Elite Plastic Surgery

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IN-OFFICE Oculoplastic Surgery CONSENT

PROCEDURE or TREATMENT

Introduction

This consent form is designed to inform you about the oculoplastic surgery you are considering. It is crucial that you read this form carefully, understand the details, and feel free to ask any questions before you sign.

Procedure Description: Oculoplastic surgery includes surgical procedures to correct conditions affecting the eyelids, orbit (the bony socket that holds the eye), tear ducts, and surrounding facial structures. The specific procedure(s) you will undergo include:

Purpose of Surgery

The goals of your surgery may include:

- **Functional Improvement:** Restoring normal eyelid function, enhancing vision, and improving comfort.
- **Cosmetic Enhancement:** Improving the appearance of the eyelids and surrounding areas to boost self-esteem and confidence.
- **Specific Medical Issues:** Addressing unique concerns as discussed during your consultation.

Potential Risks and Complications

While oculoplastic surgery is generally safe, risks exist, including but not limited to:

- **Infection:** Risk of infection at the surgical site.
- **Bleeding:** Possible excessive bleeding during or after surgery.
- **Scarring:** Formation of scars that may be visible.
- **Vision Changes:** Temporary or permanent changes in vision, including double vision. Loss of vision and blindness is possible.
- **Dry Eyes:** Altered tear production leading to dry eyes or excessive tearing.
- **Asymmetry:** Results may not be perfectly symmetrical.
- **Need for Additional Procedures:** Some patients may require further surgery to achieve desired outcomes.
- **Anesthesia Risks:** Potential complications from anesthesia, including allergic reactions.

Benefits of Surgery

The anticipated benefits of your oculoplastic surgery may include:

- **Improved Vision:** Enhanced visual function and comfort.
- **Enhanced Appearance:** A more youthful and refreshed look around the eyes.
- **Increased Self-Esteem:** Positive psychological effects from improved appearance and function.
- **Resolution of Medical Conditions:** Treatment of specific eye-related medical issues.

Alternatives to Surgery

Before deciding on surgery, you should consider alternative options, which may include:

- **Non-surgical Treatments:** Such as medications or injectable fillers to temporarily address concerns.
- **Observation:** Monitoring the condition without immediate intervention.
- **Other Surgical Procedures:** Discussing different surgical options if applicable.

Post-Operative Care

Post-operative care is essential for optimal recovery. Instructions may include:

- **Medications:** Use of prescribed pain relievers and antibiotics.
- **Activity Restrictions:** Avoiding strenuous activities and protecting the eyes.
- **Follow-Up Appointments:** Scheduling follow-up visits for assessment and monitoring.

Consent

I hereby authorize Dr. Ramyar Torabi, Dr. Rozbeh Torabi, Dr. Radbeh Torabi and such assistants as may be selected to perform the following procedure or treatment:

PROCEDURE NAME:

DATE OF PROCEDURE:

1. 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 such 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 is begun.
2. 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, injury, and sometimes death.
3. I understand what my surgeon can and cannot do, and understand there are no warranties or guarantees, implied or specific about my outcome. I have had the

opportunity to explain my goals and 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 procedure I seek, as well as those additional risks and complications, benefits, and alternatives. Understanding all of this, I elect to proceed.

4. 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.
5. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
6. I consent to the disposal of any tissue, medical devices or body parts that may be removed.
7. I consent to the utilization of blood products should they be deemed necessary by my surgeon and/or his/her appointees, and I am aware that there are potential significant risks to my health with their utilization.
8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical device registration, if applicable.
9. 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.
10. I understand that I can withdraw my consent at any time before the surgery.
11. I realize that not having the operation is an option.
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**