

AUTHORISATION FOR RHYTIDECTOMY (FACELIFT)

Patient's Name

INTRODUCTION:

This informed-consent document helps your plastic surgeon inform you about your proposed surgery, its risks, and alternative treatments.

It is important that you read this information carefully and have all your questions answered.

- 1 I authorise Drand his/her assistant(s) to perform on me the operation known as rhytidectomy or facelift.
- 2 The nature and effects of this operation, as well as the risks and complications involved, have been fully explained to me.

The following points, among others, have been specifically made clear:

- a) Scars result from operations. Every effort will be made to limit and conceal them or to make them as inconspicuous as possible.
- b) There may be areas of numbness over the face and neck following the surgery. This may persist for an unspecified period of time.
- c) No guarantee can be given regarding the percentage of improvement in terms of apparent age or the permanency of results.
- d) There may be hair loss.
- e) There is a possibility of injury to the facial nerves that could result in temporary or permanent weakness of some of the facial muscles.
- f) In rhytidectomy, part of the undermined skin could be lost. This could result in wide scars or necessitate a skin graft.
- g) This procedure is subject to the same complications that can occur with any surgery, such as infection, bleeding and wound breakdown.
- h) There will be facial swelling. This may persist for several weeks.

- i) Fluid or blood may accumulate post-surgery and may require aspiration or drainage
- 3 I authorise Dr to perform any other procedure that he may deem desirable in attempting to improve the condition stated in paragraph 1, or any unhealthy or un-foreseen condition that may be encountered during the operation.
- 4 I consent to the administration of anaesthetics by a suitably qualified doctor.
- 5 The practice of medicine and surgery is not an exact science. I, therefore, understand that no guarantee or assurance can be given by Dr as to the results that may be obtained. Even reputable practitioners cannot guarantee results.
- 6 The two sides of the human body are not the same and can never be made the same.
- 7 I have authorised Dr to take clinical photographs. Such photographs remain the property of Dr
- 8 I am not known to be allergic to anything except:

- 9 In the event of a contractual dispute, or any other cause of action, litigation shall **ONLY** be instituted in a court of the Republic of South Africa.
- 10 Additional costs may occur should complications result from surgery. These costs would also be the responsibility of the patient.

I certify that I have read the above authorisation, that the explanations referred to therein were made to my satisfaction, and that I fully understand such explanations and the above authorisation.

Signed _____
(Patient or person authorised to consent for patient)

Witness _____ Date _____