



SW9396



Eyelid Surgery (Blepharoplasty)

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

A. Interpreter / cultural needs

- An Interpreter Service is required? Yes No
- If Yes, is a qualified Interpreter present? Yes No
- A Cultural Support Person is required? Yes No
- If Yes, is a Cultural Support Person present? Yes No

B. Condition and treatment

The doctor has explained that you have the following condition: *(Doctor to document in patient's own words)*

.....
This condition requires the following procedure. *(Doctor to document - include site and/or side where relevant to the procedure)*

.....
The following procedure will be performed:

Blepharoplasty is a procedure that removes fat deposits, excess skin, or muscle usually from both the upper and lower eyelids. This improves the appearance of the eyes and/or improves the range of vision of the patient.

C. Risks of eyelid surgery (blepharoplasty)

There are risks and complications with this procedure. They include but are not limited to the following.

General risks:

- Infection can occur, requiring antibiotics and further treatment.
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Heart attack or stroke could occur due to the strain on the heart.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Death as a result of this procedure is possible.

Specific risks:

- The scar may be pink and slightly thickened. in the first few weeks after surgery, and more so in the lower eyelid. This may require make-up camouflage until it settles.

- Bruising around the eyelids which may spread to the white part of the eye where it may remain for a week to 10 days.
- The upper eyelid may slightly open when asleep. This may persist for some weeks. As a result the tissue at the front of the eye can dry out and cause scarring, which will reduce the quality of eyesight. Long term problems with tear formation or dry eye may also result. This requires the use of artificial tears.
- Ectropion, where the lower eyelid appears pulled-down too far. The skin below the lower eyelid may not be as smooth as desired.
- Weakness of the lower lid, for up to two weeks. This usually settles without treatment, but may require further surgery.
- Formation of small lumps in the lower eyelid. These generally disappear over a few months. During this time, there may be temporary corneal irritation and abrasions.
- Excessive tear formation and sensitivity to bright light for the first few days.
- Blurring of vision, due to swelling and use of ointment in the eye.
- Double vision, which may last for a day or two after the operation. This usually recovers spontaneously and is a result of the bruising.
- Wound infection, bruising and fluid collecting under the skin. This may require drainage of any tissue fluid that is infected or accumulated under the skin. This may delay the speed of wound healing and may cause disfigurement.
- Blindness. This is an extremely remote and rare possibility.

D. Significant risks and procedure options

(Doctor to document in space provided. Continue in Medical Record if necessary.)

E. Risks of not having this procedure

(Doctor to document in space provided. Continue in Medical Record if necessary.)

F. Anaesthetic

This procedure may require an anaesthetic. *(Doctor to document type of anaesthetic discussed)*

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G. Patient consent

I acknowledge that the doctor has explained;

- my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- other relevant procedure/treatment options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- a doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

I have been given the following Patient Information Sheet/s:

- Local Anaesthetic & Sedation for Your Procedure**
- Eyelid Surgery (Blepharoplasty)**

- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

On the basis of the above statements,

I request to have the procedure

Name of Patient:

Signature:

Date:

Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

Yes ▶ Location of the original or certified copy of the AHD:

No ▶ Name of Substitute Decision Maker/s:

Signature:

Relationship to patient:

Date: PH No:

Source of decision making authority (tick one):

- Tribunal-appointed Guardian
- Attorney/s for health matters under Enduring Power of Attorney or AHD
- Statutory Health Attorney
- If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

H. Doctor/delegate Statement

I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate:

Designation:

Signature:

Date:

I. Interpreter's statement

I have given a sight translation in

.....
(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter:

Signature:

Date:

Consent Information - Patient Copy

Eyelid Surgery (Blepharoplasty)

1. What do I need to know about this procedure?

Blepharoplasty is a procedure that removes fat deposits, excess skin, or muscle usually from both the upper and lower eyelids. This improves the appearance of the eyes and/or improves the range of vision of the patient.

Important Information

Before the operation, you must tell the surgeon performing the operation and the anaesthetist of

- any medical problems
- any eye and vision problems
- any allergies
- prescribed drugs (particularly blood thinning drugs such as Aspirin or Warfarin)
- your use of recreational drugs
- your alcohol consumption
- your use of herbal remedies

Any drugs containing Aspirin or similar compounds should be stopped prior to surgery as these increase the risk of bleeding and, therefore, haematoma formation.

Immediately after the operation, you should avoid over-activity and bending over for up to three weeks. Dark glasses are also helpful in the immediate post-operative period.

The upper eyelid is usually slightly 'overdone' in order to attain a much better long-term cosmetic result. This may result in the upper eyelid becoming slightly opened when asleep. This may persist for some weeks. Should this occur, it is vital that you use a lubricating eye ointment during this phase in order to prevent your eye from drying out and becoming sore. If any post-operative pain develops, and/ or persists, the surgeon must be told, as this may be a sign of a complication.

Improvement is the aim of cosmetic surgery and not perfection. Further operations may be required to improve the overall result.

2. My anaesthetic

This procedure will require an anaesthetic.

See **Local Anaesthetic and Sedation for your Procedure** information sheet for information about the anaesthetic and the risks involved. If you have any concerns, discuss these with your doctor.

If you have not been given an information sheet, please ask for one.

3. What are the risks of this specific procedure?

There are risks and complications with this procedure. They include but are not limited to the following.

General risks:

- Infection can occur, requiring antibiotics and further treatment.

- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
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