INFORMED CONSENT FORM

Facelift and Neck Lift (Rhytidectomy)

This draft supports, but does not replace, an in-person discussion with the surgeon. Do not sign until the individualized procedure plan and risks have been completed.

PATIENT AND PROCEDURE DETAILS

Full name: _____

Date of birth: _____

Patient / file number: _____

Counseling date: _____

Facility / place of surgery: _____

Proposed procedure, side and area: _____

Procedure overview

Facelift surgery repositions lax tissues of the lower face, jawline and sometimes the neck, and removes selected excess skin. Incisions are commonly planned around the ear and hairline. Deeper tissues, including the SMAS, may be adjusted, and a neck procedure may be included. Technique and scope are individualized.

Purpose and potential benefits

The intention is to improve facial and neck contours. Aging continues after surgery; skin quality and pre-existing asymmetry may persist, and no specific duration or appearance can be guaranteed.

Alternatives

No surgery; in selected patients, consider skin treatments, energy-based procedures or injectable treatments, understanding their more limited effects.

Procedure-specific risks

Risks include hematoma (particularly with high blood pressure or bleeding tendency), impaired skin circulation or skin loss and wound breakdown (with higher risk in smokers), infection, altered hairline or hair loss, ear-lobe distortion, prolonged swelling, firmness or numbness, temporary or permanent weakness of facial nerve branches, facial asymmetry, visible scars and revision procedures.

Postoperative care

Follow advice about head position, dressings, drains, compression, activity limits and follow-up visits. Seek urgent assessment for sudden one-sided swelling, rapidly increasing pain or bleeding.

Questions for your surgeon

Is a facelift, neck lift or both planned? What is my individual risk of nerve injury or skin circulation problems? Where will scars lie?

General surgical and anesthesia risks

Any operation can involve bleeding, hematoma, infection, delayed healing, wound separation, scarring, pain, numbness, swelling, allergy or medication reactions, venous blood clots (DVT or pulmonary embolism), anesthesia-related complications and, rarely, life-threatening events. Individual risks vary with health status and procedure.

Personal factors affecting risk

Tell the surgeon about smoking/nicotine use, diabetes, high blood pressure, cardiac or lung conditions, previous operations, bleeding or clotting disorders, poor wound healing, possible pregnancy, prescribed medicines, hormones, supplements and allergies. Do not stop prescribed medications without medical advice.

Expectations, additional treatment and costs

Cosmetic outcomes are personal and subjective. Asymmetry, persistent scars, dissatisfaction or unexpected healing may require additional care or revision. Timing, feasibility, likely benefit and potential additional costs of revision must be discussed separately.

Recovery and warning signs

Attend follow-up appointments. Seek prompt care for fever, worsening redness, pus, increasing bleeding, uncontrolled pain, sudden shortness of breath, chest pain or new swelling of one leg. Procedure-specific emergency warning signs are described above.

Alternatives and right to decline

You may decline the proposed operation, obtain a second opinion and withdraw consent before the intervention begins. Declining elective cosmetic surgery usually means retaining the current appearance; functional concerns should be assessed separately.

Photographs and privacy

Clinical photographs and medical records needed for care must be handled under applicable health-data confidentiality rules. Educational, social media, advertising or other public use is NOT authorized by this surgical consent and requires separate explicit permission.

INDIVIDUALIZED PLAN AND RISK NOTES (TO BE COMPLETED BY SURGEON)

Incisions, technique, side and additional procedures: _____

_____

Relevant conditions / risks / allergies / medications: _____

_____

Anesthesia and estimated duration: _____

_____

PATIENT COUNSELING AND DECISION RECORD

The purpose, technique, reasonable alternatives, consequences of declining surgery, significant risks, expected recovery and emergency warning signs were explained to me in a language I understand. I could

ask questions and seek another opinion. I understand that outcomes are not guaranteed and additional care or revision may be needed. I know I can withdraw my consent before the procedure begins.

[ ] I consent to the procedure individualized and explained above.

[ ] I decline the proposed procedure / defer my decision.

Patient printed name and signature: _____

Date / Time: _____

Counseling surgeon name and signature: _____

Date / Time: _____

Legal representative, relationship and signature (if applicable):

_____

Date / Time: _____

Interpreter name, language and signature (if applicable): _____

Date / Time: _____

DRAFT • Requires surgeon and legal review • Not approved for clinical use