brow and scalp may heal abnormally and slowly. Necrosis of the scalp flap (loss of forehead and/or scalp skin) is possible. Frequent dressing changes and/or further surgery may be necessary. Smokers have a greater risk of skin loss and wound healing problems.

Hardware and deep sutures- In very unusual circumstances, the fixation device used to suspend the brows in their elevated position may penetrate through the skull. Intracranial injury is rare, but possible. It may be necessary to remove hardware, fixation devices, and deep sutures at a later time.

Allergic reactions- In rare cases, local allergies to tape, suture material, or topical preparations may develop. Systemic reactions that are more serious may result from drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

Unsatisfactory result- You may be disappointed with the results of surgery. It may be necessary to perform additional surgery to improve your results.

Long-term effects- Brow lift surgery does not arrest the aging process or produce permanent tightening of the forehead. Many variable conditions influence the long term results of brow lift surgery. The appearance of the forehead and upper eyebrow region may change due to aging, weight loss or gain, sun exposure, or other circumstances not related to brow lift surgery. You will likely notice some reappearance of wrinkles and frown lines as you continue to age; you will also likely notice some lowering of the eyebrows as you grow older. Additional surgery or other treatments may be necessary to maintain the results of a brow lift procedure.

Additional Surgery

Even though risks and complications occur infrequently, the risks noted above are the ones particularly associated with these procedures. Other complications and risks can occur but are even more 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 are 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 charges for the services provided. The total includes fees charged for the procedure, the cost of surgical supplies, anesthesia, laboratory tests, medications covered by your health plan, and outpatient surgery center charges. You will be responsible for necessary co-payments, deductibles, and charges not covered by your health plan. Additional costs may occur should complications develop from the surgery. If the complication is felt to be a health risk, for example an infection or hematoma, treatments required including hospitalization, anaesthesia and/or secondary surgery would be covered under your health plan coverage. In the event of a cosmetic complication requiring additional surgery, anaesthesia fees or hospital day-surgery charges involved with revision cosmetic surgery would also be your responsibility.

HEALTH INSURANCE

Services described here are provided on a fee-for-service basis, separate from and not covered under your Health Plan benefits. Clinical services are provided by providers or contractors of the Permanente Medical Groups. The Permanente Medical Groups, Kaiser Foundation Health Plan, Inc., and Kaiser Foundation Hospitals have a financial interest in the provision of these services. For specific information about your Health Plan benefits please see your *Evidence of Coverage*.

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 risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your surgeon may provide you with additional or different information which is based on all the facts in your particular case and the state of medical knowledge.

Informed-consent documents are not intended to define 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 pattern evolve.

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