

Raghunand Sastry, M.D., P.C.

### Consent for Eyelid & Facial Surgery

You have the right as a patient to be informed about your condition and the recommended surgical procedure to be used so that you may make a decision knowing the risks and benefits involved. This disclosure is not meant to scare or alarm you. It is simply an effort to make you better informed before you decide to undergo the procedure(s). I hereby authorize Dr. Raghunand Sastry, associates, and assistants to perform upon me the marked procedure:

|   |       |       |       |       |           |
|---|-------|-------|-------|-------|-----------|
| Ptosis Repair(for droopy upper lids/excess eyelid skin) | Right | Left  | Upper | Lower |           |
| Entropion Repair (lid turning in)                       | Right | Left  | Upper | Lower |           |
| Ectropion Repair (lid turning outward)                  | Right | Left  | Upper | Lower |           |
| Pterygium w/graft                                       |       | Right | Left  |       |           |
| Tear Duct Bypass Surgery-DCR (tearing &/or discharge)   | Right | Left  | Upper | Lower |           |
| Chalazion removal (eyelid sty)                          | Right | Left  | Upper | Lower |           |
| Eyelid Cyst/lesion                                      | Right | Left  | Upper | Lower |           |
| Tear Duct-irrigation/probing/surgical repair            | Right | Left  | Upper | Lower |           |
| Cosmetic Skin tag removal                               | Right | Left  | Upper | Lower | Face/Neck |
| Botox injection for blepharospasm                       | Right | Left  | Upper | Lower |           |

Dr. Sastry has fully explained to me the nature and purposes of the procedure and has also informed me of expected benefits and complication (from known and unknown cases), attendant discomforts and risks that may arise, as well as possible alternative methods of treatment. I have been given the opportunity to ask questions, and all of my questions have been fully answered to my satisfaction. **NO guarantee has been made to me as to the final result.** I understand that external incisions may leave scars that are visible. The locations of these incisions have been described to me. I realize that occasionally scars may have to be revised because of unsatisfactory appearance.

I realize that common to surgical procedures is the potential for **infection, blood clots, hemorrhage, and allergic reactions.**

**I also understand that the following risks are associated with this procedure:**

- |                                   |               |                 |
|-----------------------------------|---------------|-----------------|
| •Unsatisfactory appearance        | •Vision loss  | •Dry Eye        |
| •Painful or unattractive scarring | •Eye exposure | • Double vision |
| • Eye Lid malposition             | •Skin loss    | • Poor healing  |

Smokers are recognized to have a significantly high risk of postoperative wound healing problems, as well as operative and postoperative bleeding. It is recommended that you do not smoke for two weeks after your surgery. Although it is helpful to stop smoking for several weeks prior to surgery, this does not eliminate the increased risk resulting from long-term smoking. I understand that anesthesia involves additional risks and hazards, but I request the use of anesthetics for the relief and protection from pain during the planned and additional procedures. I understand that certain complications can occur from anesthesia including respiratory problems, drug reaction, paralysis, brain damage, and even death. I confirm that I have read and fully understand the above information.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

I hereby certify that I have explained the nature, purpose, benefits, risks of, and alternatives to the proposed procedure, have offered to answer any questions and have fully answered all such questions. I believe that the patient fully understands what I have explained and answered.

\_\_\_\_\_  
Raghunand Sastry, M.D.

\_\_\_\_\_  
Date