



# ISAPS® PATIENT SAFETY

INFORMED CONSENT OF THE INTERNATIONAL SOCIETY  
OF AESTHETIC PLASTIC SURGERY

## INFORMED CONSENT FOR BLEPHAROPLASTY

November 12, 2024

Blepharoplasty is a surgical procedure to remove excess skin and bags on the eyelids. It can be done on the upper, lower or both eyelids. It can help improve vision in cases where excess skin causes alteration of the visual field. Blepharoplasty does not eliminate “crow’s feet,” or other wrinkles, nor dark “circles,” under the eyes, nor does it lift drooping eyebrows.

### GENERAL RISKS AND COMPLICATIONS

Any surgery or procedure has general risks of complications:

- Postoperative bleeding
- Wound infection, respiratory (cold, pneumonia, bronchopneumonia), urinary, others
- Deep vein thrombosis in the lower extremities
- Pulmonary: atelectasis, pulmonary thromboembolism, others
- Cardiac: arrhythmia, acute myocardial infarction, problems associated with elevated or decreased blood pressure, others
- Neurological: vascular accidents, transient or permanent alterations in sensitivity or motility
- Anesthetics: allergic reaction to some medication. Both local anesthesia and general anesthesia carry a risk. There is the possibility of complications and even death, from any form of anesthesia or sedation.

### COMPLICATIONS OF BLEPHAROPLASTY

Every surgical procedure involves risk and eventual complications. Although most patients do not experience the following complications of BLEPHAROPLASTY, you should discuss each of them with your plastic surgeon:

- **BLEEDING:** It can occur during or after surgery. It can be under the skin or internally around the eyeball. If postoperative bleeding develops, it may require emergency treatment or surgery.
- **BLINDNESS:** Blindness after blepharoplasty is extremely rare. However, it can be caused by internal bleeding around the eyeball during or after surgery.
- **DELAYED HEALING:** There is a possibility of wound opening or delayed healing.
- **INFECTION:** Infection after surgery is very rare. If an infection occurs, additional treatment including antibiotics may be necessary.
- **ABNORMAL SCARS:** In rare cases, abnormal scars may result; also visible scarring or a different color than the surrounding skin. Additional treatments may be needed to treat abnormal scarring.
- **INJURY TO DEEP STRUCTURES:** Deep structures such as nerves, and muscles of the eye, can be damaged during the course of surgery. Injury to deep structures may be temporary or permanent.

- **DRY EYE PROBLEMS:** After a blepharoplasty, there may be transitory or permanent alterations in tear production and it is not always predictable.
- **ASYMMETRY:** The eyelid regions are normally asymmetrical. There may be variation between the two sides after a blepharoplasty.
- **SKIN ALTERATIONS:** Skin diseases can develop regardless of eyelid surgery.
- **MALPOSITION, ECTROPION OR ENTROPION:** Separation between the lower eyelid and the eyeball is a rare complication. Additional surgery may be needed to correct this condition.
- **QUERATITIS OR CORNEAL ULCERAE:** Corneal problems may develop due to corneal dryness. Additional treatments may be necessary.
- **UNSATISFACTORY RESULTS:** There is a possibility of a poor outcome in eyelid surgery. Surgery can lead to visible deformities, loss of function, opening of the wound or loss of skin sensation.
- **ALLERGIC REACTIONS:** Local allergies can occur. Systemic reactions can occur from medications used during or after surgery. Allergic reactions may require additional treatment.
- **LOSS OF EYELASHES:** Eyelash loss can occur in the lower eyelid, where the skin is elevated during surgery. The occurrence of this event is not predictable. The loss may be temporary or permanent.

## NEED FOR ADDITIONAL SURGERY

There are many variable conditions that can influence the long-term results of blepharoplasty. Secondary surgery may be needed to make additional corrections. If complications occur, additional surgery or other treatments may be necessary.

## ADDITIONAL COSTS

There may be additional costs associated with complications arising from surgery, secondary surgery or surgical revision.

## CONTROLS

Since the plastic surgeon is in charge of a team of medical professionals who will be at his/her disposal, subsequent controls, procedures or cures may be carried out by one of the other members of the work team.

# INFORMED CONSENT FOR PROCEDURE FORM

IT IS IMPORTANT THAT YOU READ THE ATTACHED INFORMATION CAREFULLY AND HAVE ALL YOUR QUESTIONS ANSWERED BEFORE YOU SIGN THE CONSENT BELOW:

## INFORMED CONSENT FOR BLEPHAROPLASTY

1. I hereby authorize DR. ....  
and the assistants who are selected to perform the following procedure or treatment:

### BLEPHAROPLASTY

2. I have read, understood and signed the pages of the attached information: "Informed Consent for Blepharoplasty,,"

3. I have not omitted or altered data when presenting my history and clinical-surgical history, especially those referring to allergies and illnesses or personal risks.

4. I am aware that, during the course of the operation and medical treatment or anesthesia, unforeseen conditions may arise that require procedures other than those proposed. I hereby authorize him/her and his/her assistants to perform these other procedures in the exercise of their professional judgment. The authorization will include any condition requiring treatment that was not known to the surgeon at the time the procedure was started.

5. I agree that no guarantee has been given to me by anyone as to the result that may be obtained.

6. I give consent for the administration of anesthetics that are considered necessary or advisable. I understand that any form of anesthesia presents a risk and the possibility of complications, injuries and very rarely, death.

7. I give consent to the photographing or filming of the operation to be performed, including any part of my body, and the subsequent use of the material for medical, scientific or educational purposes, since my identity will not be revealed in the images:

YES       NO

8. For the purpose of advancing medical education, I give consent for observers to enter the operating room:

YES       NO

9. The treatment mentioned above and the complications of the procedure have been explained to me in an understandable way.

10. LOCATION OF SCARS:

- Scar in the fold of the upper eyelid
- Scar at 2mm of the free edge of the lower eyelid
- Internal scar (in transconjunctival blepharoplasty)

I give consent for the treatment and the points cited above (1 to 10):

(Identification and signature of the patient or authorized person)

Name: .....

Identification: .....

Signature: .....

Date: .....

#### Disclaimer

*This medical informed consent form is offered as a guide to ISAPS members and as an aid to drafting consent forms for their patients and their practice. Whilst it provides a framework, it remains the responsibility of the individual practitioner to tailor any final documentation to the practice or legislative requirements specific to the local jurisdiction and to make consent decisions appropriate to the circumstances of each patient, in consultation with the patient and, where appropriate, with their guardian or carer.*

*In providing this guidance as a service to its members, ISAPS accepts no responsibility or liability associated with its subsequent use in clinical practice or in any other context. ISAPS reserves the right to modify, amend, or update this consent form at any time without prior notice. Users are encouraged to review this form periodically for any changes.*