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Facelift / Neck Lift Consent Form

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General Risks

All operations have some inherent risk due to the administration of drugs and the induction of sedation or anaesthesia.

Risks that are involved in having an operation include (but are not limited to):-

Post operative pneumonia and areas of lung collapse

When you are asleep, or anaesthetised, you breathe more shallowly than normal. This can allow some areas of your lungs to partially collapse. If these areas are not inflated again soon after you wake up, this can lead to a pneumonia or lung infection. Smokers are at a higher risk than non smokers as the waste products from cigarette smoke clog the airways and damage the airway lining cells, which prevents them from cleaning out the usual mucous secretions. Our anaesthetists carefully monitor how deeply you are breathing during the operation to prevent this from occurring. This is one of the reasons that we insist that all smokers abstain from smoking for 6 weeks prior to an elective operation.

Deep venous thrombosis and pulmonary embolism

This gained notoriety as “Economy Class Syndrome” but the medical profession has been aware of this for decades. Your legs rely on gentle constant muscle activity to propel blood back towards the heart. If the blood stays stagnant it can clot in the leg veins, and then later dislodge and end up in your lungs. Whilst you are asleep, you generally move around enough to keep the blood moving, but whilst you are anaesthetised, your legs do not move at all. So we put compression stockings on most patients (to collapse the veins) and all patients have Sequential Compression Devices put on their legs (to massage the blood back to the heart, and the intermittent compression on the veins releases a natural anti-clotting agent). Once you go home from hospital, you should go to the emergency department if you experience irregular heartbeat, shortness of breath or chest pain.

Stroke, Heart Attack

These are very rare complications of general anaesthesia in otherwise fit & healthy patients. Elderly patients, whom are at a greater chance of having these events happening daily, are at a greater risk. If we believe that you are at increased risk of such a complication, we will arrange for you to see our anaesthetists prior to the operation and may arrange additional tests to ensure your safety in the operating room. If they believe that general anaesthesia is too risky, then in many cases your procedure can be done under sedation and local anaesthesia, and sometimes epidural anaesthesia.

Allergies

During your medical history, you will be asked if you are aware of having any drug allergies. This question will be repeated by your anaesthetist prior to the operation. During the administration of any drug there is a small risk of allergy. Reactions can be from mild itchiness to severe anaphylaxis requiring adrenaline. Some allergies can be predicted, but most are random events that are only discovered once they occur. Should an allergy occur during the operation it will be treated immediately, and you will be notified at the end of the operation.

Awareness

This is a favourite topic of TV shows but is exceptionally rare. Increased blood pressure or heart rate will alert anaesthetists that the patient is feeling pain. Nowadays brain wave monitoring will alert anaesthetists that a patient is not completely asleep enough earlier than heart rate and blood pressure will rise.

Death

The risk of death under anaesthesia in Australia is around 1 in 3 million cases for elective procedures in healthy patients. Your level of health before the operation will impact on your personal risk. In general terms, you are more likely to have an accident travelling to and from the hospital than your risk of dying in the hospital.

Specific Risks – Intraoperative

Bleeding

There is always a small amount of bleeding with a facelift. Very rarely, the bleeding can be catastrophic, requiring measures to stop the bleeding through additional incisions.

Change in surgical approach

In some situations, factors determined at the time of your operation may require the surgeon to make changes in their surgical technique (or approach) to ensure your safety is paramount. This may require changing to an approach that involves longer or additional scars.

Nerve Injury

There is a potential for injury to both motor and sensory nerves during a facelift procedure. Temporary weakness and numbness of the face is common, especially numbness of the earlobe. Both functions usually return within a few weeks to months. Permanent weakness, numbness or painful nerve scarring is rare.

Specific Risks – Short Term

Bleeding & Haematoma

There will be a small amount of bleeding or red discharge from your incisions in the first few days after your operation. Bruising may settle in the eyelids causing the appearance of black eyes, and sometimes in the neck. Large amounts of bleeding should be treated by keeping calm (to lower your heart rate and blood pressure), using ice packs (to shrink the blood vessels), and applying constant gentle pressure to the wounds.

A haematoma is a large thick bruise in the operative area caused by trapped blood, and it is commonly associated with an increase in discomfort.

If the bleeding does not stop within 20-30 minutes, you should call the rooms or go to the hospital. Bleeding after facial surgery sometimes requires a second operation to find and control the bleeding vessel.

Eye irritation

The inner lining of the upper eyelids may have some swelling after the operation, and you may have had some shields in your eyes to protect them during the operation. These may cause your eyes to feel irritated over the first few days after the operation. Usually artificial tears or antibiotic eye drops are adequate to manage the discomfort.

Infection

Infection is uncommon after elective facial surgery. You will be given antibiotics through the drip during the operation and most patients will be discharged with a prescription for tablet antibiotics. Should an infection develop, it would usually begin at about the 5th to 7th post operative day (around about the time that you are due to see us for removal of sutures and dressings). If you notice increasing pain, swelling and redness of the area that was operated on, please call the rooms or the hospital.

Firmness

After any operation, as tissues heal there is some swelling and firmness. The majority of this will resolve within 4-6 weeks, but the last small amounts can take up to a year or so to completely resolve. By the end of a month after your operation, some gentle tissue massage will help speed the recovery of the tissues.

Hardware and deeper sutures

Some surgical techniques of facelift involve the suspension of the facial tissues from small screws, permanent deep sutures or dissolvable devices. Occasionally, these sutures or devices may spontaneously poke through the skin, become visible or produce irritation that requires removal. This may occur as late as years after the initial operation. In rare circumstances a screw may penetrate the skull and produce an intracranial injury. In any of these circumstances, additional surgery may be necessary.

Dressings

Dressings need to remain in place until your first post operative check at the office. Occasionally dressings can cause some irritation, and rarely cause allergic reactions. Should the dressings become unbearable or cause increasing redness & swelling, please call the office to arrange for them to be changed.

Delayed Healing & Tissue death

The expected time frame of healing within the face is that skin should heal within a week, bones within 4 weeks and soft tissues around about 6 weeks. Diabetics, smokers and people with some other diseases will have the risk that their tissues will take longer to heal, and may have some tissue death before healing. Most of these problems can be managed with appropriate dressings, but may need additional surgery.

Specific Risks – Long Term

Asymmetry

Small asymmetries should be expected. You should allow your operation at least 6 months to settle out minor asymmetries. Major asymmetries will be adjusted by your surgeon.

Scars

Scars from facelift are hidden behind the hairline, and generally heal very well. Please read your scar management sheet for more in depth information.

Hair loss

Hair loss may occur within the scalp or surgical incisions. The occurrence of this is not predictable. There is usually a gradual return of hair growth, but the hair loss may be permanent. Additional surgery may improve this.

Parotid gland disorders

Facelift surgery involves re-draping the skin over the salivary (parotid) gland in front of your ear. This may rarely result in disorders such as parotid fistula or Frey's syndrome (sweating whilst eating). These disorders are problematic to cure but can be improved with additional treatments and operations.

Unsatisfactory Result

Your pre-operative consultations should help you realize the objectives and limitations of your operation. If you are unhappy with your result, you should wait for the swelling to settle before making a final judgment. Should the result still not be up to expectation by 6 months, you should discuss the need for further surgery with your surgeon.