

# Ptosis Surgery

## PTOSIS SURGERY

Status: active Form type: default Company: Acme Inc

Disclaimer Ptosis surgery is performed to correct a drooping upper eyelid (ptosis) that may impair vision or affect facial appearance. The surgery involves tightening the muscles that raise the eyelid, or, in some cases, reattaching or shortening the levator muscle. Risks and Complications: As with all surgeries, ptosis correction carries potential risks. These may include infection, bleeding, swelling, bruising, scarring, asymmetry, under-correction or over-correction, dry eyes, difficulty closing the eyes, changes in vision, need for additional procedures, or dissatisfaction with the cosmetic outcome. Rare complications include damage to the eye or surrounding structures. Pre-Treatment Requirements: A full medical and eye history must be disclosed, including any medications or allergies. A detailed ophthalmologic examination may be required. You may be asked to stop blood-thinning medications prior to surgery. Smoking should be avoided before and after surgery to promote healing. Post-Treatment Aftercare: You may experience swelling, bruising, or tightness around the eyes. Cold compresses, prescribed ointments or drops, and head elevation can help with recovery. Strenuous activities and makeup should be avoided until cleared by the practitioner. Follow-up visits are essential to assess healing and results. Informed Consent and Photography I have been advised of the relevant information associated with this treatment and I confirm that I fully understand this advice. This includes advice about: the aims/motivations for having the procedure and the desired outcome the risks inherent in the procedure the risks inherent in refusing the procedure the risks specific to me the expected benefits of the treatment the potential disadvantages of the treatment alternative procedures and their pros and cons – including the option of no treatment at all any uncertainties about and the likelihood of success of the procedure any follow-up treatment that may be required Clinical Photographs and Videos: I agree to and authorise the taking of clinical photographs and videos. I understand that these clinical photographs and videos will form part of and will be kept with my confidential medical records. I have been asked what information I want and would need in order to make an informed decision. I have been given the opportunity to discuss my desired outcome fully in order for me to make an informed decision. I certify that I have read the above consent and that I fully understand it. I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction. No new information has become available that affects my decision to have the treatment or my decision to consent. I hereby consent to this procedure. This constitutes the full disclosure and supersedes any previous verbal or written disclosures. All deposits and booking fees are non-refundable unless agreed to with the practitioner.

Do you understand the information you have been provided?

Yes  No

Do you feel sufficient information has been provided to you, to enable you to consent?

Yes  No

Has your consent been freely given?

Yes  No

Do you have any medical conditions?

Yes  No

Are you pregnant or breastfeeding?

Yes  No

Do you have a neuromuscular disease (e.g. MS, ALS, motor neuropathy myasthenia gravis, or Lambert-Eaton syndrome)?

Yes  No

Do you have an autoimmune disease?

Yes  No

Do you have any skin conditions?

Yes  No

Do you have any known allergies or have ever had anaphylaxis?

Yes  No

Do you have any active infection at the intended site of procedure?

Yes  No

Are you taking antibiotics or other prescription medications?

Yes  No

Is there any other Medical and/or Social History that we should know? If so, please provide full detail here.

What are your aims/motivations for having the procedure and the desired outcome? Please provide full details here.

Have you had this or a similar treatment before? If so, did you experience any problems? Please provide full details here.

Do you have any concerns? If so, please provide full details here.

Is there anything else we should know? Please provide full details here.

I will retain this information throughout the course of my treatment and refer to it as required.

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