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	NECK LIFT SURGERY INFORMED CONSENT FORM	Revision No :00 Revision Date.: Page No : 1 / 3

Patient Name-Surname:

Date of Birth:

Date/Time :

Protocol No :

GENERAL INFORMATION

Neck lift (neck rejuvenation) surgeries are surgical interventions performed to correct some of the signs of aging in the neck. As age progresses, the skin and muscles of the neck begin to loosen, lose elasticity and wear and tear. Although these surgeries are not surgeries that stop aging; they are surgeries that provide a younger appearance to the neck by recovering and stretching the skin and deeper tissues under the skin. Neck lift surgery can be performed alone or in combination with brow lift, vacuum liposuction, eyelid surgery and nose surgery. The most ideal areas for neck lift surgeries are those where the neck has started to loosen, but where the skin elasticity and bone structures are still in place. Neck lift surgeries include details to be planned after an evaluation for each person. The best candidates for neck lift surgery are patients with sagging neck but with skin elasticity and well-defined bone structure.

ANESTHESIA

In the anesthesia information sheet you will find information about anesthesia and possible risks. If you have any concerns, talk to the anesthesiologist. If you have not been given an information sheet, please ask for one.

General Information:


WHAT YOU NEED TO KNOW ABOUT YOUR DISEASE

The aim of neck lift surgery is to achieve a smoother neck appearance by stretching and suspending the neck skin and underlying tissues. This surgery does not correct fine wrinkles on the eyelids, forehead, lips and skin. In this surgery, an incision will be made in the midline of the neck approximately 5 cm below the chin. The reason for following this line is to choose a natural line where the surgical scars will be less obvious. After that, the neck skin will be stretched by releasing it from the ground at certain rates (according to the surgical technique) and the excess will be removed and sutured appropriately. Various permanent and dissolving sutures can be placed in the deep tissues of the neck.

RISKS OF SURGERY

Every surgical procedure involves some level of risk. It is important to understand the risks of neck lift surgery. Choosing the surgical path is based on weighing the risks against the potential gains. Although most patients do not experience the following complications, it is important to discuss each of these with your plastic surgeon to fully understand the risks, potential complications and results of neck lift surgery.

- **Bleeding:** Although rare, bleeding may occur during or after the operation. If bleeding occurs after the operation, emergency drainage treatment or blood transfusion may be required. The use of aspirin or anti-inflammatory drugs should be stopped ten days before the operation because they increase the risk of bleeding. Hypertension that is not under medical control may also cause bleeding during or after the operation. Subcutaneous bleeding can delay healing and cause poor scarring.
- **Infection:** Infection is usually not expected after this surgery. In rare cases, if infection develops, additional antibiotic treatment or surgical intervention may be required.
- **Scarring:** Although good wound healing is expected after surgery, abnormal scarring may occur on the skin and deeper tissues. These scars may be different in color from the surrounding skin and may not look

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pleasant. Stitches may leave visible scars. Additional treatment may be required.

- **Damage to deeper structures:** Deeper tissues such as veins, muscles and nerves may be damaged after surgery. The potential for this to occur may vary depending on the type of neck lift surgery. This damage can be temporary or permanent.
- **Asymmetry:** As a result of neck lift surgery, there may be variation between the two sides.
- **Surgical anaesthesia:** Both local and general anesthesia carry risks. Any type of surgical anesthesia or sedation has a risk of complications, damage and even death.
- **Nerve damage:** Motor and sensory nerves may be damaged during a neck lift operation. There may be weakness or loss of neck movements after a neck lift operation. Nerve damage can cause temporary or permanent loss of movement and sensation in the neck. This type of damage can heal over time. Damage to the sensory nerves of the neck can cause temporary or permanent numbness. A painful nerve is very rare.
- **Chronic Pain:** Chronic pain after neck lift is a very rare complication.
- **Skin irregularities, skin cancer:** A neck lift is a surgical operation to tighten the skin and deeper structures. Skin irregularities and skin cancer can develop independently of a neck lift.
- **Unsatisfactory results:** There is a possibility that neck lift surgery may not work well. This carries risks such as unacceptable visible deformities, loss of neck movement, wound deterioration (cracking, splitting) and loss of sensation. You may be disappointed with the outcome of the surgery. In rare cases, additional surgery may be required to improve the results.
- **Allergic reactions:** There are infrequent reports of local allergy to infrequently used plaster, suture materials or topical preparations. More serious systemic reactions may develop with medications used during or after surgery. Allergic reactions may require additional treatment.
- **Delayed Healing:** Separation of the wound or delayed healing is possible. Some areas of the neck may not heal normally or may be delayed. Some areas of skin may die. Smokers have a higher risk of complications such as skin loss and delayed wound healing.
- **Long-term effects:** As a result of aging, weight gain or loss, sun exposure and certain other conditions, there may be subsequent changes in the neck. Neck lift surgery does not stop aging, nor does it permanently tighten the neck. New surgeries and treatments may be needed in the future to maintain the results of neck lift surgery.

ALTERNATIVE TREATMENT METHODS

There is no alternative surgery or intervention that will show the effect of neck lift surgery. However, fat injections, filler injections, skin peels and various slings can be applied to the neck to provide a better appearance. However, these methods cannot remove the excess skin on the neck and stretch the neck.

PERSONAL INFORMATION

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Medications Used:

Bleeding Time:

Allergy

Other Diseases:

Patient Name Surname :..... Signature:.....Date/Time:.....

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Physician Name Surname :..... Signature:.....Date/Time:.....

I consent to the review of clinical information from my medical records for medical study, medical research and for the advancement of physician education; provided that the patient confidentiality rules in the patient rights regulation are adhered to. I consent to the publication of research results in the medical literature as long as patient confidentiality is maintained. I am aware that I can refuse to participate in such a study and that this refusal will not adversely affect my treatment in any way.

Photography/ Viewers: I give my consent for the procedure to be photographed or videotaped for scientific, medical or educational purposes, including appropriate parts of my body, provided that the images do not reveal my identity. I also give my consent for qualified observers to be allowed in the operating room during the surgery for the purpose of enhancing medical education. I have read and understood the contents of the informed consent form. All blanks on this form were filled in before I signed and I received a copy.

Patient Consent:

I understand that medical practices are not an exact science and that no guarantee can be given about the outcome or treatment. I was given detailed information about my condition, the procedure to be performed and its risks, and treatment options in the consent document and in my interview with the physicians. We declare that we are aware that the responsibilities in this regard belong to us and that we accept and consent to the surgery without any violence, suggestion, material or moral pressure.

I am aware that the use of medical devices such as X-ray, scopy, ultrasonography, scintigraphy, computed tomography, magnetic resonance, etc. may be required during interventions; I am aware that I may be exposed to rays that may cause negative effects on my health in some of these devices / applications, and I approve the use of these medical devices if deemed necessary

I understand that in very rare cases, an unprecedented situation may arise during the procedure and in this case, I give my consent and permission for the team to take such action as they deem appropriate.

I sign this form without any further explanation, without being under any pressure and consciously.

Patient Name Surname : Date/Time :

Signature :

or

Patient Guardian/Relative Date/Time :

Name Surname : Signature :

(Proximity.....)

Sufficient and satisfactory explanations have been made by me to the patient / patient's relative whose name is written above about his/her disease, the intervention to be performed, the reason and benefits of this intervention, the care required after the intervention, the expected risks, the type of anesthesia to be applied if necessary for the intervention, and the risks and complications of anesthesia. The patient/caretaker has read and signed this form with his/her own consent that he/she has been sufficiently informed about his/her admission.

Physician Name Surname : Date/Time:

Signature :