



.....
(Full name of the Patient)

.....
(Date of birth or PESEL)

.....
(Phone number, e-mail address)

INFORMATION, INFORMED CONSENT, DECLARATION, RECOMMENDATIONS - BLEPHAROPLASTY

INFORMATION

Type of planned procedure:

Upper eyelid blepharoplasty / Upper eyelid fat hernia
Lower eyelid blepharoplasty / Lower eyelid fat hernia

Instructions.

The following consent is a document written to inform the patient about the procedure to correct drooping eyelid skin, the risks of the surgical procedure, and other alternative treatment methods. It is very important that you read this information thoroughly and completely. Please sign each page to confirm that you have read the entire document.

Indications.

Eyelid surgery is an outpatient surgical procedure aimed at removing excess skin from the upper and/or lower eyelids. Fat tissue forming fat hernias can also be removed. The procedure not only improves appearance but also enhances the quality of daily life, especially for individuals with a significant excess of loose skin on their eyelids (loose skin resting on the eyelashes). Eyelid correction will not remove so-called "crow's feet," reduce dark circles under the eyes, or lift the eyebrows. This surgery can be performed as a single procedure or in combination with other procedures on the eyes, face, eyebrows, or nose. Eyelid surgery does not stop the aging process. This procedure is only intended to improve appearance by reducing loose skin around the eyes.

Supplementary Treatment.

Achieving improved skin tension of the eyelids and its appearance around the eyes may require additional treatments such as brow lift surgery (brow lifting). Other eyelid surgeries may be necessary in cases such as eyelid drooping associated with eyelid muscle diseases (ptosis) or the lower eyelid pulling away from the eyeball (ectropion). Minor skin wrinkles may be reduced through chemical skin peels or ablative laser treatments.

The purpose of the proposed procedure is: to remove excess skin from the upper/lower eyelids. Fat tissue forming fat hernias can also be removed during this procedure.

Foreseeable Consequences of the Procedure:

1. **Scars** - Any surgical procedure causes scarring, which sometimes may not be aesthetically pleasing. Abnormal scars may form on the skin or affect deeper tissues. Scars can have a color different from the surrounding skin. Additional surgery may be necessary to correct these scars. Sometimes, small skin cysts form at the site of the stitches.



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2. **Skin Discoloration/Swelling** - Bruising and swelling of the skin are normal after eyelid surgery. The skin in the operated area may appear lighter or darker than the surrounding skin. It is rare, but this skin discoloration may persist for a long time or even remain permanently.
3. **Asymmetry** - Most people have some asymmetry in their face and eye area. Differences in facial appearance and symmetry may also occur after surgery. Additional surgery may be necessary to improve asymmetry.
4. **Long-term Results** – Changes in the appearance of the eyelids can be related to aging, weight loss or gain, tanning, or other bodily changes independent of the surgery. The procedure for drooping eyelid skin will not stop the aging process and will not ensure that the results of the surgery last forever. Further treatment or surgery may be necessary to maintain the results of the operation.
5. **Pain after Eyelid Surgery Subsides after a Few Hours** - Chronic pain is a very rare complication after eyelid surgery. After taking painkillers, you should not drive, make important decisions, or consume alcohol.

Risk Factors Associated with Eyelid Skin Sagging Surgery.

Every surgical treatment involves a certain amount of risk, and it is very important to understand the risks associated with the procedure to correct sagging eyelid skin. The decision to undergo the procedure is an individual matter and involves comparing the risks with the possible improvement in the appearance of the eyelids. Although most patients do not experience the complications listed below, you should discuss them with your plastic surgeon to ensure you make the right decision and fully understand the risks, potential complications, and consequences of the surgery.

