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FACELIFT (RHYTIDECTOMY) – INFORMED CONSENT FORM

Date: …../…../20….

Dear Patient, Dear Parent/Guardian,

This form has been prepared to inform you and your relatives about the planned surgery. Reading and signing this document is a legal requirement. Information forms explain the foreseeable risks and potential complications of surgical treatments and provide information about alternative treatment options. The risks listed are described broadly to address the needs of most patients in many situations. However, this form should **not** be considered a document that contains every possible risk of all treatment methods. Depending on your personal health status and medical history, your plastic surgeon may provide different or additional information.

Please read all the information below carefully and **do not sign** the last page until all your questions have been answered.

GENERAL INFORMATION

Facelift (facial rejuvenation) surgeries are procedures performed to correct certain signs of aging on the face and neck. As we age, relaxation, loss of elasticity, and wear develop in the skin and facial muscles. While these operations do **not** stop aging, they tighten and reposition the skin and deeper layers, giving the face a more youthful appearance. A facelift can be performed alone or combined with neck lift, fat transfer, brow lift, liposuction, eyelid surgery, or rhinoplasty.

Ideal candidates are individuals in whom laxity has begun in the face and neck, yet skin elasticity and bony support are still reasonable. Facelift planning is **individualized**. You must inform your doctor about your medical history, psychiatric conditions, allergies, pregnancy risk, bleeding disorders, complications from prior surgeries, and all medications you use regularly.

ALTERNATIVE TREATMENT

Non-surgical facial rejuvenation procedures are **not** an alternative to a surgical facelift. In moderate–advanced stages of aging, none of the alternatives provide results as durable or as effective as surgery. Therefore, botulinum toxin, fillers, fat injection, thread lifts, mesotherapy, PRP, laser, chemical peels, radiofrequency, or focused ultrasound should not be considered substitutes for a facelift. The true alternative to a facelift is **not** to have surgery.

SCOPE OF EFFECT OF A FACELIFT

A key principle in facial rejuvenation is **treating the face as a whole**. A facelift is only **one** of the rejuvenation procedures and primarily affects the **cheek/jowl** region. It does **not** rejuvenate the entire face. After facelift, the upper and lower eyelids, forehead and temples, nose, midface, and lips are **minimally** affected. The neck may benefit depending on the technique used. To achieve balanced, natural results, additional procedures for other facial areas may be included in the plan.

When a facelift is performed alone, rejuvenation is evident in the operated zones; however, untreated areas may appear relatively older. For example, a patient who undergoes facelift and neck lift but not eyelid or forehead procedures may show striking changes in the lower face and neck while the untreated forehead/eyelids remain noticeably aged.

You were informed during the preoperative consultation about which technique is recommended and how wide its effect is. In older patients, treating the entire face in a **single** operation may require long operative times and slightly increase surgical/anesthesia risks; therefore, your surgeon may divide the plan into staged procedures. In healthy individuals without comorbidities, longer and combined operations can also be performed safely. Each stage may entail additional procedures, recovery time, and cost.

DURABILITY AND DURATION OF EFFECT

A facelift's **effects are permanent in the sense that they are not reversible**, but the **rejuvenation effect is not permanent**: aging continues. If you dislike certain surgery-related changes (e.g., incision lines), they cannot be "undone."

Longevity varies with technique. Approaches that treat the **deep layers/SMAS** or composite techniques are typically more durable; mini-lifts, endoscopic lifts, or short-scar lifts are usually less powerful and shorter-lived. Individual factors—soft-tissue quality, skin elasticity, bone support—strongly influence outcomes.

Published data suggest that procedures addressing the deep soft-tissue layers can maintain effect for **around 10 years** on average. When aging signs reappear, the procedure can be

repeated using prior incision lines to extend results. You were informed preoperatively that the effect may diminish **earlier** than you expect.

DEGREE ("POWER") OF EFFECT

Multiple mechanisms contribute to facial aging: gravitational descent, skin and bone atrophy, expression-related fine lines, and soft-tissue volume loss. A facelift **primarily** treats gravitational descent/sagging. It has **little to no effect** on:

- surface photodamage and fine wrinkles,
- volume loss (requires fat transfer or fillers),
- skeletal deficiencies,
- dynamic expression lines (e.g., forehead lines, crow's feet, upper-lip lines).

Thus, after surgery, elements such as upper-lip wrinkles, crow's feet, forehead lines, tear-trough/midface hollowing may persist. Your surgeon has informed you how these issues can be addressed separately.

AESTHETIC GOAL OF A FACELIFT

Although commonly called "facial rejuvenation," the **goal** is to **improve beauty/harmony**, not to make time run backward. No medical procedure can stop or reverse tissue aging. The realistic aim is for you to look **younger than the average** person of your age—not to look like a different, much younger person. The extent of benefit is best assessed by standardized medical photography before and after surgery. Results seen in other patients (including on social media or in the press) are **not guaranteed** for you.

