

Consent form for Upper Lid Blepharoplasty

This information is given to you so that you can make an informed decision about having an upper lid Blepharoplasty surgery. Take as much time as you wish to make your decision about signing this informed consent. You have the right to ask questions about any procedure before agreeing to have it.

An upper lid Blepharoplasty is the removal of excess skin and muscle of the upper lid. Fat is sometimes removed or contoured for better anesthetic results. The procedure is done by marking the lid along the lid crease. Many times the lid crease is naturally uneven and attempts are made to even them out. The excess skin to be removed is estimated by pinching the skin with a blunt tipped forceps. The idea is to remove the excess skin but still be able to close the eye. The excess skin is marked. Local anesthetic is injected beneath the skin. A scleral shell is placed in the eye to protect the globe from sharp objects. The excess skin and muscle are incised and removed. Cautery is used to control bleeding. The wound is closed using an absorbable suture. The eyes are not patched shut. The scleral shell is removed and antibiotic ointment placed on the incision site and in the eye.

Alternative Treatment:

Do nothing.

Risks and Complications:

1. Bleeding: Normally controlled with gentle pressure or heat cautery.
2. Infection: Infection can occur if the site is not kept clean and antibiotic ointment not used daily. An infection area becomes reddened and sore to the touch. It may have purulent material on the incision site. It is treated with antibiotic ointment and possibly oral antibiotics.
3. Pain: Pain is usually for the first 24 hours and can be controlled with oral pain medications.
4. Dry Eyes: May be worse after an upper lid Blepharoplasty. Can be controlled usually with artificial tears or punctual plugs.
5. Loss of eyelashes. This is rare.
6. Damage to the globe and vision loss from the scalpel, needle used to inject the anesthetic or cautery instrument: This is very rare and is prevented by placing the scleral shell in the eye prior to surgery.
7. Corneal Abrasion for the scleral shell: Usually heals in 24-48 hours. Treated with antibiotic ointment and Tylenol.
8. Wound dehiscence: Lid may heal well with no treatment. Sometimes another suture may be needed to close the wound.
9. Under-correction: More skin/fat needs to be removed. This is usually done in the office.
10. Over-correction: Too much skin is removed and the eye is hard to close. Usually with artificial tears and massage the skin stretches out again with the eye closing properly.

- 11. Droopy eyelid: Many times it resolves on its own. Sometimes needs a second operation to repair.
- 12. Numbness of the upper lids: Usually resolves in 4-6 weeks.

Consent for Treatment:

By signing below I acknowledge that I have read and understand the above and have had my questions answered by the surgeon to my satisfaction. I also understand that these are the most common complications and not all the complications that can occur. I consent to the above surgery.

Signature of Patient

Date