



Patient Name: _____ DOB: _____

Surgical Procedure: _____

Right Eye Left Eye Both Eyes

Surgical Procedure: _____

Right Eye Left Eye Both Eyes

INFORMED CONSENT FOR EYELID SURGERY

WHY ARE MY EYELIDS BOTHERING ME?

With age, the skin and muscles of the eyelid can sag and droop. In addition, the fat that surrounds and cushions the eyeball can bulge forward through the skin of the upper and lower lids. Excess skin, muscle and fat can weigh down the upper lid and in some cases block your vision. This can lead to fatigue, eyestrain, skin irritation, and loss of peripheral vision. Excess skin, muscle, and fat can also create what many feel is an unattractive, aged appearance, especially in the lower lids (“bags under the eyes”). The eyelids can roll in (entropion), roll out (ectropion), open more than they should (retract) or the muscle can weaken resulting in eyelid drooping (ptosis).

WHAT IS DONE DURING EYELID SURGERY?

Surgery is performed to remove or reposition of the skin, muscle, and fat of the upper and/or lower lids. In the upper lid, the incision is made and hidden in the natural lid crease. For the lower lid, an incision can be made through the skin just beneath the lashes, or through the moist inside surface if the lid called the conjunctiva. There may be internal sutures that hold the deeper tissues in position.

HOW WILL EYELID SURGERY AFFECT MY VISION OR APPEARANCE?

The results depend on your symptoms, unique anatomy, appearance goals, and ability to adapt to changes. Blepharoplasty only corrects vision loss due to excess skin, muscle and fat that blocks the eye. By removing this excess skin, muscle, and fat that blocks the eye, blepharoplasty of the upper lids may allow more light in and improve your peripheral vision. Blepharoplasty does not improve blurred vision caused by problems inside the eye, or by visual loss caused by neurological disease behind the eye. Reconstruction of the upper eyelid drooping (ptosis repair) will improve peripheral vision. Reconstruction of the eyelid for entropion, entropion or eyelid retraction will improve eye comfort and help minimize tearing and irritation.

- Because excess skin, muscle, and fat are consequences of aging, most patients feel that eyelid surgery – even when done for medical reasons – improves their appearance and makes them feel more youthful.
- Please understand that the primary objective in this surgery is to improve your ability to see.
- Please fully evaluate your goals and your ability to deal with changes to your appearance before agreeing to this surgery. Your doctor is committed to answering your questions and helping you achieve your goals.



PLEASE INITIAL EACH OF THE FOLLOWING TO DOCUMENT THAT YOU HAVE READ THIS CAREFULLY.

WHAT YOU SHOULD EXPECT AFTER EYELID SURGERY:

- Itching for at least one week
- Bruising for at least two weeks
- Swelling for 2-3 months
- Tearing and irritation for at least one month
- Inability to wear contact lenses for at least one month
- Numbness of your eyelashes and eyelids for 3-6 months
- Visible scar for 3-6 months

WHAT ARE THE RISKS OF EYELID SURGERY?

- Bleeding
- Infection
- Opening of the incision due to broken suture or rubbing
- Asymmetric or unbalanced appearance
- Scarring requiring injections or revision
- Difficulty closing the eyes
- Worsening of dry eye problems

WHAT ARE THE MOST SEVERE RISKS (RARE BUT POSSIBLE)?

- Corneal damage
- Double vision
- Loss of vision (blindness)

- You may need additional treatment or surgery to treat these complications; the cost of the additional treatment or surgery is NOT included in the fee for this surgery.
- Due to individual differences in anatomy, response to surgery, and wound healing, no guarantees can be made as to your final result.
- For some patients, changes in appearance may lead to anger, anxiety, depression, or other emotional reactions.



I have:

____ Received a copy of this consent

____ Had all my questions answered

This is an elective procedure. You do not have to proceed with this surgery unless you are comfortable with the healing process and possible risks.

By signing below, I am confirming that **Dr. Kimberly Cockerham** **Dr. Ethan Tittler** has answered all of my questions and that I understand and accept the risks and the costs associated with this surgery and future treatments.

Date _____ Patient Signature _____

Witness Signature _____

Time _____ AM/PM Surgeon Signature _____

Dr. Kimberly Cockerham **Dr. Ethan Tittler**