AESTHETIC EYE, PC

ESTD 2011

OCULOFACIAL PLASTIC &
RECONSTRUCTIVE SURGERY

CONSENT FOR EYELID LESION EXCISION

I, my, or you as used in this permit denote yourself or the person for whom you have responsibility. Please read this consent carefully. By signing this you agree that you understand the surgical procedure(s) that you are scheduled to undergo.

The purpose of the procedure(s) is to remove the lesion(s) and send them to a pathologist to determine the type of lesion.

DIFFERENT OR ADDITIONAL PROCEDURES: I recognize that unforeseen conditions may arise during surgery and may require a different or additional procedure to obtain the best overall result from the operation. I authorize my surgeon to use his judgment in this regard.

TISSUE DISPOSAL: I authorize the hospital or surgery center to preserve and examine tissue for scientific, pathological, or teaching purposes or to otherwise dispose of the tissues or organs resulting from the operation(s) or procedure(s) authorized above.

OBSERVATION: I consent to the above operation(s) or procedure(s) being witnessed by students or practitioners in the health sciences in connection with their continuing education.

GENERAL: Any operation around the eye (oculoplastic surgery) involves certain potential risks and complications. These and other complications may occur even when the surgeon uses utmost skill, judgment, and care. These risks include: blindness or decreased vision, unsightly scar, stitch reaction, wound breakdown, persistent swelling, injury to motor or sensory nerves, infection and bleeding during and/or after surgery.

It is important to point out that decreased vision or blindness is a reported but rare complication of blepharoplasty and orbital surgery, (the orbit is the socket that houses the eye). If such visual loss occurs, it is usually the result of bleeding during or after oculoplastic surgery. Direct or indirect injury to the optic nerve (nerve of sight) associated with orbital surgery is extremely remote. Visual loss is listed here to cover all oculoplastic procedures because the eye and, in some instances, the optic nerve are so near to the surgical site.

Every incision produces a scar. Scars are permanent and can take up to a year to look their best. Every effort is made to minimize the visible effects of any scar by proper incision placement and wound closure. Rarely, a secondary scar revision is needed.

I have been told, and I understand, how my condition will progress if I have no treatment and what will happen if I have different treatment than the surgery described above. I consent to the administration of local anesthesia.

I acknowledge that no favorable guarantees have been made to me about the result of the operation(s) or procedure(s) that I am to undergo. There are also no guarantees against unfavorable results. I agree that I understand that the practice of medicine and surgery is not an exact science.

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PHOTOGRAPHS: I consent to photographs being taken of me, and my operation. The slides/pictures will be used for scientific/educational purposes and my identity will not be revealed.

Listed below are more specific risks and complications, which can be associated with oculoplastic surgery. The purpose of this list is not to frighten you. It is given to you to ensure that your decision to have this operation is made with reasonably complete information and understanding. It is not possible to list every conceivable risk and potential complication even with established procedures. New procedures and modifications of existing procedures can produce new and unanticipated problems and results. What are listed below are statistical possibilities but not probabilities for the listed surgical procedure(s):

Blindness or decreased vision, recurrence of deformity, over/under correction, ptosis (droopy eyelid), retraction of eyelid (upper eyelid up/lower eyelid down), ectropion/entropion (out or in turning of eyelid), inability to close eyelids fully with corneal abrasion (eye scratch) or ulceration - (the cornea is the clear window at the front of the eye), hollowing of the upper and/or lower eyelids, asymmetry, loss of eyelashes or abnormal lashes, hairs irritating the eye, notching of the eyelid margin, pigment changes, canthal malposition (corners of the eye don't look the same).

Persistent tear overflow and/or discharge, double vision, limitation of eye movements, enophthalmos (sinking of the eye), numbness or decreased sensation to the eye, area(s) around eye and/or upper teeth, recurrent or incomplete tumor removal, no tumor in specimen, flap or graft failure.

Hollowing of upper or lower eyelids or sagging of the lower eyelid,, filling in of the hole in the implant and poor movement of prosthesis.

I have read or have had read to me the contents of this form and I understand it. I have had the opportunity to ask all the questions I want to ask about the surgical procedure, alternative methods of treatment, and possible risks and complications. I understand what operation is to be performed and I understand and accept the possible risks and possible complications of the surgery. I understand the likelihood of success and potential problems related to my recuperation. These have been explained to me by my surgeon pre-operatively.

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INFORMED CONSENT FOR SKIN CANCER SURGERY REPAIR

(Repair of defect after skin cancer removal)

WHY MIGHT I NEED SURGERY AFTER SKIN CANCER REMOVAL?

Skin cancer in light-skinned people is relatively common. In order to remove the cancer, a dermatology surgeon (MOHS surgeon) may remove the cancer and ask your doctor to repair the defect (missing tissue).

HOW IS THE SKIN REPAIR DONE?

Repair of the missing skin tissue is usually done in an operating room. If the defect is small, it may be done under simple local anesthesia. However, if the defect is large, it may require general anesthesia. Two basic techniques are used: Flaps and Grafts. A skin graft is done by removing skin in a normal spot and stitching it to fill in the missing tissue from the skin cancer removal surgery. A flap is done by incising (cutting) and stretching the skin around the defect to fill in the hole. Your doctor will choose the type of closure that he feels is best for your skin defect.

HOW WILL THIS SURGERY AFFECT MY APPEARANCE?

The cosmetic results of the skin cancer repair surgery depend upon the severity (size) and location of the defect, the patient's unique anatomy and appearance goals. Skin cancer defect surgery is not considered cosmetic surgery but most patients feel that they look better after the cancer is removed and they have healed. The goal of this surgery is to rid the patient of the cancer and give them the very best function and cosmetic (normal) appearance as possible.

It is important to note that some patients have unrealistic expectations about how skin cancer surgery will impact their lives. Carefully evaluate your goals and your ability to deal with changes to your appearance before agreeing to this surgery. Understand the risks and ask questions of your doctor.

WHAT ARE THE MAJOR RISKS?

Risks of skin cancer surgery include but are not limited to: bleeding, infection, an asymmetric or unbalanced appearance, scarring, numbness and/or tingling on the face and damage to nerves that move the face or give feeling to the face. 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 reaction.

WHAT ARE THE ALTERNATIVES?

In some patients (bed-ridden patients that are unable to undergo surgery or patients that refuse surgery) the skin cancer can be treated with topical medicine and treatments (freezing therapy) or even radiation. The downside of this type of treatment is that it is impossible to tell if all the cancer cells are dead. The skin cancer may look as if it is gone and then return months or years later. Surgery is considered to be the gold standard.

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

The type of anesthesia will depend on the size and location of the tissue defect and patient preference. It may be simple local numbing with lidocaine or general anesthesia with the patient completely asleep. 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 understand that it is impossible for my doctor to inform me of every possible complication that may occur.
- I have been informed that results (functional or cosmetic) cannot be guaranteed, that adjustments and more surgery may be necessary, and that there may be additional costs associated with more treatment.
- By signing below, I agree that my doctor has answered all of my questions, that I understand and accept the risks, benefits, and alternatives of skin cancer surgery, and the costs associated with this surgery and future treatment. I feel that I am able to accept the risks involved.

A copy of this consent form was offered to me.

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