1. **Bleeding** - This is rare but possible during or after surgery. Bleeding can occur under the skin or around the eyeball. If bleeding occurs after surgery, it requires immediate treatment or surgery. To reduce the risk of bleeding, do not take aspirin or anti-inflammatory drugs for at least 21 days before the planned procedure. Untreated hypertension can cause bleeding during or after the procedure. The use of herbs and dietary supplements can also increase the risk of bleeding. Excess blood accumulated under the skin (hematoma) can cause delayed healing and abnormal scarring.
2. **Infection** - This is a very rare complication after this type of surgery. If an infection occurs, treatment involves administering antibiotics. If the infection does not respond to antibiotic treatment, additional surgery may be necessary.
3. **Damage to deeper structures** - During the surgical procedure, deeper structures such as nerves, blood vessels, or muscles may be damaged. These damages are usually temporary.
4. **Dry Eye Problems** - Eyelid surgery may result in permanent disturbances related to decreased tear production. This complication is extremely rare. Individuals who have "dry eyes" should be aware of the possibility of worsening their eye condition.
5. **Skin Lesions/Tumors** - Eyelid correction surgery aims to remove excess skin and correct deeper eyelid structures. Skin lesions and tumors may occur independently of this surgery.
6. **Ectropion** - A rare complication where the lower eyelid pulls away from the eyeball. Additional surgery may be necessary to correct this complication.
7. **Extremely Rare Problems with Incomplete Eyelid Closure** - So-called "corneal exposure" and its drying may require additional correction.
8. **Unsatisfactory Aesthetic Result after Eyelid Surgery** - This includes visible deformities, loss of function, wound dehiscence, or loss of sensation (scarring, keloids,

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- suture rupture). Additional surgery may be necessary to remove these complications. The need for a repeat operation is often unpredictable before the primary surgery.
9. **Allergic Reactions** - Allergic reactions to sutures, topical preparations, or dressings are rare. Systemic reactions are very serious and are related to drug reactions. Allergic reactions may require additional treatment.
 10. **Loss of Eyelashes** - Loss of eyelashes may occur in the lower eyelids in areas of skin lifted during the procedure. This type of complication cannot be predicted. The loss of eyelashes may be temporary or permanent.
 11. **Prolonged Healing** - Wound dehiscence or prolonged wound healing is possible. Smoking patients or those with diabetes have a higher risk of skin necrosis or complications related to wound healing.
 12. **Intimate Contacts after Surgery** - May cause bleeding or hematoma formation. Additionally, bruising and swelling may occur, prolonging or complicating the healing process.
 13. **Information about Contraceptive Medications** - Please inform if you are taking contraceptive medications and if you are not pregnant. Many medications, including antibiotics, can neutralize contraceptive medications and may result in pregnancy.
 14. **Neurological and Psychiatric Symptoms** - The literature describes the occurrence of psychiatric disorders after eyelid surgery related to unmet expectations regarding postoperative appearance. Realistic patient expectations are important. The procedure aims to improve appearance, not to achieve a perfectly symmetrical result.
 15. **Medications** - After taking painkillers, do not drive, make important decisions, or consume alcohol.
 16. **Smoking** - Smoking patients or those exposed to cigarette smoke have a higher risk of surgical complications during the healing process and abnormal scar healing. Additionally, the patient may experience side effects such as anesthesia problems or bleeding.

Please select the correct statement by placing an "x" in the indicated space below:

_____ I do not smoke cigarettes. I understand that there is a potential risk of surgical complications from being in a room with cigarette smoke.

_____ I smoke cigarettes. I understand the risk of complications caused by smoking cigarettes.

It is important not to smoke cigarettes for at least 6 weeks before the surgery until the healing process is complete.

Complications Due to Patient's Non-compliance.

Complications may occur in the following cases:

1. The patient does not follow postoperative recommendations.
2. The patient does not attend follow-up appointments.
3. The patient does not adhere to the appropriate diet.
4. The patient refrains from performing certain activities.

Possible Associated Procedures and Justifying Circumstances.

During the surgical procedure, situations may arise requiring the application of additional procedures not agreed upon with the patient before the surgery. The occurrence of complications during the surgery or postoperative period may necessitate additional procedures that were not previously discussed with the patient.

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Possible Need for Additional Treatment After the Procedure.

In the event of complications, additional surgery or other treatments may be necessary. Even when the risk of complications is low and they occur rarely, one must consider the possibility of their occurrence and procedures aimed at improving the outcome of the initial surgery.

Informed Consent for the Procedure.

