

CONSENT FOR BLEPHAROPLASTY

I hereby request and authorize Steven M. Rotter, M.D. to perform a blepharoplasty surgery upon me on or about the _____ of _____ 20 _____, for the purpose of attempting to improve the appearance and/or function of the eyelids (reducing skin and fat bulges). There are many possible complications of blepharoplasty surgery and I am aware of them. The most significant are:

- I. **BLINDNESS (PERMANENT LOSS OF VISION)** – usually due to bleeding that causes pressure in the eye socket. Early symptoms are pain, or pressure or, later, bulging of the eye and then loss of vision (may be like a “curtain” closing down). Any of these symptoms require immediate transportation to the emergency room. Initials _____
- II. **ASPIRIN and BLOOD THINNERS - I have discontinued VITAMIN E, some herbs, and any medications contain aspirin (aspirin containing products) or ibuprofen two weeks before surgery and two weeks after surgery.** Initials _____
- III. **NERVE DAMAGE: NERVE DAMAGE CAN CAUSE LOSS OF SENSATION AND/OR EFFECT MOVEMENT OF YOUR EYELIDS.**
SUCH OCCURRENCES COULD INCLUDE:
◦ **Inability to move the eyelids** could lead to severely dry eyes and inability to blink, which can cause **blindness or unsatisfactory appearance.** Initials _____
◦ **Numbness** may be noted around incision areas. Initials _____
◦ **Nerve damage and numbness** usually have full recovery within twelve months. However, any nerve **loss that persists more than one-year will most likely be permanent.** Initials _____
- IV. **STRAINING** - I will also not strain for 2 weeks after surgery. Initials _____
- V. **ASYMMETRY:** Most people are not perfectly symmetric before surgery. Therefore absolute symmetry cannot be expected. Initials _____
- VI. **MUSCLE INJURY – This can cause lack of eyeball motion in certain directions. That would cause double vision in certain fields of gaze. This may resolve on its own or may require corrective surgery(s) or, may be permanent.** Initials _____
- VII. **INABILITY TO CLOSE THE EYELIDS** – This may be caused by too much skin and/or muscle removal in the upper eyelids, or scarring in the upper or lower eyelid. If untreated this could lead to corneal scarring and blindness. Treatments include lubricant eye drops and ointments, massage and corrective surgery(s). Initials _____
- VIII. **DRY EYES** – This may be temporary (several months) or permanent. This may feel like “sand in the eye” and could be painful. Treatment includes lubricant eye drops and ointments. If the eyes are dry before surgery, Dr. Rotter will usually not perform blepharoplasty surgery. Initials _____
- IX. **INFECTION** - The involved area could range from the incision sites out to the entire surgical area. The appropriate treatment may require changes in medications, possibly hospitalization and rarely surgery. Initials _____
- X. **PUNCTURING OF THE EYEBALL** – In the unlikely event, an instrument and needle could puncture the eyeball and cause loss of pressure and fluid. This could damage the eyeball structure possibly causing blindness. Initials _____
- XI. **BURNING OF THE CORNEA** – Carbon Dioxide laser is used during the surgery, if the cornea is exposed to the laser unprotected, this could lead to scarring of the cornea causing partial to full blindness. Eye shields are inserted over your eyeball to prevent any exposure to the laser. Initials _____

- XII. **SCARRING:** This procedure will result in some scarring. Dr. Rotter will make every reasonable effort to make these scars as inconspicuous as possible. Initials _____
- XIII. **PAIN:** You should have minimal discomfort. The treated areas may "burn" or "sting" for the first 2 or 3 days. Tylenol® or other acetaminophen pain reliever should be all that you need. If stronger medicine is needed, please call Dr. Rotter. **ONLY TAKE ASPIRIN, MOTRIN®, ADVIL® OR SIMILAR PAIN RELIEVERS under Dr. Rotters direction!** Initials _____

SOME OTHER COMPLICATIONS INCLUDE:

- Not enough fat and/or skin removed. Initials _____ · Ptosis drooping of the upper eyelid(s) Initials _____
- Ectropion pulling down of the lower eyelid(s). Initials _____
- Hyperpigmentation (darkening of skin) usually fades over time but can be permanent. Initials _____
- Injury or inflammation of the cornea. Initials _____ · Allergic reaction to a medication. Initials _____

THE FOLLOWING POINTS HAVE ALSO BEEN SPECIFICALLY MADE CLEAR:

- ◆ The incision lines usually are conspicuous early postoperatively and for an indefinite period of time. Initials _____
- ◆ There will be discoloration about the eyes for several days, and that in some cases this can persist for considerably longer. Initials _____
- ◆ Due to the nature of the procedure, an exact end-result cannot be predicted, and I have not been given any guarantee of specific results. Initials _____
- ◆ There, of course, are scars as a result of this surgery and these scars are permanent. Every effort will be made to conceal them or to make them as inconspicuous as possible. Eyelid skin heals with an unusually fine scar and is hardly noticeable even on close examination. On occasion, a thickening or spreading of a scar may develop requiring surgical revision. Initials _____
- ◆ I realize much depends on how well I comply with pre- and postoperative instruction and my body's ability to heal. I understand that **poor healing of the skin** is usually associated with **cigarette smoking** and **diabetes**. Initials _____
- ◆ I am aware that the practice of medicine is not an exact science, and I acknowledge that no guarantees have been made to me as to the results of the operation of procedure. Initials _____
- ◆ I authorize Steven M. Rotter, MD and assistants to perform any other procedure, which he may deem necessary or desirable in the course of the procedure to improve the outcome or for any unforeseen condition. Initials _____
- ◆ I agree to keep Dr. Rotter informed of any change of address so that he can notify me of any late findings, and I agree to cooperate with Dr. Rotter in my care after surgery until completely discharged. Initials _____
- ◆ I have read the above consent and fully understand it. I fully understand the nature of the surgery. I acknowledge that I have been advised to the alternative methods of treatment and have been given an opportunity to ask all the questions regarding the procedure. Initials _____

ANY COMPLICATIONS OR DISSATISFACTION MAY REQUIRE A SECOND SURGERY, PROCEDURE, AND/ OR MEDICATIONS IN THE FUTURE.

In the box provided, please write in your own handwriting the following sentences:

"All my questions have been answered.

I understand the nature and all risks of the surgery."

◆◆◆ I am satisfied that I have been fully informed.

I request and authorize Dr. Rotter to perform this surgical procedure on me. ◆◆◆

PATIENT'S

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____