GENERAL INFORMATION

A facelift, or rhytidectomy, is a surgical procedure to improve visible signs of aging on the face and neck. As individuals age, the skin and muscles of the facial region begin to lose tone. The facelift cannot stop the process of aging. It can improve the most visible signs of aging by tightening deeper structures, redraping the skin of the face and neck, and removing selected areas of fat if necessary. A facelift can be performed alone or in conjunction with other procedures, such as a brow lift, liposuction, eyelid surgery, nasal surgery, or with fat grafting.Facelift surgery is individualized for each patient. The best candidate for facelift surgery has a face and neckline that are beginning to sag, but whose skin has elasticity and whose bone structure is well defined.

ALTERNATIVE TREATMENTS

Alternative forms of management consist of not treating the laxness in the face and neck region with a facelift (rhytidectomy). Improvement of skin laxity, skin wrinkles, and fatty deposits may be attempted by other nonsurgical treatments such as Ulthera[®], CoolSculpting[®], chemical peels, laser resurfacing, facial fillers, and BOTOX[®]. Risks and potential complications are also associated with alternative surgical forms of treatment.

SPECIFIC RISKS OF FACELIFT SURGERY

Hair Loss:

Hair loss may occur in areas of the face where the skin was elevated during surgery. Though an unusual occurrence, the most common locations are in the temple area and behind your ear. The occurrence of this is not predictable.

Nerve Injury:

Motor and sensory nerves may be injured during a facelift operation. Weakness or loss of facial movements may occur after facelift surgery. Nerve injuries may cause temporary or permanent loss of facial movements and feeling. Such injuries may improve over time. Additional surgical procedures such as nerve repair, grafting, or transfer may be required should you have a nerve injury. Injury to sensory nerves of the face, neck, and ear regions may cause temporary, or more rarely permanent, numbness. Painful nerve scarring is very rare.

Previous Surgical Scars:

The presence of surgical scars from previous facial surgery may limit the amount of skin tightening that can be produced.

Asymmetry:

Symmetrical body appearance may not result after surgery. Factors such as skin tone, fatty deposits, skeletal prominence, and muscle tone may contribute to normal asymmetry in body features. Most patients have differences between the right and left sides of their faces before any surgery is performed. Additional surgery may be necessary to attempt to diminish asymmetry.

Parotid Fistula:

The parotid gland rests at the angle of your jaw and produces salvia. In deeper facelifts, the gland can be opened resulting in persistent leakage of this salvia into the facelift surgery site. This is referred to as a salivary or parotid fistula. A simple test of the fluid called an amylase test will determine if a salivary or parotid fistula is present. Additional nonsurgical treatment such as BOTOX[®] or surgical treatment may be required to close a salivary or parotid fistula.

Recurrence of Signs of Aging/Redo-Facelift:

A facelift is a temporary measure to improve the visible signs of aging. The exact duration or longevity of your facelift can be dependent upon many factors including your bone structure and weight gain/loss, as well as the technique utilized to perform your facelift. The facelift cannot stop the process of aging. It can improve the most visible signs of aging by tightening deeper structures, redraping the skin of the face and neck, and removing selected areas of fat if necessary.

Distortion of Anatomic Landmarks:

There is the inherent risk of distortion of the hairline, side burns, and earlobes, along with the shape of the face, eyes, and neck during a face/neck lift procedure. This may be permanent, and may require further surgeries to improve

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