

This is an informed consent that has been prepared to ensure that you understand Lip implant surgery, its intended benefits, risks and alternatives to treatment.

Lip implant enhancement surgery is a simple procedure performed under local anaesthesia and involves the insertion of a Permalip™ lip implant in to either one or both of your lips. Permalip™ is contoured to the size and shape of your lips and has a smooth surface.

Prior to the procedure you will have been measured and agreed the appropriate size of implant in order to achieve the desired aesthetic appearance. Local anaesthetic will then be injected with a number of injections to make the area go numb. This should be the only part of the procedure that can cause any discomfort.

The Lip implant is inserted by making small incisions in each corner of the mouth. The Lip implant is then passed through a tunnel in the lip and positioned in order to achieve the best cosmetic appearance. If you are having both lips enhanced then the procedure will then be repeated on the other lip. The incisions are then closed using absorbable stitches which means you will not need to have them removed.

The operation itself takes less than thirty minutes and all normal activities can be resumed the following day. After the procedure you should expect to be swollen and slightly tender, this will subside leaving you with the final result. The use of cool packs directly applied to the lips and eating cold foods such as ice cream will assist in reducing swelling in the first few days.

It is important that you are careful when drinking hot drinks in the first few hours after the procedure, similar to when you visit the dentist, as the local anaesthesia will take time to wear off.

It is important that you move your mouth normally after the procedure and continue to eat and drink as normally as possible taking in to consideration the recommendations outlined above.

You will be provided with a course of antibiotics to take for one week after the procedure as well as some antiseptic mouthwash. This is to minimise any risk of infection. It is important to note that the infection rate associated with Permalip™ is less than 1%.

As with any surgical procedure it is important that you are made aware of and understand all associated risks and complications.

Swelling

Bruising and swelling will result as a consequence of surgery which will settle within the first week of surgery. I understand that my lips will be puffy and swollen for the first few days post surgery and this has been explained to me.

Infection

Any surgical procedure involves a risk of infection and this has been explained to me. Infection following surgery is uncommon however it is important to follow all postoperative wound care instructions to prevent infection occurring. I understand that all measures will be taken to minimise this risk and that I may require preventative oral antibiotics. I also understand that if an infection was more serious then it may require transfer to a hospital in order to receive intravenous antibiotics

Wound Breakdown

Occasionally wounds as a result of surgery can be slow to heal or breakdown as a result of infection, poor nutrition or poor blood supply. It is important that you tell your surgeon if you smoke or have any history of poor wound healing or scarring.

Asymmetry

It is impossible for any surgeon to achieve perfect symmetry although every effort will be made to restore symmetry. It is important to understand that the human face is normally asymmetrical. In some cases further adjustments are required to achieve the desired look.

Pain

Mild discomfort is common after a lip implant procedure. Mild discomfort can be remedied by the use of painkillers including paracetamol and ibuprofen. It is important that you continue to move your lips as normal.

Additional risks identified to your individual case

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I confirm that I have read, understood and have taken time to consider all of the identified risks as described above, I have also had the opportunity to discuss any additional concerns and questions with my surgeon. I have decided to proceed with the Lip Enhancement surgery with full knowledge of the risks and intended benefits involved. I certify that I have fully informed my surgeon correctly and to the best of my knowledge of my full medical history and status.

I understand that withholding medical information could lead to complications or problems that may have been prevented if that information were known prior to my surgery.

PRINT NAME (PATIENT)	SIGNED (PATIENT)
PRINT NAME (CLINICIAN)	SIGNED (CLINICIAN)
	DATE