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INFORMED-CONSENT- TRAMPOLINE PLATYSMAPLASTY

This is an informed-consent document that has been prepared to help your plastic surgeon inform you concerning platysmaplasty surgery, its risks, and alternative treatment. 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.

INTRODUCTION

Platysmaplasty Surgery is a surgical procedure to improve visible signs of aging of the neck. As aging proceeds, cervical support for the platysma muscle becomes attenuated. This is often associated with laxity of submental skin, as well as subcutaneous accumulation of fat within the neck. This loss of cervical support tends to highlight the platysma bands. There is a great deal of variation among patients in the appearance and quality of the platysma muscle; therefore Platysmaplasty Surgery is individualized for each patient.

Platysmaplasty Surgery can be performed alone, or in conjunction with other procedures, such as: suction-assisted lumpectomy of the neck, facelift surgery, eyelid surgery, chin augmentation surgery, or nasal surgery, etc.

The best candidates for Platysmaplasty Surgery have a neck, /neckline with prominent "bands", accumulation of subplatysmal fat, and a weakening of the platysma muscle. Traditional neck muscle tightening surgery requires the separation of the neck skin from the underlying muscle to allow the sewing of the muscle under direct vision. In certain cases the platysma muscle is cut or repositioned to allow the neck lift to be performed. This approach usually requires an incision under the chin to allow access to the region under the jaw line.

The Trampoline Platysmaplasty is a less-invasive approach of the neck muscle tightening that does not require the larger incision under the chin. The unique method and instruments allow the placement of a suture "lattice" similar to a shoelace that spans the entire region underneath the jaw line. This support system is created by weaving suture material under the skin through a series of small punctures. Once the lacing is completed, the suture is tightened and secured thus resulting in the lifting of the neck skin and underlying muscles simultaneously.

In rare instances, it may not be possible to weave the suture material underneath the skin due to scar tissue, or certain anatomic variations. In these cases the surgeon may elect to open the neck through the traditional incision underneath the chin, thus allowing the direct visualization and sewing of the neck muscles.

The Platysmaplasty Surgery does not stop the process of aging.

ALTERNATIVE TREATMENT

Alternative forms of management consist of not treating the laxity in the neck area, or liposuction, or facelifts

RISKS OF PLATYSMAPLASTY SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with Platysmaplasty Surgery. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefits. Although the majority of patients do not experience complications, you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of platysmaplasty surgery.

SPECIFIC RISKS OF THE TRAMPOLINE PLATYSMAPLASTY

Because this method involves the weaving of suture support systems just underneath the skin, it is possible to have visible tethering of the skin due to over tightening, or shifting of the suture matrix. If this occurs, removal and replacement of the suture matrix may become necessary. In addition, in the rare instance of a post-operative infection, this occurs in approximately 5% of all patients. The suture matrix may need to be removed and later replaced. This document is the place to discuss all of this.

BLEEDING

It is possible, though unusual, that you may have problems with bleeding during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood. Do not take any aspirin, anti-inflammatory medications or blood thinners such as other anti-platelet and anticlotting drugs for ten days before surgery, as this contributes to a greater risk of bleeding. Non-prescription herbs and dietary supplements can also increase the risk of surgical bleeding. Hypertension (high blood pressure) that is not under good medical control may cause bleeding during or after surgery. Consult with your physician about continuing or discontinuing prescription and non-prescription drugs, supplements, herbs etc. during the 10 days preceding surgery. Accumulations of blood under the skin may delay healing and could cause scarring.

INFECTION

Infection is very rare after this surgery. Should an infection occur, additional treatment including antibiotics or surgery may be for treatment of infection, e.g. incision and drainage. If the suture matrix required removal, surgery may be indicated to perform this maneuver. The removal would require the traditional incision under the chin as is currently utilized by most surgeons who perform neck muscle surgery.

SCARRING

Though good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different color than the

surrounding skin. There is the possibility of visible marks from sutures. Additional treatments may be needed to treat scarring.

DAMAGE TO DEEPER STRUCTURES

Deeper structures such as blood vessels, muscles, and particularly nerves could be damaged during the course of surgery. There could also be temporary weakness of lower facial muscles or numbness due to swelling after surgery. Permanent loss of function is extremely rare.

ASYMMETRY

THE HUMAN FACE IS NORMALLY ASYMMETRIC. SURGERY MAY IMPROVE THIS ASSYMETRY, BUT IT IS IMPOSSIBLE TO SURGICALLY CREATE PERFECT SYMMETRY.

SURGICAL ANESTHESIA

Both local and general anesthesia involves risk. Either of these choices may be recommended by your surgeon depending on the type of surgery you are having. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation. Anesthesia provider will provide informed consent about the anesthesia.

SKIN DISORDERS

A Platysmaplasty is a surgical procedure to tighten the skin and deeper structures of the neck. Skin disorders and skin cancer may occur independently of a neck surgery

UNSATISFACTORY RESULT

There is the possibility of a poor result from the Platysmaplasty Surgery. This would include risks such as unacceptable scarring, wound disruption, and loss of sensation. You may be disappointed with the results of surgery.

ALLERGIC REACTIONS

In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions, which are more serious, may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment. It is important to inform your doctor of any allergies, even if mild.

DELAYED HEALING

Wound disruption or delayed wound healing is possible. Smokers have a greater risk of skin loss and wound healing complications.

LONG TERM EFFECTS

Subsequent alterations in facial appearance may occur as the result of aging, weight loss or gain, sun exposure, or other circumstances not related to neck surgery. PLATYSMAPLASTY SURGERY does not arrest the aging process or produce permanent tightening of the neck. Future surgery or other treatments may be necessary as you age, to optimize your appearance.

ADDITIONAL SURGERY NECESSARY

There are many variable conditions in addition to risks and potential surgical complications that may influence the long-term results from platysmaplasty surgery. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with platysmaplasty surgery. Other complications could occur but are rare. Should complications occur, additional surgery or other treatments may be necessary. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained.

FINANCIAL RESPONSIBILITIES

The costs of surgery involve several charges. The total includes fees charged by your doctor, the cost of surgical supplies, anesthesia, laboratory tests, and possible outpatient hospital charges. If the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital charges involved with revisionary surgery would be your responsibility.

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, including the risks/benefits of no treatment at all. The informed-consent process attempts to define 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, which is, based on all the facts in your case and current medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care.

CONSENT FOR SURGERY/ PROCEDURE or TREATMENT

I hereby authorize _____ and such assistants as may be selected to perform the following procedure or treatment:

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. Be aware that only emergency procedures should be done without prior consent. 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.

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, injury, and sometimes death.

4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.

5. I consent to the photographing or televising of 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 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 which may be removed.

8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.

9. 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 (1-9). I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Date _____

Witness