Consent for Upper Eyelid Surgery (Blepharoplasty)



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

Upper Blepharoplasty is an operation designed to remove excess skin and sometimes fat from the upper eyelid area. The objective of the procedure is primarily to correct the ageing appearance around the eye area and reducing the hooded appearance of the eyes. The procedure is carried out under local anaesthetic.

Prior to the procedure, your surgeon will mark out the excess tissue that needs to be removed in order to give you the look you desire. 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. Once the area is numb, your surgeon will remove excess the skin and in some cases it may be necessary to remove excess fat also. Once this is completed your surgeon will use an electrocautery machine to stop any bleeding and then stitch the skin back together again. The procedure takes approximately one hour.

After the procedure you will have some stitches visible at either end of the incision which will be taped down with skin coloured tape. All patients are asked to use an antibacterial eye ointment at night for the first 5 days after the procedure. This is to protect the eyes from drying out and reduce the risk of any infection as a result.

The stitches will be removed at your follow up consultation which occurs five days after the operation.

The initial healing period will vary from person to person, although most people will feel comfortable in social situations within 5-7 days. Most patients chose to wear sunglasses when out in public for the first few days post procedure. Initially the scars may look red and slightly raised, although these should eventually fade to form a thin white line which is hidden in the crease of the eyelid.

Alternative forms of management consist of not treating the hooded appearance of the eyes with an upper blepharoplasty. Improvements of the appearance wrinkles or skin laxity may be attempted by other non-surgical treatments such as injectables or a chemical peel.

All associated after care instructions will be provided on a separate information sheet.

As with any surgical procedure it is important that you understand the potential risks and complications

Watery eyes

This is quite common for the first few days after the operation due to some irritation of the eyes and a temporary weakness of the blinking reflex.

Dry eyes

Dry eyes may persist for two to three weeks after the operation. You will be provided with eye ointment to be used at night for the first 5 days after the procedure. If you experience dry eyes during the day then we can prescribe you with some artificial tears to use. It is very rare that dry eyes remain a long term problem however this is why it is very important to exclude any eye disease or dry eye syndrome prior to the surgery.

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Injury to the surface of the eye (corneal abrasion)

A corneal abrasion is an extremely rare complication of upper blepharoplasty surgery however if you experience pain after the procedure, it is important that you inform your surgeon so that you can be reviewed.

Scarring

Scars will result from surgery and I understand their intended location. Additional scarring can result from poor or decreased wound healing ability. Most scars are barely noticeable although full wound maturation can take up to 12 months. Poor scarring can be treated with the use of silicone sheeting.

Bleeding

A collection of blood around the site of surgery is called a haematoma. Haematoma formation in this type of surgery is extremely unlikely. If a haematoma is large however it may be necessary to undo some of the stitches and wash out the blood clot in order to optimise the final outcome. As post operative bleeding can delay normal healing and recovery. I understand that every effort is taken to minimise bleeding during surgery.

Swelling

Bruising and swelling will result as a consequence of surgery which will settle within the first week of surgery. I understand that my eyes 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, therefore perfect eye symmetry as a result of an upper blepharoplasty is not always achievable. In some cases further adjustments are required to achieve the desired look.

Under or Over Correction

Occasionally further adjustment surgery is necessary if under or over correction has occurred. Every effort is made to ensure that under or over correction does not occur however this cannot be guaranteed.

Pain

Mild discomfort is common after an upper blepharoplasty procedure. Mild discomfort can be remedied by the use of painkillers including paracetamol and ibuprofen.

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Additional risks identified to your individual case	
had the opportunity to discuss any additional concerns and qu	consider all of the identified risks as described above, I have also uestions with my surgeon. I have decided to proceed with the and intended benefits involved. I certify that I have fully informed 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