

Patient Name: _____ DOB: _____ Patient ID#: _____

Surgical Procedure: _____

Right Eye Left Eye Both Eyes

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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 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 ectropion, 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.
- **Unless you are paying for cosmetic surgery, you will likely not be satisfied that you have optimized your appearance.**
- Please fully evaluate your goals and your ability to deal with changes to your appearance before agreeing to this surgery. Dr. Cockerham is committed to answering your questions and helping you achieve your goals.

Please initial each of the following to document 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 two weeks
- 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 SERIOUS 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
- Viewed & understand the power point information for this procedure
- Had all my questions answered

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

By signing below, I am confirming that Dr. Cockerham 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** _____, MD

Kimberly P. Cockerham, MD