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INFORMED CONSENT – Chin Augmentation with Silicone Implant

INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you about Chin Augmentation surgery, its risks, as well as alternative treatment(s).

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by your plastic surgeon and agreed upon by you.

GENERAL INFORMATION

INTRODUCTION

Surgery of the chin is an operation frequently performed by plastic surgeons. This surgical procedure will produce changes in the appearance and size of the chin.

ALTERNATIVE TREATMENTS

Alternative forms of management consist of not undergoing the chin surgery. Risks and potential complications are associated with alternative forms of treatment that involve surgery such as fat injection or surgical bone remodeling.

RISKS OF CHIN AUGMENTATION SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you understand all possible consequences of Chin Augmentation.

Bleeding- It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood or you may require a blood transfusion, though such occurrences are rare. Increased activity too soon after surgery can lead to increased chance of bleeding and additional surgery. It is important to follow postoperative instructions and limit exercise and strenuous activity for the instructed time. Do not take any aspirin or anti-inflammatory medications for at least ten days before or after surgery, as this may increase the risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. In any surgery where a pocket is created, a hematoma can form. Hematomas can occur at any time, usually in the first three weeks following injury to the operative area. If blood transfusions are necessary to treat blood loss, there is the risk of blood-related infections such as hepatitis and HIV (AIDS). Heparin medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets.

Infection- Infection is quite unusual after surgery. Should an infection occur, additional treatment including antibiotics might be necessary.

Scarring- All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different color than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There is the possibility of visible marks in the skin from sutures. In some cases scars may require surgical revision or treatment.

Change in skin sensation- It is common to experience diminished (or loss) of skin sensation in areas that have had surgery. Diminished (or complete loss of skin sensation) may not totally resolve.

Sutures- Most surgical techniques use deep sutures. You may notice these sutures after you surgery. Sutures may spontaneously poke through the skin, become visible or produce irritation that requires suture removal.

Unsatisfactory result- There is the possibility of an unsatisfactory result from the chin surgery. The surgery may result in unacceptable visible or tactile deformities, or after chin surgery. You may be disappointed that the results of chin surgery do not meet your expectations. Additional surgery may be necessary should the result of chin surgery be unsatisfactory.

Numbness- There is the potential for permanent numbness within the lower lip and chin after chin augmentation. The occurrence of this is not predictable. Diminished (or loss of skin sensation) in the lower lip and chin may not totally resolve after chin surgery.

Damage to deeper structures- There is the potential for injury to deeper structures including, nerves, blood vessels, muscles and lungs (pneumothorax) during any surgical procedure. The potential for this to occur varies according to the type of procedure being performed. Injury to deeper structures may be temporary or permanent.

Asymmetry- Symmetrical body appearance may not result after surgery. Factors such as skin tone, fatty deposits, skeletal prominence, and muscle tone may contribute to normal asymmetry in body features. Most patients have differences between the right and left side of their body before any surgery is performed. Additional surgery may be necessary to attempt to improve asymmetry.

Chronic pain- Chronic pain may occur very infrequently after chin surgery.

Skin disorders/skin cancer- Chin surgery is a surgical procedure to reshape the bony contour of the chin. Skin disorders and skin cancer may occur independently of a chin operation.

Allergic reactions- In rare cases, local allergies to tape, suture material or topical preparations have been reported. Systemic reactions, which are more serious, may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

Delayed Healing- Wound disruption or delayed wound healing is possible. Some areas of the face may not heal normally and may take a long time to heal. Areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue. Individuals who have decreased blood supply to tissue from past surgery or radiation therapy may be at increased risk for wound healing and poor surgical outcome. **Smokers have a greater risk of skin loss and wound healing complications.**

Firmness- Excessive firmness can occur after surgery due to internal scarring. The occurrence of this is not predictable. Additional treatment may be necessary.

Long term effects- Subsequent alterations in chin appearance may occur as the result of aging, sun exposure, or other circumstances not related to chin surgery. Further surgery or other treatments may be necessary to maintain the results of a chin operation.

Surgical anesthesia- Both local and general anesthesia involves risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

HEALTH INSURANCE

Most insurance companies exclude coverage for cosmetic surgical operations or any complications that might occur from surgery. Please carefully review your health insurance subscriber-information pamphlet. **Most insurance plans exclude coverage for secondary or revisionary surgery** due to complications of cosmetic surgery.

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by your surgeon, the cost of surgical supplies, anesthesia, laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revision surgery will also be your responsibility.

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s), including no surgery. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information that is based on all the facts in your particular case and the current state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.

CONSENT FOR SURGERY/ PROCEDURE or TREATMENT

1. I hereby authorize Dr. Bartlett to perform the following procedure or treatment:

Chin Augmentation

I have received the following information sheet:

INFORMED-CONSENT- Chin Augmentation

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize your plastic surgeon to perform such other procedures that are in the exercise of his professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
5. I consent to the photographing or televising of operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or education purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
8. THE FOLLOWING HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
 - a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
 - b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
 - c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9).
I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Date _____ Witness _____