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Blepharoplasty Consent Form

General Risks

All operations have some inherent risk due to the administration of drugs and the induction of sedation or anaesthesia.

Risks that are involved in having an operation include (but are not limited to):-

Post operative pneumonia and areas of lung collapse

When you are asleep, or anaesthetised, you breathe more shallowly than normal. This can allow some areas of your lungs to partially collapse. If these areas are not inflated again soon after you wake up, this can lead to a pneumonia or lung infection. Smokers are at a higher risk than non smokers as the waste products from cigarette smoke clog the airways and damage the airway lining cells, which prevents them from cleaning out the usual mucous secretions. Our anaesthetists carefully monitor how deeply you are breathing during the operation to prevent this from occurring. This is one of the reasons that we insist that all smokers abstain from smoking for 6 weeks prior to an elective operation.

Deep venous thrombosis and pulmonary embolism

This gained notoriety as “Economy Class Syndrome” but the medical profession has been aware of this for decades. Your legs rely on gentle constant muscle activity to propel blood back towards the heart. If the blood stays stagnant it can clot in the leg veins, and then later dislodge and end up in your lungs. Whilst you are asleep, you generally move around enough to keep the blood moving, but whilst you are anaesthetised, your legs do not move at all. So we put compression stockings on most patients (to collapse the veins) and all patients have Sequential Compression Devices put on their legs (to massage the blood back to the heart, and the intermittent compression on the veins releases a natural anti-clotting agent). Once you go home from hospital, you should go to the emergency department if you experience irregular heartbeat, shortness of breath or chest pain.

Stroke, Heart Attack

These are very rare complications of general anaesthesia in otherwise fit & healthy patients. Elderly patients, whom are at a greater chance of having these events happening daily, are at a greater risk. If we believe that you are at increased risk of such a complication, we will arrange for you to see our anaesthetists prior to the operation and may arrange additional tests to ensure your safety in the operating room. If they believe that general anaesthesia is too risky, then in many cases your procedure can be done under sedation and local anaesthesia, and sometimes epidural anaesthesia.

Allergies

During your medical history, you will be asked if you are aware of having any drug allergies. This question will be repeated by your anaesthetist prior to the operation. During the administration of any drug there is a small risk of allergy. Reactions can be from mild itchiness to severe anaphylaxis requiring adrenaline. Some allergies can be predicted, but most are random events that are only discovered once they occur. Should an allergy occur during the operation it will be treated immediately, and you will be notified at the end of the operation.

Awareness

This is a favourite topic of TV shows but is exceptionally rare. Increased blood pressure or heart rate will alert anaesthetists that the patient is feeling pain. Nowadays brain wave monitoring will alert anaesthetists that a patient is not completely asleep enough earlier than heart rate and blood pressure will rise.

Death
The risk of death under anaesthesia in Australia is around 1 in 3 million cases for elective procedures in healthy patients. Your level of health before the operation will impact on your personal risk. In general terms, you are more likely to have an accident travelling to and from the hospital than your risk of dying in the hospital.

Specific Risks – Intraoperative

Bleeding
There is always a small amount of bleeding with a blepharoplasty. The anatomy of the blood vessels around the eyes is quite variable, and it is not always possible to know the exact position of these vessels. Very rarely, the bleeding can be catastrophic, requiring measures to stop the bleeding through additional incisions and extra manoeuvres to ensure vision in the eyes. Most plastic surgeons report this as a once in a decade to once in a lifetime event. A recent large study of over 250,000 blepharoplasties reported a 1 in 2000 risk of bleeding within the eye socket, and a 1 in 10,000 risk that this will progress to blindness.

Injury to the eye globe
Any structure in close proximity to a surgical site is at some risk of damage. We aim to prevent this by using small shields that we place within the eyelids to protect the eye from damage during procedures nearby.

Need for extra tissue
The requirement for extra tissue should be able to be predicted at the time of your pre-operative consultation and harvesting these will require additional incisions and small risks, which will be discussed if the need is likely.

Specific Risks – Short Term

Bleeding
There will be a small amount of bleeding or red discharge from your eyelids in the first few days after your operation. Large amounts of bleeding should be treated by keeping calm (to lower your heart rate and blood pressure), using ice packs (to shrink the blood vessels), tilting your head backwards and applying constant gentle pressure to your eyes. If the bleeding does not stop within 20-30 minutes, you should call the rooms or go to the hospital.

If bleeding or ooze from your eyelid incisions occurs at the same time as extreme pain or pressure in your eye, you should go to an emergency department immediately.

Loss of vision
This occurs very rarely and is usually due to bleeding within the eye socket (see above), abrasions of the cornea or damage to structures deep within the orbit.

