Almond Eye Surgery

Canthopexy / Canthoplasty

INFORMED CONSENT FORM

Patient's Full Name	ID / Passport No
Date of Birth	Date / Time of Information

Dear Patient,

The purpose of this form is to inform you about matters concerning your health so that you can take part in the decision to be made. Please read the form carefully and ask your physician about anything that is unclear before signing.

This form has been prepared to meet the needs of most patients in most circumstances; however, it should not be regarded as a document that covers every risk of every form of treatment. Depending on your personal health, your physician may give you different or additional information.

After learning about the benefits and possible risks of the diagnosis, medical treatment and surgical procedures, it is your decision whether or not to accept the procedure. Except where legally or medically required, you may decline the information or withdraw your consent at any time.

Information About the Procedure

The outer corner of the eye (lateral canthus) normally sits a few millimetres higher than the inner corner. When the outer corner is level with or lower than the inner corner, the face may look tired. Repositioning the outer corner upwards using various techniques is called almond eye surgery.

This procedure requires the supporting tendons and ligaments in the area to be released and refixed. If the upper eyelid also needs treatment, an incision may be made in the eyelid crease; if performed alone, the incision may be made in the scalp at the temple with the help of an endoscope.

Simple procedures are performed under local anaesthesia; operations combined with brow and eyelid procedures are performed under general anaesthesia. Surgery usually takes about 1 hour; the hospital stay is 0-1 days. Tape may be recommended for about a week to reduce swelling. Stitches are usually removed on day 7; most people return to daily life within 7-10 days.

Preparation Before Surgery

- Do not eat or drink anything after midnight on the night before surgery. Medicines for chronic conditions (diabetes, high blood pressure, heart disease, etc.) may be taken with a small sip of water on the morning of surgery if your physician advises.
- Aspirin and similar medicines that may increase bleeding should be stopped, under medical supervision, at least 7-10 days before surgery. Vitamin E, fish oil, ginkgo and some herbal teas may also increase bleeding and should not be used during the week before surgery.
- Surgery may be postponed if you have an active upper respiratory infection (cold, flu, etc.). Inform your physician of any fever, infection or skin problem that develops before surgery.

- Always tell your physician about previous illnesses and operations and all medicines you take regularly (including herbal products).

General Advice After Surgery

- Sedatives and painkillers used during anaesthesia may temporarily affect your reflexes. For the first 24-48 hours you should rest, not drive, and have a responsible adult with you.
- Avoid physical exertion and activities that raise blood pressure (sport, heavy lifting, etc.) for 5-7 days after surgery.
- Take your prescribed medicines (antibiotics, painkillers, etc.) as directed and for the recommended period; do not add other medicines without consulting your physician.

Possible Risks of Surgery

- **Bleeding:** May rarely occur during or after surgery.
- **Infection:** Uncommon; if it develops, antibiotics or surgery may be needed.
- **Scarring:** Although scars are expected to fade, in some cases scars of a different colour and texture may remain.
- **Dry eye:** Rare. If you have dry eyes, mention this before surgery; an eye specialist's opinion may be obtained if needed.
- **Asymmetry:** The face is not naturally symmetrical; there may be differences between the two sides.
- **Numbness / loss of sensation:** Temporary, rarely permanent, loss of sensation may occur due to injury to vessels and nerves.
- **Hair loss:** Hair loss may occur along an incision made in the scalp.
- **Allergic reactions:** Very rare reactions to tape, sutures or medicines.
- **Unsatisfactory result and long-term effects:** The result may not meet your expectations; ageing and environmental factors may change the appearance over time.

Possible Risks Related to Anaesthesia

Regional or general anaesthesia may carry certain risks related to the drugs used and to the anaesthetic procedure itself. You may discuss the specific risks of anaesthesia separately with the anaesthesiologist. These risks include:

- Chest infection due to collapse of small areas of the lung (atelectasis), which may require antibiotics and physiotherapy.
- Temporary restriction of movement and weakness in the hands and feet related to positioning during surgery.
- Blood clot formation in the legs (deep vein thrombosis). A clot may travel to the lungs and be life-threatening. This risk is higher in patients over 50.
- Heart attack or stroke due to strain on the heart.
- Very rarely, death related to anaesthesia.
- In overweight patients and smokers, an increased risk of wound infection, chest infection, heart and lung complications and blood clots.

Other Treatment Options

The treatment proposed to you has been planned on the basis of your examination findings and current medical knowledge. Alternative methods also have their own benefits, risks and limitations; you can discuss these in detail with your physician.

If the Procedure Is Not Performed

If you decline this procedure, which is planned to improve quality of life or for aesthetic purposes, no health problem is expected to arise from your decision; your current appearance or complaints will remain.

Medicines and Lifestyle

Every medicine used during and after surgery, including anaesthetic drugs, antibiotics and painkillers, may have its own side effects; rarely, serious allergic reactions may occur. You will be told separately what each medicine is for, how to use it and its possible side effects.

