

Baljit Dheansa FRCS MSc FRCS(Plast)
Consultant Plastic, Cosmetic & Reconstructive Surgeon

Patient:		Procedure:	Blepharoplasty	On Date:	
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RISKS / COMPLICATIONS (rare or unusual complications can occur and may not be listed)

General

Allergic reactions to any drugs, antiseptics or equipment used	Dehiscence – wound opening up – may require prolonged dressings
Asymmetry (this may be better or worse than pre-operatively)	Skin loss/necrosis – may require prolonged dressings or surgery including skin grafts
Bleeding – may require further procedure	Swelling, Inflammation – may take months to resolve
Bruising – may take weeks to resolve	Slow healing
Haematoma (collection of blood under skin) – may require further procedure	Poor scarring – Keloid, Hypertrophic, unsightly – may be difficult to treat or improve
Infection – may require antibiotics or surgery or may cause tissue loss	Numbness around or beyond the area treated – may increase risk of inadvertent injury in future
Pain – may be long term	Pulmonary Embolus or Deep Vein Thrombosis – clots in the lung or legs
Changes in contour of tissues – may be visually apparent	Change over time – tissues may become thinner, droop or lose the effect of surgery

Specific to: Blepharoplasty

Exposure of the eye/cornea resulting in scarring of the surface of the eye	Ectropion – pulling down of the eyelid. May require further corrective surgery
Inability to completely close the eye – may result in exposure of the surface of the eye	Residual folds of skin or dog ears – fullness of the skin at end of scar
Visible scarring	Persistent swelling – may lead to loose or excess skin
Too much tissue removal	Not enough tissue removal
Loss of improvement over time	Changed position of the eyelids leading to change in appearance of the eyes
Scleral show – where more of the iris of the eye is visible than normal	Blindness – very rare and often related to excess build up of blood around the eye
Differential improvement – one side or one area improves more than another	Disappointment with final appearance

Mr Baljit Dheansa has discussed the above risks and complications with me. I understand these. I have read Mr Dheansa's Blepharoplasty information leaflet **(Please Tick)**. I also understand other risks and complications can occur but may be less common as the practice of medicine and surgery is not an exact science. I understand the risks, benefits and limitations of the proposed procedure. Certain complications may affect my ability to work, socialise or do certain activities. This may sometimes be long term.

I permit the use of my non-identifiable photographs (pre-and post-operative) to be used for teaching, publication and to be shown to other patients. I can withdraw this permission at any time.

Patient Signature:

Patient Name: _____ Date: _____

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ADDITIONAL NOTES OR COMMENTS:

