



## The Association of Plastic & Reconstructive Surgeons of Southern Africa

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### AUTHORISATION FOR EYELIDPLASTY

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#### 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 the operation known as eyelidplasty or blepharoplasty (a plastic surgical operation on the eyelids and surrounding structures).
- 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) Incisions are used and these incisions heal with scar tissue. The scarring from blepharoplasty is usually inconspicuous.
  - b) There will be discolouration (bruising) about the eyes for several days, and this can persist for considerably longer periods.
  - c) The procedure is subject to the same post-operative complications as with other surgical procedures around the eyes, such as bleeding, infection, wound breakdown, swelling, unsatisfactory appearance, redness, scarring, numbness, nerve damage, asymmetry, dry eyes, sensitivity to light, scratched cornea.
  - d) Ectropion (a turning out of the eyelid) can occur
  - e) Blindness has occurred following blepharoplasty. This is extremely rare.
  - f) An exact end-result cannot be predicted given the nature of the procedure.
- 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:  
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- 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:**

**Witness:**

Print name \_\_\_\_\_

Print name \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

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