RISKS OF FACELIFT SURGERY

Every surgical procedure carries risk. Choosing surgery requires weighing potential benefits against potential complications. Even though most patients **do not** experience the complications below, each should be discussed with your plastic surgeon to ensure full understanding.

Bleeding (Hematoma)

Intraoperative or postoperative bleeding can occur (reported incidence **~1–5%**). If bleeding occurs after surgery, blood may collect under the skin (hematoma), causing significant bruising and swelling. Untreated hematoma can compromise skin circulation and lead to **skin loss**, so urgent evacuation and hemostasis are required—often within the first **48 hours**—and

may necessitate a return to the operating room. Rarely, anemia may require transfusion. Hematoma also increases the risk of skin necrosis around the pre- and post-auricular areas. Stop blood-thinning agents **10 days** before surgery. Inform your doctor about aspirin/NSAIDs, herbal products, and multivitamins. Hypertension increases bleeding risk; you will continue your antihypertensive medications the morning of surgery and afterward as instructed (doses may be adjusted). Hematoma is about **six times** more common in males. Known bleeding/clotting disorders and histories such as prolonged bleeding after tooth extraction, heavy menstrual bleeding, easy bruising, or frequent nosebleeds must be disclosed.

Infection

Infection is uncommon. If it occurs, additional antibiotics and/or surgery may be required. Infection may lead to tissue loss, delayed healing, and poorer scars. Routine postoperative antibiotics are **not** mandatory and have no proven benefit in standard facelift cases. Pet owners—especially those with cats—may have a slightly higher risk. **Late infections** can arise from internal sutures or injected fat, sometimes forming small abscesses that may require drainage. Unrelated **hospital-acquired** infections (lungs, urinary tract, bloodstream) may rarely occur.

Unfavorable Scarring

Typical incisions begin in the temporal hairline or in front of the sideburn, continue around the ear, and end within the posterior hairline; a **3–4 cm** submental incision may be added for neck work. Despite good healing in most patients, scars can become discolored, raised, or widened and may require revision and adjunctive treatments. After one year, scars are usually thin and pearly and can often be camouflaged with light makeup; however, **complete invisibility is not possible**. Even with excellent healing, careful inspection reveals preauricular scars. Smokers tend to scar **worse**.

Skin/Tissue Loss (Necrosis)

Because facelift elevates skin flaps, circulation can be compromised—particularly with vascular disease, poorly controlled diabetes, or **smoking**. Skin loss leaves a wound that typically heals over **6–12 weeks**, often with a patch-like, burn-type scar that may require revision. Smokers have **~8–10×** higher risk, but necrosis can occur even in otherwise healthy patients.

Injury to Deeper Structures

Vessels, muscles, sensory/motor nerves, salivary glands, or Stensen's duct can be injured. Deep-plane techniques are **theoretically** associated with higher risk of deep structure injury. Injury to the parotid gland/duct can cause salivary collections or abscesses and may require reoperation or repair.

Asymmetry

Human faces are naturally asymmetrical. Pre-existing asymmetries usually **persist**; new asymmetries can appear. Most early asymmetries improve within the first **3 months** as swelling subsides and tissues settle, but some degree of asymmetry is inevitable long-term. Noticeable asymmetry may require additional procedures. If your career or social context does not tolerate normal facial asymmetry, you should reconsider surgery. Temporary asymmetry in facial expressions is common early; rarely, **permanent** asymmetry can result from nerve injury. Natural variations in retaining ligaments can also cause side-to-side differences even when equal maneuvers are performed.

Anesthesia

Both **local with sedation** and **general** anesthesia carry risks, including complications, injury, disability, and **rarely** death.

Nerve Injury

Motor and sensory nerves can be injured, causing weakness or loss of facial movement and/or sensation—temporary or permanent. Most postoperative facial weaknesses improve over time; however, there is a risk of **partial or complete permanent facial paralysis**. Sensory nerve injury or entrapment in sutures can cause numbness, tingling, electric-shock sensations, or **pain** lasting **3–6 months**.

Pain

Facelift is not typically very painful, but moderate pain can occur, especially where tissues are anchored to deeper layers. Pain usually decreases rapidly within **48 hours** and resolves within **7 days**, but **prolonged** or even **chronic** pain has been reported and may delay return to work or social life.

Skin Irregularities

Irregularities may be visible at rest, with expression, or with neck movement—most resolve spontaneously within **3 months**, but some can persist. Small contour changes near the sideburn, submental area, neck line, lobule–cheek junction, and preauricular region are relatively common. **Adjunctive liposuction** (to facilitate dissection) or **fat grafting** may increase the risk of irregularities. When these are performed as part of the facelift, they are covered by this consent and do not require a separate consent form.

