

PATIENT NAME: _____ AGE: _____ CHART NO: _____

It is my goal to provide you with some information about your desired procedure prior to our consultation. Please take the time to read this information and feel free to ask any questions during your face to face consultation. Additional information is available in the office and on our websites.

www.ocplasticsurgeons.com
 www.doctordaneshmand.com
 www.bakersfieldplasticsurgery.com

Dr. Daneshmand

Blepharoplasty (Eyelid) Consultation

GENERAL

- ▼ Surgery you do not need
- ▼ Totally / purely elective surgery
- ▼ Realistic expectation / full disclosure
- ▼ Key to success
- ▼ Why you are here - mirror

CHANGES UNAVOIDABLE

- ▼ Deterioration / aging
- ▼ Gravity
- ▼ Ethnic group / familial tendency

AVOIDABLE

- ▼ Sun
- ▼ Expressiveness

WHY HAVE THIS OPERATION

Self. Not for others. Repair / Maintenance. Vision (?).

WHAT IS USUALLY HELPED BY BLEPHAROPLASTY

- ▼ Sagging tissues of lids
- ▼ Some wrinkles / not all
- ▼ Bulging (bags)
- ▼ Occasionally improved field of vision (as per ophthalmologist)

WHAT WILL NOT BE HELPED

- ▼ Sagging of brows (options?)
- ▼ Some wrinkles will remain (options?)
- ▼ Frow lines between brows
- ▼ Aging process

GOALS

- ▼ Make you look as good as we can **FOR YOUR AGE.**
- ▼ Make eyes look less tired and / or sad (if due to "bags" and excess skin).
- ▼ Put skin back to the proportion that it was when you were younger.

Patient Initials: _____

LIMITATIONS

- ▼ Cannot recreate young skin
 - ▼ Cannot prevent continued aging
 - ▼ Cannot alter developmental asymmetries
 - ▼ Cannot solve personal problems
-

GOALS MAY ONLY BE PARTIALLY MET

HOW LONG WILL IT LAST?

Usually 5-10 years (sometimes less / more) until present condition has recurred.

ALTERNATIVES

- ▼ No surgery (adverse consequences?)
 - ▼ Chemical peels, skin care, laser resurfacing, fillers such as Collagen, Restylane
 - ▼ Upper lids only, lower lids only, upper and lower lids
 - ▼ Eyelid surgery combined with other procedures (face / forehead, peel, collagen, other)
-

SURGICAL TECHNIQUES, ANESTHESIA, FACILITY & RECOVERY

- ▼ Local anesthesia and sedation vs. general anesthesia
 - ▼ Office or outpatient surgery center or hospital
 - ▼ Incisions / removal of fat
 - ▼ Dressings
 - ▼ Post-Op hospitalization (optional)
 - ▼ Return to normal activities
-

TRADE OFFS

USUALLY TEMPORARY

- ▼ Discomfort (pain / sensitivity)
 - ▼ Discoloration / swelling
 - ▼ Dryness / excess tearing
 - ▼ Sensitivity to light
 - ▼ Asymmetry
 - ▼ Tightness / relaxation
 - ▼ Lumps / irregularities
 - ▼ Psychological depression
 - ▼ Restricted activity
-

PERMANENT

- ▼ Scars
 - ▼ Retraction
 - ▼ Asymmetry
-

RISK / COMPLICATIONS

MINOR

- ▼ Persistent dryness
 - ▼ Corneal abrasion / laceration / irritation
 - ▼ Scar widening or depression
 - ▼ Incomplete closure
 - ▼ Reaction to medications
-

MAJOR

- ▼ Bleeding / blood collection**
 - ▼ Infection, injury to deeper structures such as eye muscles and eye structure
 - ▼ Visual disturbance / blindness
 - ▼ Skin deficiency requiring grafting
 - ▼ Corneal ulceration / laceration
 - ▼ Cataract formation
-

Patient Initials: _____

EVEN THOUGH ...

Even though the risks and complications cited above occur infrequently, they are the ones that are peculiar to this operation or of greatest concern. Other complications and risks can occur but are even more uncommon. The risks of surgery are comparable to the risks you take everyday when driving or riding in an automobile.

ANY AND ALL OF THE RISKS AND COMPLICATIONS CAN RESULT IN

- ▼ Additional surgery
- ▼ Hospitalization
- ▼ Time off work
- ▼ Expense to you

INSURANCE

Insurance usually does not cover this procedure. Treatment of complications may or may not be covered by insurance. On occasion, surgical revision may be indicated following the original surgery.

If planned or performed within one (1) year after the original surgery, and if insurance does not cover these revisions, there will be a small charge by the surgeon, anesthesia department and OR facility.

NO GUARANTEE

The practice of medicine and surgery is not an exact science. Although good results are expected, there cannot be any guarantee or warranty, expressed or implied, by anyone as to the results that may be obtained.

**** If a smoker** – Must be off cigarettes for **SIX (6)** weeks before surgery and remain off cigarettes for **SIX (6)** weeks after surgery. Much greater risk for scarring, poor healing, hair loss and skin loss in smokers.

**** Must be off all aspirin containing products** for two (2) weeks before surgery and for two (2) weeks after surgery. (Check all medications with us. Some medications such as Motrin and Advil may also affect clotting.)

QUESTIONS

If there is any item or items on this consultation sheet that you do not understand, mark it and call the office. An explanation or additional information will be provided. Share the information we provide to you with interested family members or friends. I will be happy to meet with them if you wish. All questions and uncertainties should be answered and clarified prior to your surgery. A WELL INFORMED PATIENT IS A HAPPY PATIENT!

DATE: _____ Copied and provided to patient by: _____

A copy of this consultation was provided to me: _____

(Patient's signature)

Patient Initials: _____