

SUMMARY OF INFORMATION DISCUSSED AND UNDERSTOOD

This document is a list of the potential limits and adverse effects of the treatments that you may be considering including the implications both to your personal health and in terms of lost time, costs and attendance for further treatment.

Please note that by necessity it covers a wide range of complications, but that serious complications are uncommon or rare. Please ensure that you understand aspects that relate to your treatment before signing and undergoing your treatment. If you have any questions or concerns, contact Mr Saeed's secretary to arrange clarification by phone or further consultation – Mr Saeed is happy to do this and encourages you to do this.

General aspects and areas discussed:

General advice on health and well-being including advice on smoking, alcohol consumption, UV exposure and risks, exercise and healthy eating.

General medical advice if applicable re; other health conditions such as cardiorespiratory conditions, hypertension, diabetes, and advice on psychological / social aspects of a condition to the limits of MR Saeed's experience and training. Advice to arrange / referral to other health professionals as required.

Use of photo / video images, diagrams and available literature during consultation as applicable.

The treatment options available including no treatment, non-surgical treatment options and weight loss if applicable.

Risk of anaesthesia to the limits of Mr Saeed's experience – further clarification with anaesthetists is recommended in some circumstances, heart attack, other cardiac risks and implications.

Respiratory risks inc. retention of secretions, lung collapse, pneumonia and implications.

Deep venous thrombosis, pulmonary embolus (clots in leg veins that can pass to the lungs). Risks for given patient, use of TEDS, Flowtrons, early mobilisation and anticoagulants. Risks related to oral contraceptive/hormone replacement therapy, intercurrent disease or clotting abnormality. Unknown risks of oral anti-bruising agents eg arnica. Risks of concurrent medication eg aspirin.

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General complication risks applicable to most procedures:

Bleeding and/or haematoma formation and action to be taken, infection and wound breakdown and implications including antibiotic treatment, debridement/drainage.

Bone and joint infection if applicable and implications if relevant including loss of correction / symmetry / disfigurement.

Need for further operations including skin grafts / other reconstructive work, prolonged healing times, repeat dressings and attendance. Adverse effect on scarring.

Skin/soft tissue loss or damage eg perforation /splitting of skin.

Adverse scarring including hypertrophic, hypotrophic, keloid, tethered, pigmented, red scars. Treatment of scars and limits to treatment of scars.

Nerve damage and implications for sensory and motor nerves including pain, paraesthesia (abnormal sensation), loss of functional sensation, movement or autonomic function, need for physical therapy, splints, further surgical procedures.

The limited results of expert microsurgical repair on very small nerve branches. Lack of feasibility for repair of smaller nerve branches.

Wound dehiscence and implications including further surgical procedures and effects on scarring. Asymmetry including incorrectable asymmetry eg due to pre-existing asymmetry.

Prolonged hospital stay in the event of any of the above with loss of time, earnings and cost implications.



Importance of aftercare and the need to keep all follow-up appointments:

Gentle activity until tissues strong enough to support normal activity (see specifics below)

Wearing of appropriate aftercare garments / splints as instructed, non-interference with dressings unless instructed to or complications arise, keeping wounds/dressings dry as instructed. Protecting surgical sites from sources of infection / infective environments / activities that could lead to infection. Scar care advice including massage with non-allergenic lotion / ointment as appropriate and avoidance of UV exposure for 12 months. Duration of this ie at least 12 months. Avoidance of 'scar reducing' agents eg Bio-Oil or Arnica due to undocumented effects on scars. Use of ice-packs if applicable and need to protect skin from cold damage.

Taking of medications as instructed.

Importance of timely contact with Mr Saeed / his team in the event of complications.

Cost implications of further treatment if complications arise / out of failure to comply with post-operative instructions.

FACELIFTING SPECIFICS

Scope of treatment:

The limitations of a given procedure including the anatomical area affected by the treatment and areas that will not be significantly affected. The time taken for the effects of treatment to become apparent eg skin shrinkage following liposculpture. The limitations and possible incompleteness of such effects. Other treatment options available including those involving a different specialty.

The need for revisions and adjustments. Recurrence of initial problem or changes due to lifestyle and ageing.

Expected effects of treatments:

Swelling, bruising (both may track to areas remote from the surgical site) skin redness, fluid collection beneath the elevated tissues, temporary numbness, hypersensitivity, stiffness, paraesthesia and the implications and management of these.

Specific procedures – Facelifting

The incisions and their locations, including a discussion about the pros and cons of the hairline versus the incision in the hair-bearing skin. The expected scarring and the risks of adverse scarring, particularly in the post-auricular area (behind the ears).

The component of liposuction to the neck (if applicable) as part of the procedure, including the incision for this, the swelling and bruising that occurs with it.

The operative field takes the surgeon close to nerves and muscles that control facial movements and sensation. These are potentially at risk although a trained surgeon will be well aware of the anatomy of this region. Damage to these structures might necessitate further surgery and a permanent area of sensory loss or loss of a component of facial movement. This could be permanently disfiguring. Other nerve damage including those around the ear (sensory) and facial nerve (motor). The risk of permanent sensory impairment along the scars.

The risk of asymmetries (which may be pre-existing) and the management of these i.e. if minor, conservative, if more significant, possible further surgery. The fact that whilst face lifting will aim to restore the tissues to a younger position it does not necessarily affect speed of ageing, which is dependent on a number of factors including life-style eg. eat sensibly, exercise appropriately and avoid smoking or unprotected ultraviolet exposure to the skin.

It is impossible to predict how long the effects of a facelift will last and the patient should expect recurrence of the problem as time passes.



Face lifting does not treat the brow, periorbital area or the perioral area, nor the surface of the skin and that further adjunctive procedures would be required to treat these areas.

Declaration: The information marked above has been explained to me by Mr Waseem Saeed, illustrated by diagrams, operative and patient photographs as required. This has been done with the aid of an interpreter as required.

I fully understand the information and choices given to me, particularly potential adverse effects of treatment, the need for further surgery and the potential health, time and cost implications.

Signed:

Date:

PATIENT

Name (BLOCK CAPITALS)

