

Eyelid Surgery

Blepharoplasty

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.

What Is Blepharoplasty?

A surgical procedure in which excess skin and muscle of the upper and/or lower eyelids are removed or repositioned, together with the underlying fat when necessary. It aims to improve the appearance of loose, sagging eyelid skin; in some patients with drooping upper lids it may help widen the field of vision.

Blepharoplasty does not correct crow's feet at the outer corner of the eyes, dark circles under the eyes or a low brow. Other methods such as Botox, fillers or a brow lift may be needed for these.

Description of the Procedure

Surgery is planned according to each patient's needs; it may involve only the upper or lower lids, or both, and may be combined with forehead, brow or nose procedures. The position of the brow and the function of the eyelids are assessed before surgery. Excess upper lid skin is sometimes caused by a low brow, in which case brow procedures are also discussed. Any existing eyelid asymmetry and the extent to which it can be improved will be explained to you.

Eyelid surgery does not stop ageing, but it can reduce the loose and sagging appearance of the eyelid area. It may be performed under local anaesthesia, sedation or general anaesthesia. Before the procedure make-up is removed, photographs are taken for comparison and markings are made if necessary.

Recovery

- After the procedure there may be tapes on the eyelids that do not block your vision. Cold application is recommended frequently on the first day and less often on the following days.
- Swelling and bruising may increase for the first 2 days and start to subside from day 3. Slight oozing may be

seen on the tapes in the first hours; exertion, coughing and sneezing increase it.

- Keeping the head raised on several pillows while resting and eating soft foods on the first day reduce swelling. Tightness, stinging and burning around the eyes are relieved with simple painkillers.
- A thin pink line may be visible along the incisions in the first weeks; at the outer corner of the eye this may last longer. When the outer corner of the eye is supported, the eyes may look slanted in the first days; this gradually decreases.
- Swollen eyes in the morning are common in the first weeks. Sunglasses can be used for stinging and watering caused by wind and sun.

Possible Risks

- **Bleeding:** Uncommon; if it occurs, urgent drainage may be needed. Uncontrolled high blood pressure increases the risk. Bleeding under the eyelids may delay healing and affect the quality of the scar.
- **Infection:** Not usually expected; if it develops, antibiotics or surgery may be needed.
- **Loss of vision:** Extremely rare; it may result from bleeding inside or behind the eye and cannot be predicted.
- **Scarring:** Good healing is usually expected, but prominent scars, colour differences or small cysts from sutures may occur. Further treatment may be needed.
- **Damage to deeper structures:** Blood vessels, eye muscles and nerves may be affected, temporarily or permanently.
- **Dry eye:** A permanent decrease in tear production is rare and cannot be predicted. If you already have dry eyes, you must mention this.
- **Ectropion and corneal problems:** The lower lid pulling away from the eyeball (ectropion) or incomplete eyelid closure is rare; further surgery may be needed to correct it.
- **Asymmetry:** The human face is naturally asymmetrical; there may be differences between the two sides after surgery.
- **Loss of eyelashes:** Temporary or permanent loss of lower lid lashes may occur.
- **Chronic pain and allergic reactions:** Very rare.
- **Unsatisfactory result:** The appearance, scars or changes in sensation may not meet your expectations; rarely, further surgery may be needed.
- **Long-term effects:** The appearance of the eyelids changes over time with ageing and sun exposure; further treatment may be needed in the future.

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 surgery is not performed, the current appearance of the eyelids will remain. If drooping of the upper lids affects your field of vision, forehead wrinkles caused by constantly raising your brows may increase.

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.