

**BLEPHAROPLASTY CONSENT
FORM**

Blepharoplasty attempts to restore a more youthful appearance by removing or modifying the eyelid skin and by removing or repositioning excess fatty tissue from the periorbital structures.

As with any surgery, there are specific effects, including risks and complications associated with the procedure. These may include:

1. Incisions are made in the upper lid crease and often just below the lower lashes or inside the eyelid. While these usually heal inconspicuously, they are permanent.
2. Swelling and bruising will last around the eyes for approximately 5-7 days but may persist for considerably longer periods.
3. In rare cases, post operative bleeding can lead to noticeable swelling. Occasionally, this requires removal of the sutures and evacuation of the accumulated fluid.
4. There is the possibility of ectropion (a turning out of the eyelid), lagophthalmos (a difficulty closing the upper eyelid), or of dry eye.
5. There is the rare possibility of blindness. This may occur in 1 in 50,000 cases and the etiology is unknown.
6. The procedure is subject to the same post-operative complications as other surgical procedures, i.e.: infection or bruising.
7. Because of the nature of the procedure, an exact end-result cannot be predicted, and I have not been given any guarantee of specific results.

*The nature and technique of blepharoplasty surgery, and potential risks and complications associated with the procedure, and the alternative methods of treatment have been fully explained to me by **Dr.** _____ and I understand them.

Patient's Signature

Date

Patient's Name (*Please Print*)

Witness

BLEPHAROPLASTY CONSENT FORM
PATIENT'S COPY

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