

**REYNOLDS**  
**ORAL & FACIAL**  
**SURGERY**



**CONSENT FOR BROW LIFT / ENDOSCOPIC BROW LIFT SURGERY**

**Patient's Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

**PLEASE CHECK EACH BOX AFTER READING. If you have any questions please ask your doctor.**

- I understand that a brow lift is an aesthetic surgery to attempt to minimize or reduce evidence of aging, such as wrinkles and sagging of the skin of the forehead and to raise the brow to a more youthful position. Although in general a brow lift will provide a person with more youthful appearance, it is impossible to predict the exact result of surgery. The degree of improvement is a subjective opinion and will be partly determined by age, heredity, bone structure and various individual characteristics of the skin as well as personal habits such as sun exposure smoking, alcohol intake and nutrition.
- I authorize Dr. Reynolds/Dr. Auble to perform the following procedure(s): A BROW LIFT – DISSECTING AND REDRAPING THE SKIN OF THE FOREHEAD AND IN THE CASE OF A CORONAL BROW LIFT, REMOVAL OF EXCESS TISSUE
- These procedures are necessary to treat the following condition(s): LOW BROW POSITION AND FOREHEAD WRINKLES.
- The possible alternate methods of treatment (if any), include: DOING NOTHING, BOTOX FOR WRINKLES.
- I have been completely candid and honest with my doctor regarding my motivation for undergoing brow lift surgery, and realize that a new appearance does not guarantee an improved life.
- When improvement of the eyelid is desired, eyelid surgery (blepharoplasty) may be recommended in addition to the brow lift.
- Brow lift and eyelid surgery will not fully remove small wrinkles in the crows feet area or remove any discoloration or skin blotches.
- I have been advised and understand that this is not a minor surgical procedure.
- Additionally, I have been advised and understand that brow lift surgery will not cease the aging process. Future and additional brow lift surgeries may be necessary, depending upon aesthetic and cosmetic considerations. Surgical results may not match expectations and anticipations.
- Brow lift surgery is usually performed either across the scalp from ear to ear or in the case of endoscopic brow lift, via five smaller incisions in the hair bearing scalp. Incision placement is determined by the surgeon's judgment before and at the time of surgery
- After initial incisions, scalp is separated from underlying periosteum and cranium. Ligaments along the brow and temple are releases to allow movement of the brow. The brow is gently stretched upwards and backwards and in the case of coronal brow lifts, excess skin is removed.
- Every reasonable attempt will be made to place incisions along natural skin lines and creases. In many cases, incisions will result in some scarring, which usually fade and become less visible as healing occurs. In some patients scarring may be noticeable and permanent and a second procedure (scar revision) may be indicated.
- At the conclusion of surgery, large dressings may be applied to the face and neck and sometimes drain tubes may be inserted in the incisions. These dressings resemble a "mummy" dressing and may be left in place for several days. Drainage tubes are usually removed in a few days.
- Post-operative discomfort is typical and can be controlled with medications.
- Swelling and bruising of the face is common and may last for two or three weeks. Keeping the head elevated for several days after surgery will help reduce such complications. Swelling may not completely resolve for up to six months, but the duration and intensity varies with each individual. Patients often report a feeling of tightness, which is described as being uncomfortable. Healing is a gradual process and the final result may not be realized for six to twelve months.
- As a result of surgery and repositioning of the facial skin, some numbness can be expected. Such numbness is usually temporary, lasting from six to twelve months. In some cases, there can be residual areas of permanent numbness.
- Post-operatively I understand I must avoid excessive or strenuous exercise such as aerobics, heavy lifting, or other strenuous activities for two to six weeks.
- I understand that there are certain inherent and potential risks and side effects of any surgical procedure and in this specific instance such risks include, but are not limited to:
  - Delayed healing. In rare instances, necrosis (loss of localized areas of skin) may occur. This complication may require additional treatment and surgery.

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- Infection. When indicated, antibiotics will be prescribed. In rare cases, infection may require additional treatment or hospitalization.
- Localized collections of blood are not uncommon. Minor blood clots will be drained locally; major hematomas may require deeper surgical drainage.
- Poor healing may result in excessive and permanent scarring which may require a second operation for scar revision.
- Blood loss is usually minimal; however, in rare cases, a transfusion may be necessary.
- Nerve damage: the surgery will involve areas of certain cranial or facial nerves. Damage to sensory nerves may cause numbness, usually temporary. However, such numbness of the skin may be permanent. Additionally, there is a risk of damage to nerves that affect motor function. For example, there may be an inability to raise the eyebrows, close the upper eyelid or furrow the brow. Decreased function of motor nerves may also be permanent in nature.
- There may be localized hair loss, which may require further treatment.

## ADDITIONAL AGREEMENTS AND AUTHORIZATIONS

- I understand smoking is extremely detrimental to the healing process. **I agree to cease all use of tobacco for 6 weeks prior to and 6 months after surgery and to make strong efforts to give up smoking entirely.**
- Recognizing that during the surgery some unforeseen condition may be discovered that may necessitate a change in approach or different procedure from those explained above, I authorize Dr. Reynolds/Dr. Auble to perform such procedures as are necessary and advisable in the exercise of his professional judgment.
- No guarantee or assurance has been given to me that the proposed treatment will be curative and/or successful to my complete satisfaction. Due to individual patient differences, there exists a risk of failure, relapse, selective retreatment, or worsening of my present condition despite the care provided. However, it is the doctor's opinion that the treatment would be helpful, and I have weighed the risk with the proposed benefits.
- I have discussed my past medical history with the doctor and have disclosed **ALL** diseases and medications, including alcohol and drug use past and present.
- I agree to cooperate completely with the recommendations of Dr. Reynolds/Dr. Auble, realizing that lack of cooperation may result in a less than optimal result.
- I have reviewed / viewed pre-operative and post-operative instructions.

I certify that I have had an opportunity to read and fully understand the terms within the above consent and the explanation made, and that all blanks or statements requiring completion were filled in, and any inapplicable paragraphs were stricken before I signed. My signature below indicates my understanding of my proposed treatment and I hereby give my willing consent to the procedure.

Patient's (or Legal Guardian's) Signature	Date
Doctor's Signature	Date
Witness' Signature	Date