



# Informed Consent

## Blepharoplasty Surgery

**INSTRUCTIONS**

This document will help you learn about blepharoplasty surgery. It will outline the risks and other treatments.

It is important that you read the whole document carefully. Please initial each page. Doing so means you have read the page. Signing the consent agreement means that you agree to the surgery that you have talked about with your plastic surgeon.

**GENERAL INFORMATION**

In this surgery, excess skin and muscle from the upper eyelids are removed. Though this surgery adds an upper eyelid fold, it does not take away traces of one's racial or ethnic roots. It cannot remove wrinkles or "crow's feet." It does not fix dark circles under the eyes or lift sagging eyebrows.

Blepharoplasty surgery is specific to each patient, depending on his or her needs. It can be done alone or with other procedures to the eye, face, eyebrow, or nose. This surgery cannot stop aging. It can only reduce loose skin and bagginess around the eyes.

**OTHER TREATMENTS**

Other surgeries can be done to fix eyelid function problems. Such problems could include drooping eyelids owing to muscle problems (eyelid ptosis) or looseness between the eyelid and eyeball (ectropion). Chemical peels, laser resurfacing, or other skin treatments can fix minor wrinkles. All treatments have their own risks and problems.

**RISKS OF BLEPHAROPLASTY SURGERY**

Every surgery has risks. It is important that you understand these risks and the possible problems. All procedures have limits. Choosing to have a surgery means comparing the risks and benefits. Most patients do not face problems, but you should talk about them with your plastic surgeon. Make sure you understand all possible outcomes of a blepharoplasty.

**SPECIFIC RISKS OF BLEPHAROPLASTY SURGERY****Dry Eyes:**

Surgery can cause permanent problems with tear production. This is rare and cannot be predicted. People with dry eyes should think twice before going in for this surgery.

**Cornea Exposure:**

Some patients have trouble closing their eyelids after surgery. This may be due to dryness in the cornea. More treatment may be needed to fix this.

**Asymmetry:**

Surgery may cause changes in the way the eyes look. You may also see changes in eye opening level, eye shape, position of the lid fold, and size of the eyes. There are always minor differences in the size of the eyes, bones of the eye socket, and skin near the eyes. This may be more obvious after surgery. You may need more surgery to fix this. In some cases, the differences may not be fixable.



**DISCLAIMER**

Informed consent documents give you information about a surgery you are considering. These documents explain the risks of that surgery. They also discuss other treatment options, including not having surgery. However, informed consent documents can't cover everything. Your plastic surgeon may give you more or different information. This may be based on the facts of your case.

Informed consent documents are not meant to define or serve as the standard of medical care. Standards of medical care are determined based on the facts involved in an individual case. They may change with advances in science and technology. They can also change with the way doctors practice medicine.

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



**CONSENT FOR PROCEDURE OR TREATMENT**

1. I permit Dr. Matthew C Camp and the doctor’s assistants to do procedure **Blepharoplasty Surgery**.
2. I got the information sheet on Blepharoplasty Surgery.
3. I understand that, during the surgery, an unexpected situation may require a different medical procedure than the surgery listed above. I permit the doctor listed above, the assistants and/or designees to provide any treatment that my doctor thinks is needed or helpful. My permission includes all treatments that my doctor does not plan to do at the start of the surgery.
4. I understand what my surgeon can and cannot do. I understand that no warranties or guarantees have been hinted at or stated outright about the outcome of the surgery. I have explained my goals. I understand which outcomes are realistic and which are not. All my questions have been answered. I understand the surgery’s risks. I am aware of other risks and possible issues, benefits, and options. I understand and choose to have the surgery.
5. I agree to the anesthetics that are needed or helpful. I understand that all types of anesthesia have risks and may result in complications, injury, and even death.
6. I am aware of the serious risks to my health when blood products are used. I agree to my doctor using them if my doctor, assistants, and/or designees think they are needed or helpful.
7. I agree to the disposal of any tissue, medical devices, or body parts taken out during or after surgery. I also agree to any additional surgeries or treatment that is needed or helpful.
8. I agree to have parts of my body photographed or televised appropriately before, during, and after the surgery for medical, scientific, or educational reasons, if the pictures do not reveal my identity.
9. For medical education, I agree that onlookers can be in the operating room.
10. I permit my Social Security Number to be given to the right agencies for legal reasons and medical device registration, when necessary.
11. I agree to the charges for this surgery as outlined on my Estimate Sheet. I understand that there may be more charges if more procedures or treatments are needed or helpful. I agree to those charges, if any.
12. I understand that not having the surgery is an option and that I can opt-out of having the surgery.
13. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
  - a. THE ABOVE SURGERY TO BE PERFORMED
  - b. THERE MAY BE OTHER SURGERIES OR TREATMENT OPTIONS
  - c. THERE ARE RISKS TO THE SURGERY

I CONSENT TO THE SURGERY AND THE ITEMS THAT ARE LISTED ABOVE (1-13).  
 I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS.

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Patient or Person Authorized to Sign for Patient      Date/Time

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Witness      Date/Time