Facelift (Meloplasty or Rhytidectomy)

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:
A facelift is surgery to remove facial wrinkles, sagging skin, fat deposits, or other visible signs of aging for cosmetic purposes.

C. Risks of a facelift (meloplasty or rhytidectomy)

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, Asprin, 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 in the hairline may become visible with parting of the hair. The scar behind the ear may be the most noticeable. The scars may become thickened, red and itchy. Small hairless areas can sometimes be found adjacent to the scar but these can usually be hidden with the hair.
- Numbness around the cheeks and sometimes the ears which is usually temporary, six to twelve months.
- Damage to the facial nerve. This results in weakness of the facial muscles. This is usually temporary, about six months.
- Bleeding, this can cause a collection of blood under the skin. This may be severe and may cause loss of some of the skin on the face. Further surgery may be needed to drain this and remove the clot as it forms.
- Bruising and swelling, this may cause a blood clot which may need to be surgically removed.

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)*
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 and Sedation for your procedure
- Facelift (Meloplasty or Rhytidectomy)

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

A facelift is surgery to remove facial wrinkles, sagging skin, fat deposits, or other visible signs of aging for cosmetic purposes.

Cuts are carefully placed to hide them in the facial creases around the ear, in the hair and above and behind the ear. The skin from the cheek and the upper neck are then lifted.

Tension on the face and neck is taken in the hairline. Sometimes other modifications are also made such that the muscles and other layers just under the skin are pulled back to help tighten the skin and sometimes re-shaping of the neck is performed.

The operation usually takes between 2 - 4 hours or longer.

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.

Varying forms of anaesthesia can be used and a few days in hospital after the operation are usual. The first night is usually spent with the face bandaged but a day or so later the bandages are removed and the operation inspected and redressed.

The hair is commonly washed before the patient goes home. Dark glasses may be worn if the eyelids are bruised. The hair hides most of the operation sutures, but a scarf can be helpful.

Usually a fine strip of hair is trimmed immediately before the operation and it is this skin, clipped of hair, which is removed during the operation so that afterwards there is little evidence of shaving or baldness along the operation line.

The cut will obviously result in scar formation. The scars are usually pink to start with, generally fade and become white, soft and supple over the next weeks or months. The scar in the hairline may become visible with parting of the hair.

The scar behind the ear may be the most noticeable and it is helpful to have a hairstyle, which can cover this area. Small hairless areas can sometimes be found adjacent to the scar but these can usually be hidden with the hair. Hair growth will recommence after three months.

The wrinkles on the lips and those ingrained in the corners of the mouth and eyes are not helped by this operation. The forehead is not included in the same procedure.

In the neck region, improvement will be a reduction in the amount of loose skin but it will not remove the creases in the neck, which are normal and present from childhood.

Occasionally an extra scar is placed immediately below the chin in order to remove excess fat in this area.

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

Post-operatively there is normally discomfort because of the tightening rather than pain. There may be tender areas, more commonly below the ears and on the side of the neck.

If any post-operative pain develops and/or persists, the surgeon must be told, as this may be a sign of complications.

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

As with all cosmetic surgery the problems have to be weighed against the benefits, which can be most significant.

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).
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
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Consent Information - Patient Copy
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- Heart attack or stroke could occur due to the strain on the heart.
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- Bruising and swelling, this may cause a blood clot which may need to be surgically removed.

Notes to talk to my doctor about: