

BOICE-WILLIS CLINIC, PA

Patient Name: _____ DOB: _____ MRN: _____



Informed Consent

Zygoma (Cheekbone) Fracture Repair Surgery

Informed Consent – Zygoma (Cheekbone) Fracture Repair Surgery

Patient Name: _____ DOB: _____ MRN: _____

INSTRUCTIONS

This is an informed consent document that has been prepared to help inform you about zygoma (cheekbone) fracture repair surgery, its risks, as well as alternative treatment(s).

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page, and sign the consent for surgery as proposed by your plastic surgeon and agreed upon by you.

GENERAL INFORMATION

Injury to the cheekbone can produce damage to both the skin and the deeper structures. The zygoma/cheekbone (including the bones around the eye) can be fractured or disrupted. Depending on the extent of injury, other structures within the face may require treatment as well. Some zygoma (cheekbone) fractures may be minor and not require operative treatment. Surgical treatment of zygoma fractures is performed to repair soft tissues or damaged structures such as broken cheekbones or bones around the eye. Zygoma fracture repair surgery is intended to minimize potential deformities due to abnormal healing of displaced cheekbones or bones around the eye.

Zygoma fracture repair surgery is most frequently performed with an open technique in which skin incisions are necessary. Incisions may also need to be placed in the mouth or in the eyelid. Surgery is typically performed under general anesthesia.

Timing of zygoma fracture repair surgery is critical, as cheekbone fractures may heal quickly.

Zygoma fractures may create visible, palpable, and/or functional deformities involving the face, cheekbone, and bones around the eye.

ALTERNATIVE TREATMENTS

Alternative forms of treatment consist of not undergoing the zygoma fracture repair surgery. Risks and potential complications such as the possibility of visible and palpable malformations and visual problems may be associated with non-treatment of zygoma injuries.

INHERENT RISKS OF ZYGOMA (CHEEKBONE) FRACTURE REPAIR SURGERY

Every surgical procedure involves a certain amount of risk, and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to the potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you understand all possible consequences of zygoma fracture repair surgery.

SPECIFIC RISKS OF ZYGOMA (CHEEKBONE) FRACTURE REPAIR SURGERY

Bleeding:

It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to stop the bleeding or remove accumulated blood (hematoma) or may make breathing difficult and could cause temporary or permanent blindness. Use of aspirin or anti-inflammatory medications within ten days before surgery contributes to a greater risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. Please inform your surgeon if you are taking such medications prior to proceeding. Hypertension (high blood pressure) that is not under good medical control may cause bleeding during or after surgery. Accumulations of blood under the skin may delay healing and cause scarring.

Infection:

The mouth naturally harbors many germs, and oral hygiene is important to help prevent infection. Should an infection occur, additional treatment including antibiotics may be necessary. In some cases, infection may require more surgery and removal of implants (hardware) placed at the time of surgery.

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Eyelid Problems:

Incisions around the eyelids may result in scarring, causing the eyelid to not appear or function properly and result in eye damage. Correction may require further surgery.

Blindness/Change in Vision/Diplopia (Double Vision):

In rare cases, the eyes may be damaged resulting in pain, vision problems, or even blindness. The occurrence of this is not predictable. Double vision may occur after surgery. This may be temporary or may be permanent. If it does not resolve on its own, it may require corrective glasses or further surgery.

Enophthalmus/Exophthalmus:

The eyeball may look more or less prominent after surgery. This may happen even months after surgery. Further surgery may be needed to attempt to correct this.

Malocclusion:

If there are injuries to bones that hold the teeth in proper position, it is possible that the teeth may not line up properly after surgery. This may require further surgery or dental work.

Tooth Injury/Removal:

Infrequently, injury to teeth or their roots may occur. Additional surgery or dental therapy may be required. In some cases, loose or damaged teeth or teeth that are preventing the proper repair of a facial fracture may need to be removed.

Wiring of Upper and Lower Teeth:

In cases where it is necessary to realign the position of the upper teeth to the lower teeth, metal bands and wires and elastic bands may be applied and used to keep the teeth in proper position during the healing period. During this time, you may not be able to open your jaw at all. You will need to take liquid meals, which may result in weight loss and you may have difficulty speaking. This may last for six to eight weeks. During the application or removal of these devices, you may experience injury to the teeth or gums. While the devices are on your teeth, you will require extra care to maintain proper hygiene.

Scarring:

Although proper wound healing after a surgical procedure is expected, abnormal scars may occur both within the skin and the deeper tissues. Scars may be unattractive and of different color than the surrounding skin. There is a possibility of visible marks from sutures. Additional treatments including surgery may be needed to treat scarring.

Unsatisfactory Results:

There is a possibility of unsatisfactory results from the zygoma repair surgery. The surgery may result in unacceptable visible or tactile deformities, loss of function, or structural malposition. You may be disappointed that the results of zygoma repair surgery do not meet your expectations. Future surgery may be necessary should the result of the zygoma repair surgery be unsatisfactory. Partial healing of damaged structures prior to zygoma repair surgery may interfere with the optimal result of the surgery. Unsatisfactory results may not improve with each additional treatment.

Damage to Deeper or Surrounding Structures:

Deeper structures such as nerves, teeth, tear ducts, blood vessels, and muscles may be damaged during surgery. The potential for this to occur varies with the type of procedure performed. Injury to deeper structures may be temporary or permanent and may result in disfigurement and functional problems. For example, nerves near the jaw bone can be injured as a result of the original trauma or the surgery, leading to numbness or weakness. Injury or dysfunction may occur in structures near the injury or site of surgery.

Asymmetry:

The human face is normally asymmetrical. There can be a variation from one side to the other in the results obtained from a zygoma repair surgery. Occasionally, the asymmetry may be more noticeable following surgery.

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Numbness/Weakness:

There is the potential for permanent numbness within the cheek skin after zygoma injury. The occurrence of this is not predictable. Diminished (or loss of) skin sensation in the cheek area may not totally resolve after zygoma injury. Weakness or paralysis of facial movements can also occur and be temporary or permanent.

Chronic Pain:

Very infrequently, chronic pain may occur after zygoma surgery.

Bone or Cartilage Grafts:

If bone or cartilage is needed to repair facial structures, it may be taken from other areas of the body such as the ribs, skull, nose, or ear. This may result in a collapsed lung, bleeding, deformity, nasal obstruction, or brain injury.

Hardware and Deeper Structures:

Some surgical techniques use small screws, metal plates, or wire sutures to help stabilize damaged cheekbone structures. These items may be noticed by the patient following surgery. These may become exposed in a wound or in the mouth, and it may be necessary to remove these at a later time.

Delayed Healing/Nonunion:

Fracture disruption or delayed healing is possible. Some areas of the cheekbone may heal abnormally or slowly. Bone may fail to heal together in a stable fashion. Areas of skin may die and may require frequent dressing changes or further surgery.

Long Term Effects:

Subsequent alterations in cheekbone appearance may occur either after injury or as the result of aging, sun exposure, or other circumstances not related to zygoma repair surgery. Future surgery or other treatments may be necessary.

Additional Surgery Necessary:

Should complications occur, additional surgery or other treatments may be necessary. There are many variable conditions that may add to the surgical risk and potential surgical complications and that may influence the long-term results of cheekbone surgery. Even though risks and complications occur infrequently, the risks cited are particularly associated with cheekbone repair surgery. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although satisfactory results are expected, there is no guarantee or warranty expressed or implied as to the results that may be obtained. It may be necessary to perform additional surgery to improve your results following cheekbone repair surgery.

GENERAL RISKS OF SURGERY

Healing Issues:

Certain medical conditions, dietary supplements, and medications may delay and interfere with healing. Patients who experience massive weight loss may have a healing delay that could result in the incisions coming apart, infection, and tissue changes resulting in the need for additional medical care, surgery, and prolonged hospitalizations. Patients with diabetes or those taking medications such as steroids on an extended basis may have prolonged healing issues. Smoking will cause a delay in the healing process, often resulting in the need for additional surgery. There are general risks associated with healing such as swelling, bleeding, the possible necessity of additional surgery, prolonged recovery, color changes, shape changes, infection, not meeting patient goals and expectations, and added expenses for the patient. There may also be a longer recovery period due to the length of surgery and anesthesia. Patients with significant skin laxity (patients seeking facelifts, breast lifts, abdominoplasty, and body lifts) will continue to have the same lax skin after surgery. The quality or elasticity of the skin will not change and recurrence of skin looseness will occur at some time in the future, more quickly for some than others. There are nerve endings that may become involved with healing scars from surgery such as suction-assisted lipectomy,

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abdominoplasty, facelifts, body lifts, and extremity surgery. While there may not be a major nerve injury, the small nerve endings during the healing period may become hyperactive, producing a painful or oversensitive area due to the small sensory nerve involved with scar tissue. Often, massage and early non-surgical intervention resolves this. It is important to discuss post-surgical pain with your surgeon.

Bleeding:

It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood or you may require a blood transfusion, though such occurrences are rare. The collection of blood that can occur under your skin following surgery is referred to as a hematoma. Increased activity too soon after surgery can lead to increased chances of bleeding and additional surgery. It is important to follow postoperative instructions and limit exercise and strenuous activity for the instructed time. Non-prescription “herbs” and dietary supplements can increase the risk of surgical bleeding. Hematomas can occur at any time, usually in the first three weeks following injury to the operative area. If blood transfusions are necessary to treat blood loss, there is the risk of blood-related infections such as hepatitis and AIDS. Your surgeon may provide medications after your surgery to prevent blood clots. Medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelet levels.

Infection:

Infection, although uncommon, can occur after surgery. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary. It is important to tell your surgeon about any other infections, such as a past history or present history of methicillin-resistant *Staphylococcus aureus* (MRSA) infections, an open wound, recent upper respiratory infection/pneumonia, ingrown toenails, insect bites, tooth abscesses, or urinary tract infections. Infections in other parts of the body may lead to an infection in the operated area. Post-operative infections often result in more extensive scarring and predispose a patient to revision surgery.

Ileus:

The return of bowel function following surgery is important. An ileus is a disruption in bowel function caused by the failure of peristalsis or hypomobility of your bowels/gut, resulting in a lack of defecation and possibly repeated vomiting. Anesthetics and medications like pain medications given to you at the time of surgery can contribute to the development of an ileus in the post-operative period. An ileus can result in abdominal distention, vomiting, inability to absorb oral medications, and possibly hospitalization. Repeated vomiting could result in aspiration pneumonia and respiratory failure. It can be essential to have regular bowel function after your surgery.

Scarring:

All types of surgery leave scars, some more visible than others. Although proper wound healing after a surgical procedure is expected, this surgery will result in long, prominent scars that are permanent. Abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different color than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There is a possibility of visible marks on the skin from sutures. These scars may become raised, red, or discolored in the first few weeks/months, but usually settle down over time. However, some patients are prone to “hypertrophic” or “keloid” scars, i.e. prominent, raised, red scars that do not settle. Further treatments with medications and/or surgery may be required.

Firmness:

Excessive firmness can occur after surgery due to internal scarring. The occurrence of firmness is not predictable. Additional treatment including surgery may be necessary.

Skin Sensitivity:

Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this resolves during healing, but in rare situations, it may be chronic.

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Major Wound Separation:

Wounds may separate after surgery. Should this occur, additional treatment including surgery may be necessary.

Sutures:

Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible, or produce irritation that requires suture removal.

Damage to Deeper Structures:

There is the potential for injury to deeper structures including the nerves, blood vessels, lymphatics, muscles, and lungs (pneumothorax) during any surgical procedure. The potential for this to occur varies according to the type of procedure being performed. Injury to deeper structures may be temporary or permanent.

Fat Necrosis:

Fatty tissue found deep in the skin might die. This may produce areas of firmness within the skin. Additional surgeries to remove areas of fat necrosis may be necessary. There is a possibility of contour irregularities in the skin that may result from fat necrosis.

Surgical Anesthesia:

Both local and general anesthesia involves risk. There is a possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

Shock:

In rare circumstances, your surgical procedure can cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. If surgical shock occurs, hospitalization and additional treatment would be necessary.

Pain:

You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after surgery. If you are a chronic pain patient who sees a pain therapy practitioner, you may be asked to see this practitioner preoperatively to assist you in the management of your pain disorder in the post-operative period. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue or due to tissue stretching.

There are nerve endings that may become involved with healing scars from surgery. While there may not be a major nerve injury, the small nerve endings during the healing period may become hyperactive, producing a painful or oversensitive area due to the small sensory nerve being involved with the scar tissue. Often, massage and early non-surgical intervention resolves this. It is important to discuss post-surgical pain with your surgeon.

Cardiac and Pulmonary Complications:

Pulmonary complications may occur secondarily to blood clots (pulmonary emboli), fat deposits (fat emboli), pneumonia, or partial collapse of the lungs after general anesthesia. Pulmonary emboli can be life-threatening or fatal in some circumstances. Inactivity and other conditions may increase the incidence of blood clots traveling to the lungs, causing a major blood clot that may result in death. It is important to discuss with your physician any past history of swelling in your legs or blood clots that may contribute to this condition. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pains, or unusual heartbeats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment.

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Venous Thrombosis (Clot) and Sequelae:

Thrombosed veins, which resemble cords, occasionally develop in the area of the breast or around IV sites, and usually resolve without medical or surgical treatment. It is important to discuss with your surgeon any birth control pills you are taking. Certain high-dose estrogen pills may increase your risk of thrombosed veins, and any personal history of bleeding and clotting problems may also increase your risk of thrombosed veins.

Allergic Reactions:

In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur in response to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment. It is important to notify your physician of any previous allergic reactions.

Drug Reactions:

Unexpected drug allergies, lack of proper response to medication, or illness caused by the prescribed drug are possibilities. It is important for you to inform your physician of any problems you have had with any medication or allergies to medication, be they prescribed or over the counter, as well as medications you regularly take. Provide your surgeon with a list of medications and supplements you are currently taking.

Persistent Swelling (Lymphedema):

Persistent swelling can occur following surgery.

Unsatisfactory Results:

Although satisfactory results are expected, there is no guarantee or warranty expressed or implied as to the results that may be obtained. The body is not symmetrical and almost everyone has some degree of unevenness that may not be recognized in advance. One side of the face may be slightly larger, one side of the face droopier. The breast and trunk area exhibits the same possibilities. Many such issues cannot be fully corrected with surgery. The more realistic your expectations as to the results, the better your results will appear to you. Some patients never achieve their desired goals or results, at no fault of the surgeon or surgery. You may be disappointed with the results of the surgery. Asymmetry, unanticipated shape and size, loss of function, wound disruption, poor healing, and loss of sensation may occur after surgery. Size may be incorrect. Unsatisfactory surgical scar location or appearance may occur. It may be necessary to perform additional surgeries to improve your results. Unsatisfactory results may not improve with each additional treatment.

ADDITIONAL ADVISORIES

Medications and Herbal Dietary Supplements:

There are potential adverse reactions that occur as a result of taking over-the-counter, herbal, and/or prescription medications. Aspirin and medications that contain aspirin interfere with the body's ability to form blood clots, and therefore may contribute to more bleeding issues. If you have a medical condition (such as heart arrhythmia, heart stent, blood vessels with blockages, or blood clots) and are taking medications such as Plavix®, Xarelto®, Coumadin®, Effient®, or Pradaxa® to thin your blood and prevent clotting, you should discuss the management of these medications with your plastic surgeon. Your plastic surgeon may sometimes coordinate a plan for these medications with the doctor that prescribed them for your medical condition. If you have been prescribed drugs for a medical condition, do not stop taking them without first discussing it with your plastic surgeon. Discontinuation of these medications abruptly may result in a heart attack, stroke, or death. Be sure to check with your physician about any drug interactions that may exist with medications that you are already taking. If you have an adverse reaction, stop taking the drugs immediately and call your plastic surgeon for further instructions. If the reaction is severe, immediately visit the nearest emergency room.

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When taking the prescribed pain medications after surgery, you must realize that they can affect your thought processes and coordination. Do not drive, do not operate complex equipment, do not make any important decisions, and do not drink any alcohol while taking these medications. Be sure to take your prescribed medication only as directed.

Sun Exposure – Direct or Tanning Salon:

The effects of the sun are damaging to the skin. Exposing the treated areas to the sun may result in increased scarring, color changes, and poor healing. Patients who tan, either outdoors or in a salon, should inform their surgeon and either delay treatment or avoid tanning until the surgeon says it is safe to resume. The damaging effect of sun exposure occurs even with the use of sunblock or clothing coverage.

Travel Plans:

Any surgery involves the risk of complications that may delay healing and your return to normal life. Please let the surgeon know of any travel plans, important commitments already scheduled or planned, or time demands that are important to you, so that appropriate timing for the surgery can occur. There are no guarantees that you will be able to resume all activities within the desired timeframe. Allow at least 10-14 days before you travel via airplane. Medications may be required should you have a long flight/trip to prevent deep vein thrombosis/pulmonary embolus (DVT/PE) in the immediate post-operative period.

Long Term Results:

Subsequent alterations in the appearance of your body may occur as a result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause, or other circumstances not related to your surgery.

Body Piercings:

Individuals who currently have body piercing jewelry in the surgical region are advised that an infection could develop. Body piercing jewelry should be removed prior to the surgical procedure.

Nails:

To determine your vital signs during surgery, your anesthesia provider may require access to your fingernails for monitoring. Make sure to have at least two fingernails free of nail polish or acrylic nails on the date of your surgery.

Jewelry:

Jewelry should not be brought with you at the time of your surgical procedure. Items such as earrings, wedding rings, and necklaces should be removed and placed in a safe place.

Future Pregnancy and Breastfeeding:

This surgery is not known to interfere with pregnancy

Female Patient Information:

It is important to inform your plastic surgeon if you use birth control pills or estrogen replacement, or if you suspect you may be pregnant. Many medications including antibiotics may neutralize the preventative effect of birth control pills, allowing for conception and pregnancy.

Intimate Relations after Surgery:

Surgery involves the coagulation of blood vessels, and increased activity of any kind may open these vessels, leading to a bleed or hematoma. Activity that increases your pulse or heart rate may cause additional bruising, swelling, and the need for a repeat surgery to control the bleeding. It is wise to refrain from intimate physical activities until your physician states that it is safe.

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Mental Health Disorders and Elective Surgery:

It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery, and often are stressful. Please openly discuss with your surgeon, prior to surgery, any history that you may have of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from the results of elective surgery, the effects on mental health cannot be accurately predicted.

ADDITIONAL SURGERY NECESSARY (Re-Operations):

There are many variable conditions that may influence the long-term results of surgery. It is unknown how your tissue may respond or how wound healing will occur after surgery. Secondary surgery may be necessary to perform additional tightening or repositioning of body structures. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are associated with this surgery. Other complications and risks can occur but are less common. The practice of medicine and surgery is not an exact science. Although positive results are expected, there is no guarantee or warranty expressed or implied as to the results that may be obtained. In some situations, it may not be possible to achieve optimal results with a single surgical procedure. You and your surgeon will discuss the options available should additional surgery be advised. There may be additional costs and expenses for such additional procedures, including surgical fees, facility and anesthesia fees, pathology, and lab testing.

PATIENT COMPLIANCE:

Follow all physician instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation, and the need for a repeat surgery. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

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ATTESTATIONS

Smoking, Second-Hand Smoke Exposure, or Other Nicotine Products (Patches, Gum, or Nasal Spray):

Patients who are currently smoking or who use tobacco or nicotine products (patches, gum, or nasal spray) are at a greater risk for significant surgical complications of skin loss and delayed healing and additional scarring. Individuals exposed to second-hand smoke are also at a potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding occurring. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of these types of complications. Please indicate your status:

I am a non-smoker and do not use nicotine products. I understand the potential risk of second-hand smoke exposure causing surgical complications.

I am a smoker or use tobacco/nicotine products. I understand the risk of surgical complications due to smoking or the use of nicotine products.

I have smoked and stopped approximately _____ ago. I understand I may still manifest the effects and therefore risks of smoking in my system if not enough time has lapsed.

I have been advised to stop smoking immediately and have been informed of the risks, benefits, expectations, and alternatives to my surgery if I continue smoking.

I understand that it is important to refrain from smoking at least six weeks before surgery and until my physician states it is safe to return, if desired. I acknowledge that I will inform my physician if I continue to smoke within this timeframe, and I understand that for my safety, the surgery, if possible, may be delayed.

Smoking may have such a negative effect on my surgery that a urine or blood test just before surgery may be done that will investigate the presence of nicotine. If positive, my surgery may be cancelled and the surgery, scheduling fee, and other prepaid amounts may be forfeited. I will honestly disclose smoking to my surgeon.

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Sleep Apnea/CPAP:

Individuals who have breathing disorders such as obstructive sleep apnea and who may rely upon continuous positive airway pressure (CPAP) devices or utilize nighttime oxygen are advised that they are at a substantive risk for respiratory arrest and death when they take narcotic pain medications following surgery. This is an important consideration when evaluating the safety of surgical procedures in terms of very serious complications, including death, that relate to pre-existing medical conditions. Surgery may be considered only with monitoring afterwards in a hospital setting to reduce the risk of potential respiratory complications and to safely manage pain following surgery.

Please consider the following symptoms of sleep apnea:

- I am frequently tired upon waking and throughout the day
- I have trouble staying asleep at night
- I have been told that I snore or stop breathing during sleep
- I wake up throughout the night or constantly turn from side to side
- I have been told that my legs or arms jerk while I'm sleeping
- I make abrupt snorting noises during sleep
- I feel tired or fall asleep during the day

It is important to inform and discuss any of the above symptoms with the surgeon.

DVT/PE Risks and Advisory:

There is a risk of blood clots, DVT, and PE with every surgical procedure. The risk level varies with the risk factors below. The higher the number of risk factors, the greater the risk and the more involved you must be in both understanding these risks and, when permitted by your physician, walking and moving your legs. The use of leg stockings, squeezing active leg devices, and medicines may help lower your risk.

There are many conditions that may increase or affect the risks of clotting. Inform your doctor of any past history or present history of any of the following:

- _____ Past history of blood clots
- _____ Family history of blood clots
- _____ Birth control pills
- _____ Hormone stimulating drugs
- _____ Swollen legs
- _____ History of cancer
- _____ Large doses of vitamins
- _____ Varicose veins
- _____ Past illnesses of the heart, liver, lungs, or gastrointestinal tract
- _____ History of multiple spontaneous abortions or miscarriages

_____ I understand the risks relating to DVT/PE and how important it is to comply with therapy as discussed with my surgeon. The methods of preventative therapy include:

- Early ambulation when allowed
- Compression devices (SCD/ICD)
- Anticoagulation protocols when allowed

For high-risk patients, the risks of VTE are still high, even in the setting of appropriate chemoprophylaxis. If your surgery is elective and you are a high-risk patient, it is best to consider not proceeding with such elective surgery.

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COMMUNICATION ACKNOWLEDGEMENT – CONSENT

There are many ways to communicate with you. It is important to keep appointments and let us know if problems or issues arise. Methods of communicating are by telephone, text, pager, answering service if available, e-mail, and regular mail. If an emergency arises, keep us alerted of your progress so we may aid in any necessary treatments. Please do not leave a message after hours or on weekends on the office answering machine if any urgent or emergent situation exists, as there is a delay in retrieving such messages. All attempts will be made to preserve your privacy in accordance with HIPAA rules.

Please confirm below all acceptable ways of communicating with you:

- Telephone
 - Home (- -)
 - Work (- -)
 - Cell (- -)
- Text
- Pager – Answering service if available
- E-mail – With up to date email address (@)
- Regular mail and delivery

DISCLAIMER

Informed consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s), including no surgery. The informed consent process attempts to define the principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information that is based on all the facts in your case and the current state of medical knowledge.

Informed consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all your questions answered before signing your consent on the next page.



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CONSENT for SURGERY/PROCEDURE or TREATMENT

1. I hereby authorize Karen Szymanski, DO, MPT and such assistants as may be selected to perform **Zygoma Fracture Repair Surgery**.

I have received the following information sheet: **Zygoma Fracture Repair Surgery**.

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure begins.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injuries, and sometimes death.
4. I understand what my surgeon can and cannot do, and I understand that there are no warranties or guarantees, implied or specific, about my outcome. I have had the opportunity to explain my goals and I understand which desired outcomes are realistic and which are not. All of my questions have been answered, and I understand the inherent (specific) risks to the procedures I seek, as well as those additional risks and complications, benefits, and alternatives. Understanding all of this, I elect to proceed.
5. I consent to be photographed or televised before, during, and after the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific, or educational purposes, provided my identity is not revealed by the pictures.
6. For the purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices, or body parts that may be removed.
8. I am aware that there are potential significant risks to my health with the utilization of blood products, and I consent to their utilization should they be deemed necessary by my surgeon and/or his/her appointees.
9. I authorize the release of my social security number to appropriate agencies for legal reporting and medical device registration, if applicable.
10. I understand that the surgeons' fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.
11. I realize that not having the operation is an option. I opt out of having this procedure _____.
12. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
 - a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
 - b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
 - c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-12).
I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Date/Time _____ Witness _____