Skin Cancer (Unrelated)

Skin cancer can occur independently of facelift. If a suspicious lesion is encountered intraoperatively, your surgeon may biopsy it **without additional consent** and proceed with the planned operation; a positive result may require further treatment.

Unsatisfactory Results

Outcomes may be unsatisfactory, including visible deformities, loss of facial movement, wound breakdown, or sensory changes. Additional surgery may be needed to improve results.

Allergic Reactions

Rare local allergies to tapes, sutures, or topical agents may occur. More serious systemic reactions can occur to medications used during or after surgery; additional treatment may be required.

Hair Loss

Hair loss can occur in areas where skin is elevated. With hairline-incision approaches, the sideburn may shift posteriorly, widening the temple area. Prolonged pressure on the scalp during long operations can cause temporary, rarely permanent, alopecia. With pre-sideburn incisions, the scar may lie in front of hair and be more visible, sometimes requiring **hair transplantation** for camouflage.

Pressure Injuries

During lengthy procedures, pressure points may become painful for weeks; rarely, open wounds requiring treatment can occur.

Delayed Healing

Wound separation or delayed healing can occur. Even in healthy patients with uneventful courses, **scar maturation** takes **18–24 months**. By 5–8 days, tensile strength allows suture removal; by 3 months, scar strength reaches ~**80%** of normal skin. Early scars (first 3 months) are often red and raised, then gradually fade by 24 months. Smokers have higher risk of skin loss and delayed healing.

Long-Term Effects

Aging, weight change, pregnancy, chemotherapy/radiotherapy, sun exposure, and other factors alter the skin and may affect durability. A facelift does **not** stop aging or maintain permanent tightness. Future treatments or repeat surgery may be required to maintain results.

Return to Work and Social Life

Most patients resume work/social life around **post-op days 10–14**, camouflaging scars with hairstyle and makeup. Depending on your profession and need for full recovery, return may take up to **3 months**.

Additional Considerations in Male Patients

In men, redraping cheek skin toward the ear can shift the **beard-bearing** skin closer to the ear. Laser hair removal—often several sessions ~6 weeks post-op—may be required and is **not** included in surgical fees. Men may find early scar camouflage more challenging due to short hairstyles and lack of makeup. Psychological adaptation to facial changes may take longer (≈**3 months**). Male facelift design typically avoids excessive malar fullness; skeletal support (e.g., implants to lower eyelid/cheek or chin) may be added for a more angular look.

Professional/Career Considerations

Complications may result in significant financial or reputational impact for TV presenters, actors, artists, public figures, sales staff, and models—anyone whose success is closely tied to facial appearance. Surgeons do not vary technique, care, or fees based on a patient's income. Potential income loss after surgery is **not** the surgeon's responsibility. Patients concerned about such risks should consider **private insurance** against financial loss.

Limits of Preoperative Testing

You will undergo standard preoperative tests and evaluations by your surgeon and anesthesiologist, but no screening can detect **all** diseases. Undiagnosed conditions may lead to complications or even death. Not every patient is screened with advanced tests unrelated to surgery (e.g., brain MRI, colonoscopy, mammography, coronary angiography, abdominal CT, TB tests, rectal/vaginal/breast exams). By signing this consent, you acknowledge that serious undetected conditions may exist and agree **not** to hold the surgeon or anesthesiologist responsible for issues beyond reasonable and standard preoperative evaluation.

Eye Injury/Blindness

Corneal injury can occur from eye exposure, lubricants, or prep solutions. Very rarely, **fat embolization** during fat injection may block ocular vessels, potentially causing blindness.

Stroke/Death

Undetected or unpredictable conditions can lead to disability or death. The most common causes of perioperative death include **myocardial infarction** and **thromboembolism** (clots forming in deep veins or heart valves and traveling to vital organs). Embolism is unpredictable and may be fatal or cause blindness/paralysis. In the general population, most embolic/cardiac events occur during everyday activities (sleep, exercise, driving, watching sports), not only during surgery.

PATIENT DECLARATION AND CONSENT

I declare that I am satisfied with the oral and written explanations provided to me. I have had adequate time to read this consent form. I asked my doctor about any parts I did not understand and received sufficient answers. I understand that my signature at the bottom of **each page** indicates approval of that page's content according to these principles. I accept the potential risks related to the treatment. I have received written pre- and postoperative instructions. I voluntarily consent to the planned treatment or surgery, to any subsequent treatments that may become necessary, to the items listed above, and to the oral explanations given to me.

Patient Information

- Full Name: .....
- Address:
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- Phone Number: .....

Signature: .....