



The Association of Plastic & Reconstructive Surgeons of Southern Africa

AUTHORISATION FOR BROW (FOREHEAD) LIFT

INTRODUCTION:

This informed-consent document helps your plastic surgeon inform you about your proposed surgery, its risks, and alternative treatment. It is important that you read this information carefully and have all your questions answered.

- 1 I authorise Dr Dower and his assistant(s) to perform on me (or my _____) the operation known as brow (forehead) lift.
- 2 The nature and effects of the operation, the risks and complications involved, as well as alternative methods of treatment, have been fully explained to me by Dr Dower and I understand them.

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

- a) Numbness, or altered sensation. of the scalp and forehead can occur post-operatively. This is usually temporary but can be permanent
 - b) The hairline will be raised in some brow lift procedures. It is possible to lose, from lack of blood supply (necrosis), areas of scalp and have the wounds heal over a period of weeks.
 - c) Itching of the scalp and forehead is common
 - d) Temporary, or permanent, loss of some hair can occur
 - e) Scars result from surgery. Their exact nature is not predictable
 - f) Complications after brow lift are similar to those after any surgical procedure. Bleeding, infection and wound breakdown can occur
 - g) Injury to the nerves that raise/move the eyebrows may occur. This is usually temporary but may be permanent
 - h) It may be difficult to close the eyes post-operatively. This is usually temporary.
- 3 I authorise Dr Dower to perform any other procedure that he may deem desirable in attempting to improve the condition stated in paragraph 1 or any unhealthy or unforeseen 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 Dower as to the results that may be obtained.
 - 6 The two sides of the human body are not the same and can never be made the same.

- 7 I have authorised Dr Dower to take clinical photographs. Such photographs remain the property of Dr Dower
- 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.

Patient:

Print name _____

Signature _____

Date _____

Witness:

Print name _____

Signature _____

Date _____