The most likely cause is a corneal abrasion, from drying out of the cornea during the operation. Common symptoms are a gritty sensation in the eye, light sensitivity and decreased/blurry vision. Please call the rooms to arrange a review. After diagnosis, these settle quite quickly with antibiotic eye ointment for a few days.

Double vision may also occur after eyelid surgery. This is usually due to swelling around the muscles within the eye socket that move the eye. This settles over the course of a few weeks. If it persists past a month, review by an ophthalmologist is recommended.

Changes to tear secretion
After eyelid surgery, there can be altered amounts of tear secretions. A decrease in tear secretion (dry eyes) is more common than excessive tear secretion. This can be relieved with artificial tear drops (such as Refresh or Systane) until the eye recovers. If you have a tendency towards dry eyes before the operation, your risk of having dry eyes after the operation is much higher than normal. Occasionally the dry sensation in the eye can cause the eye to produce too many tears and results in a teary eye. This settles over the course of a few weeks.

Conjunctival oedema and chemosis
Just as the eyelids themselves may have some swelling after an operation, the inner linings of the eyelids may also have some swelling and redness. This swelling can contribute to the feeling of heavy eyelids and irritated. This can further result in changed tear secretion. This can be treated with a variety of eye drops to assist in tear production, decrease swelling and fight low grade infections.

Infection
Infection is uncommon after elective facial surgery. You will be given antibiotics through the drip during the operation and if there is any abnormalities noted during the operation, you will be sent home with tablet antibiotics for a week after the operation. Should an infection develop, it would usually begin at about the 5^{th} to 7^{th} post operative day (around about the time that you are due to see us for removal of sutures and dressings). If you notice increasing pain, swelling and redness of the area that was operated on, please call the office or the hospital.

Sensation change
You should expect some numbness around your eyelids after the operation. This is to be expected and should resolve over the course of around 6 months.

Firmness
After any operation, as tissues heal there is some swelling and firmness. The majority of this will resolve within 4-6 weeks and is usually resolved within 3 months. By the end of a month after your operation, some gentle tissue massage will help speed the recovery of the tissues. Occasionally the last small amounts of swelling can take up to a year to completely settle.

Exposed sutures
Many sutures (both permanent and dissolving) that are used to reshape tissues are buried within the soft tissues. Occasionally, these sutures will show themselves through the skin. If they become problematic, they may need to be removed. This is usually something that can be done in the office under local anaesthetic.

Dressings
Dressings need to remain in place until your first post operative check at the office. Occasionally dressings can cause some irritation, and rarely cause allergic reactions. Should the dressings

become unbearable or cause increasing redness & swelling, please call the office to arrange for them to be changed.

Delayed Healing & Tissue death

The expected time frame of healing within the face is that skin should heal within a week, bones within 4 weeks and soft tissues around about 6 weeks. Diabetics, smokers and people with some other diseases will have the risk that their tissues will take longer to heal, and may have some tissue death before healing. Most of these problems can be managed with appropriate dressings, but may need additional surgery.

Specific Risks – Long Term

Asymmetry

Small asymmetries should be expected. You should allow your operation at least 6 months to settle out minor asymmetries. Major asymmetries will be adjusted by your surgeon.

Scars

Scars from blepharoplasty are hidden within normal skin folds, and generally heal very well. Please read your scar management sheet for more in-depth information.

Upper eyelid malposition

Damage to some of the deeper muscles within the upper eyelid can cause the upper eyelid to become droopy. More commonly it is due to swelling within the upper eyelid that prevents the eyelid from moving normally. This can be temporarily managed with eye drops, but may require further surgery.

Difficulty closing your upper eyelid & corneal exposure

Commonly after upper eyelid surgery, it can be difficult to completely close your eyes. This will relax over the course of a few weeks. Whilst the upper eyelid is not closing properly you may notice either excessively watering eyes or the feeling of a dry eye. Should your eye feel dry, we will advise you to use drops and ointments in your eyes to protect your eye, and to tape your eyes shut at night, whilst the tissues relax. It is uncommon to require further surgery to correct this problem.

Lower eyelid malposition

Occasionally after lower eyelid surgery (about 5%), the eyelid may not sit at the correct height or may be pulled away from the eye globe. Although some causes of this can be diagnosed before an operation, not all cases can be predicted. Most cases will settle with upward and outward massage of the lower eyelid for a few weeks. Should this not correct the lower eyelid position within 3 months, further surgery may be necessary to release any scar tissue and mechanically suspend the eyelid into a better position.

Eyelash loss

Hair loss may occur in the lower eyelash area where the skin has been elevated, and may be temporary or permanent. The occurrence of this is rare and unpredictable.

Unsatisfactory Result

Your pre-operative consultations should help you realize the objectives and limitations of your operation. If you are unhappy with your result, you should wait for the swelling to settle before making a final judgment. Should the result still not be up to expectation by 6 months, you should discuss the need for further surgery with your surgeon.