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## **INFORMED CONSENT FOR BLEPHAROPLASTY ("Eyelid Tuck or Lift")**

### **WHAT CAN CAUSE THE NEED FOR EYELID SURGERY?**

With age, the skin and muscles of the eyelid can sag and droop. In addition, the fat that surrounds and cushions the eyeball can bulge forward through the skin of the upper and lower lids. Excess skin, muscle, and fat can weigh down the upper lid and in some cases block your vision. This can lead to fatigue, eyestrain, skin irritation, and loss of peripheral vision. Excess skin, muscle, and fat also create what many feel is an unattractive, aged appearance, especially in the lower lids ("bags under the eyes").

### **WHAT IS BLEPHAROPLASTY?**

A blepharoplasty is the removal or repositioning of skin, muscle, and fat of the upper and/or lower lids. In the upper lid, the incision is made and hidden in the natural lid crease. For the lower lid, an incision can be made through the skin just beneath the lashes, or through the moist inside surface if the lid called the conjunctiva.

### **HOW WILL EYELID SURGERY AFFECT MY VISION OR APPEARANCE?**

The results of blepharoplasty depend upon each patient's symptoms, unique anatomy, appearance goals, and ability to adapt to changes. Blepharoplasty only corrects vision loss due to excess skin, muscle and fat that blocks the eye. By removing this excess skin, muscle, and fat that blocks the eye, blepharoplasty of the upper lids may allow more light in and improve your peripheral vision. Blepharoplasty does not improve blurred vision caused by problems inside the eye, or by visual loss caused by neurological disease behind the eye.

Because excess skin, muscle, and fat are consequences of aging, most patients feel that blepharoplasty improves their appearance and makes them feel more youthful. Some patients, however, have unrealistic expectations about how changes in appearance will impact their lives. Others may have difficulty adjusting to changes to their appearance. Carefully evaluate your goals and your ability to deal with changes to your appearance before agreeing to this surgery.

### **WHAT ARE THE MAJOR RISKS?**

Risks of blepharoplasty include but are not limited to: bleeding, infection, an asymmetric or unbalanced appearance, scarring, difficulty closing the eyes (which may cause damage to the underlying corneal surface), double vision,

tearing or dry eye problems, inability to wear contact lenses, numbness and/or tingling near the eye or on the face, and, in rare cases, loss of vision. You may need additional treatment or surgery to treat these complications; the cost of the additional treatment or surgery is NOT included in the fee for this surgery. Due to individual differences in anatomy, response to surgery, and wound healing, no guarantees can be made as to your final result. For some patients, changes in appearance may lead to anger, anxiety, depression, or other emotional reactions.

**WHAT ARE THE ALTERNATIVES?**

You may be willing to live with the symptoms and appearance of extra skin, muscle, and fat around your eyes and decide not to have surgery on your lids at this time. In some cases the appearance of excess skin and fat in the lower lids can be improved with skin resurfacing (using lasers, dermabrasion, or chemical peels) and/or injectable fillers.

**WHAT TYPE OF ANESTHESIA IS USED? WHAT ARE THE MAJOR RISKS?**

Most blepharoplasties are done with "local" anesthesia, that is, injections around the eye to numb the area. You may also receive sedation from a needle placed into a vein in your arm or pills taken before surgery. Risks of anesthesia include but are not limited to damage to the eye and surrounding tissue and structures, loss of vision, breathing problems, and, in extremely rare circumstances, stroke or death.

**PATIENT'S ACCEPTANCE OF RISKS**

I have read the above information and have discussed it with my physician. I understand that it is impossible for the physician to inform me of every possible complication that may occur. My physician has told me that results cannot be guaranteed, that adjustments and more surgery may be necessary, and that there are additional costs associated with more treatment. By signing below, I agree that my physician has answered all of my questions, that I understand and accept the risks, benefits, and alternatives of blepharoplasty, and the costs associated with this surgery and future treatment, and that I feel I will be able to accept changes in my appearance .

I consent to blepharoplasty surgery on:

Both upper lids: \_\_\_\_\_

Both lower lids: \_\_\_\_\_

Both upper and lower lids: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
Patient (or person authorized to sign for patient) Date