Smoking delays wound healing, increases the risks of infection and anaesthesia and may adversely affect the result. It is recommended that you do not smoke or drink alcohol for at least two weeks before and after surgery.

How to Reach Us When Needed

If you experience unexpected pain, increasing swelling, fever, bleeding or anything that concerns you after the procedure, contact us on +90 542 338 86 61 or +90 542 255 52 86. In an emergency, go to the nearest healthcare facility. If you change your mind after declining the procedure, you may apply again at any time.

What Your Physician Needs to Know About You

For your safety, please answer the questions below. If you are unsure about a question, you can complete it with your physician.

1. Do you have a tendency to bleed? (e.g. prolonged bleeding from small cuts or dental treatment)	☐ Yes ☐ No
2. Do you bruise easily, or is there a bleeding disorder in your family?	☐ Yes ☐ No
3. Do you take blood-thinning medicine (e.g. aspirin)?	☐ Yes ☐ No
4. Do you take any other medicines regularly? If so, which:	☐ Yes ☐ No
5. Do you have allergies, asthma or hypersensitivity? (plasters, latex, foods, medicines, etc.)	☐ Yes ☐ No
6. Do you have heart or lung disease, or a pacemaker?	☐ Yes ☐ No
7. Do you have diabetes, high blood pressure or another chronic disease?	☐ Yes ☐ No
8. Do you have thyroid disease?	☐ Yes ☐ No
9. Do you have dentures or loose teeth?	☐ Yes ☐ No
10. Have you been vaccinated in the last six weeks?	☐ Yes ☐ No
11. Do you have an acute or chronic infectious disease (hepatitis, HIV, tuberculosis, etc.)?	☐ Yes ☐ No
12. Do you smoke?	☐ Yes ☐ No
13. For female patients: Could you be pregnant, or are you breastfeeding?	☐ Yes ☐ No

Notes / medicines used:

Patient / Legal Representative Consent Statement

Diagnosis

Treatment / procedure to be performed

Side, if applicable: ☐ Right ☐ Left ☐ Both

> If you do not wish to be informed about the purpose, duration, benefits, chance of success, recovery process, possible risks and complications, alternative methods of the treatment and the situations you may face if you decline it, please state this below in your own handwriting.

- My physician has informed me about my illness/condition and explained what the procedure is, its purpose, duration, benefits, chance of success, that there is no guarantee that my current condition will improve, the recovery process, possible risks and complications, alternative methods and the situations I may face if I decline the procedure. All my questions on these matters have been answered in a way I can understand.
- It has been explained to me that the procedure described above will be performed on me/on the patient I legally represent by physicians, nurses and other healthcare staff under the authority, supervision and direction of my physician.
- It has been explained that, if required, general anaesthesia and sedation will be administered by an anaesthesiologist or a physician competent in sedation, and local anaesthesia by my physician.
- I understand that if an unforeseen, life-threatening situation arises during the procedure, my physician may perform additional medical interventions considered necessary, and that blood and blood products may be given if required.
- I consent to any tissue or samples removed during the procedure being examined, stored or disposed of as necessary.
- I understand that there is no guarantee that the procedure will improve my current condition, that there is no certainty in medicine and surgery, and that results may vary from person to person.
- I know that I am not obliged to give consent if I do not wish to, and that I may withdraw my consent before the procedure begins.
- Provided that my identity is kept confidential, I consent to my medical records and before/after photographs being used for medical follow-up, scientific and educational purposes. (If you do not consent, please cross out this statement.)
- Being of sound mind and capable of making decisions, I freely consent to the medical procedure described above being performed by my physician and their team.

Signatures

I declare that I have read and understood all pages of this form and accept the statements above. Please write **"I have read, understood and agree."** in your own handwriting:

Patient			
Full Name	Signature	Date	Time
Patient's Legal Representative (if applicable)			
Full Name / Relationship	Signature	Date	Time
Reason consent is obtained from the legal representative: ☐ Unconscious ☐ Under 18 ☐ Lacks capacity ☐ Emergency			
Witness			
Full Name	Signature	Date	Time
Informing Physician			
Full Name **Op. Dr. Ayşe Öznur Akidil**	Signature / Stamp	Date	Time
Interpreter (if required)			
Full Name	Signature	Date	Time

Consent is obtained from the patient if over 18; from both the patient and the legal representative for patients aged 15-18; and from the legal representative for unconscious patients, patients under 15, patients lacking decision-making capacity and in medical emergencies. Information is provided in accordance with the Turkish Patient Rights Regulation (Official Gazette of 01.08.1998, No. 23420). This is the English version of the Turkish consent form; in case of discrepancy, the information given verbally by your physician prevails.

Prepared with reference to patient information documents of medical societies, primarily the Turkish Society of Plastic Reconstructive and Aesthetic Surgery.