

# Kaiser Permanente Cosmetic Services

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## INFORMED CONSENT – COSMETIC EYELID SURGERY (BLEPHAROPLASTY)

### **INSTRUCTIONS**

This is an informed-consent document which has been prepared to help your surgeon inform you about blepharoplasty surgery, its risks and alternative treatments.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by your surgeon.

### **INTRODUCTION**

Blepharoplasty is a surgical procedure to remove excess skin and muscle from both the upper and lower eyelids. Underlying herniated fatty tissue can be selectively removed or repositioned. Blepharoplasty will not remove “crow’s feet” or other fixed wrinkles, eliminate dark circles under the eyes, or lift sagging eyebrows.

Blepharoplasty surgery is customized for every patient, depending on his or her particular needs. It can be performed alone involving upper, lower or both eyelid regions, or in conjunction with other surgical procedures of the eye, face, brow, or nose. In some patients who have looseness between the lower eyelid and eyeball, consideration for tightening of the lower eyelid (canthoplasty/canthopexy) at the time of blepharoplasty may be forms of treatment.

### **ALTERNATIVE TREATMENTS**

Alternative forms of management include not treating the skin laxness and bagginess in the eyelids by surgery. Improvement of skin laxness, fatty deposits and skin wrinkles may be accomplished by other treatments or other surgery such as a brow lift when indicated. Other forms of eyelid surgery may be needed should you have disorders affecting the function of the eyelid such as drooping eyelids from muscle problems (eyelid ptosis) or looseness between the eyelid and eyeball (ectropion). Minor skin wrinkling may be improved through chemical skin-peels or laser resurfacing

### **RISKS OF BLEPHAROPLASTY SURGERY**

Every surgical procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual’s choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Serious complications are unusual following blepharoplasty. However minor complications or “nuisances” are common and can lead to disappointment with the surgical results. Although the majority of patients do not experience the following complications you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of blepharoplasty surgery.

**Bleeding** – It is possible, though unusual, to have excessive bleeding during or after surgery. Bleeding may occur under the skin or internally around the eyeball. Should you

develop postoperative bleeding, it may require emergency treatment or surgery. Do not take any aspirin for 14 days before surgery or inflammatory medications for 4 days before surgery, as this may contribute to a greater risk of a bleeding problem. Non-prescription “herbs” and dietary supplements can increase the risk of surgical bleeding. Hypertension (high blood pressure) that is not under good medical control may cause bleeding during or after surgery. Accumulations of blood under the eyelids may delay healing and cause scarring.

**Blindness** – Blindness is though rare is the most feared complication of blepharoplasty. Its incidence has been estimated to be 1 in 25,000. Injections of anesthetic around the eye can result in damage to the eye or optic nerve. The occurrence of this is not predictable

**Infection** - Infection is very rare after surgery because of the eyelid’s abundant blood supply. Should an infection occur, additional treatment including antibiotics and hospitalization may be necessary.

**Scarring** - Although good wound healing after a surgical procedure is expected, abnormal scars may occur both within the eyelid and deeper tissues. In rare cases, abnormal scars may result. Scars may be unattractive and of a different color than surrounding skin. There is the possibility of visible marks in the eyelid or small skin cysts from sutures. Additional treatments may be needed to treat scarring.

**Damage to deeper structures** – Deeper structures such as nerves, blood vessels, and eye muscles may be damaged during the course of surgery. The potential for this to occur varies with the type of blepharoplasty procedure being performed. Injury to deeper structures may be temporary or permanent.

**Dry eye problems** – Permanent disorders involving decreased tear production can occur after blepharoplasty. The occurrence of this is uncommon and not entirely predictable. Individuals who normally have dry eyes may be advised to use special caution in considering blepharoplasty surgery. General management includes ocular lubrication with eyedrops and ointments.

**Asymmetry** – The human face and eyelid region is normally asymmetrical. There can be a variation from one side to the other following a blepharoplasty surgery. There may be asymmetry in the position of the lid crease or fold or in the amount of skin/fat removal.

**Diplopia** – Double vision is very rare after surgery. If it is persistent corrective eyeglass prisms or eye muscle surgery may be necessary. Most cases resolve in 6 weeks.

**Ptosis** – Refers to drooping of the upper eyelid margin. This is an uncommon occurrence following surgery and may be the result of eyelid swelling or hemorrhage within the eyelid. Most cases resolve as the swelling decreases. Surgery may be necessary if ptosis persists for more than 3 months,

**Conjunctival chemosis** – Is swelling of the outermost layer of the eye. It is usually more prominent on the outer lower surface of the eye. It is often mild and transient, resolving in a few days to weeks. Prolonged cases often respond to ocular lubricants, steroids, massage and patching. Rare cases require surgery.

**Chronic pain** – Chronic pain may occur very infrequently after blepharoplasty.

**Skin disorders/skin cancer** – A blepharoplasty is a surgically procedure to tighten the loose skin and deeper structures of the eyelid. Skin disorders and skin cancer may occur independently of eyelid surgery.

**Ectropion** – Displacement of the lower eyelid away from the eyeball is an unusual complication.

**Undercorrection** – Residual skin folds may be the most common complaint following blepharoplasty. Often this is the product of a careful, conservative surgeon. It is much better to have residual skin folds that can be “touched up” in the office than to have too much skin excised initially. Sometimes additional skin removal can not be performed without affecting the health of the eye. In other cases brow lift surgery may become necessary.

**Corneal exposure problems** – Some individual experience difficulties closing their eyelids after surgery and this may result in drying of the cornea. Treatment for dry eyes may be necessary. (See corneal exposure problems). Rarely taping of the lids and surgery are required for persistent cases.

**Unsatisfactory result** – There is the possibility of a poor result from eyelid surgery. Surgery may result in unacceptable visible deformities, loss of function, wound disruption, and loss of sensation. You may be disappointed with the results of surgery. Infrequently, it is necessary to perform additional surgery to improve your results. Additional surgical procedures such as a browlift may be needed to correct eyebrow sagging which contributes to upper eyelid problems.

**Allergic reactions** – In rare cases local allergies to tape, suture material, or topical preparation have been reported. Systemic reactions which are more serious may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

**Eyelash loss** – Loss may occur in the lower eyelash area where the skin was elevated during surgery. The occurrence of this is not predictable. Lash loss may be temporary or permanent.

**Delayed healing** – Wound disruption, delayed wound healing, and prolonged swelling and bruising are possible.

**Long term effects** – Subsequent alterations in eyelid appearance may occur as the result of aging, weight loss or gain, sun exposure, or other circumstances not related to eyelid surgery. Blepharoplasty does not arrest the aging process or produce permanent tightening of the eyelid region. Future surgery or other treatments may be necessary to maintain the results of a blepharoplasty.

**Surgical Anesthesia** – Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

### **ADDITIONAL SURGERY NECESSARY**

There are many variable conditions in addition to risk and potential surgical complications that may influence the long term result of eyelid surgery. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with blepharoplasty surgery. 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.

**It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.**