Informed consent is used to inform the patient about the proposed treatment and includes presenting risk factors and alternative treatment methods. This document is based on scientific literature and clinical practice. However, this document does not cover all methods or the risks associated with them. This consent reflects the current state of knowledge only at the time of publication.

I declare that **Dr. Maciej Sznurkowski** had a conversation with me on, regarding pre-, intra-, and postoperative procedures. During the conversation, I had the opportunity to ask questions about the eyelid correction procedure, complications that may occur during the operation, postoperative care, and the risks associated with the planned procedure. The information was provided to me in an understandable and comprehensive manner. I also received postoperative recommendations.

INFORMED CONSENT FOR SURGICAL PROCEDURE

Type of planned procedure:

Upper eyelid blepharoplasty / Upper eyelid fat hernia.
Lower eyelid blepharoplasty / Lower eyelid fat hernia.

Type of planned anesthesia: local anesthesia of the eyelids.

I, the undersigned, /name and surname/, pursuant to Articles 32-35 of the Act of December 5, 1996, on the professions of doctor and dentist (Journal of Laws 2008 No. 136 item 857 as amended) and Article 19 paragraph 1 point 3) of the Act of August 30, 1991, on healthcare institutions (Journal of Laws 2007 No. 14 item 89 as amended), hereby give my consent for **Dr. Maciej Sznurkowski** and his selected assistants to perform the planned and aforementioned surgical procedure. I have received a full set of information about the procedure and postoperative recommendations.

Moreover, I declare that I have been thoroughly informed, in a language understandable to me, about:

1. the necessity and method of preparing for the procedure, including the need to terminate or interrupt any ongoing therapy,
2. the type of procedure, the expected duration, the method of anesthesia, and the anticipated outcome,
3. the typical, most common complications of the procedure,
4. the postoperative care, including the necessity of pharmacological therapy,
5. the typical, most common complications of the pharmacological therapy,
6. the necessity of attending follow-up consultations after the procedure,
7. the negative consequences and complications that may arise from delayed compliance with the doctor's recommendations,
8. the possibility of complications related to the procedure and the healing process, the consequences of not following the doctor's recommendations, as per the information on eyelid surgery,
9. the costs of the procedure and treatment, which I accept.

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I am aware that the achievable result of the procedure, the healing period, and the effectiveness of potential postoperative therapy cannot be precisely determined due to the nature of the planned procedure. I am also aware that the final result of the procedure, as well as the course of the postoperative period, are closely dependent on the individual case. Additionally, I am aware that the ultimate outcome of the procedure depends on many factors mentioned in the information on the procedure (surgery), including my health condition, age, skin elasticity, individual anatomy of the surgical area, and the skin's and body's reaction to the administered medications.

DECLARATION

Before undergoing the procedure, I was thoroughly and accessibly informed that the final result of the procedure is not identical in every case and may differ from the results achieved in other patients.

I am aware that during the procedure, treatment, and anesthesia, unforeseen circumstances may arise, which, if not addressed, could pose a danger of life-threatening conditions, severe bodily injury, or severe health impairment, requiring additional procedures. I hereby authorize the doctor authorized to perform the planned procedure to perform additional procedures that may become necessary due to the aforementioned circumstances. The consent given in this paragraph will also include any health conditions requiring treatment that were unknown to my doctor at the time the procedure began.

I consent to being given the proposed anesthetic agents, including the suggested postoperative pain management. I understand that all forms of anesthesia carry some degree of risk and the possibility of complications, injury, and sometimes even death.

I declare that I have familiarized myself with the pre- and postoperative recommendations. I hereby commit to following all medical recommendations, including postoperative instructions, as well as attending the designated follow-up visits on the scheduled dates.

I declare that I had the opportunity to ask the doctor questions regarding the planned procedure, possible complications, risks of complications, further treatment, postoperative recommendations, and that the answers were understandable and provided in a comprehensive manner. I have also been informed about alternative treatment methods (including the option of not undergoing treatment) and alternative procedures.

I declare that the content of the consent was presented to me before the procedure, and the time that elapsed between the presentation of the consent and the execution of the procedure was fully sufficient for me to understand its content.

I consent to the creation of appropriate documentation related to the procedure, as well as to photographing and recording the procedure using image and sound recording devices for medical, scientific, or educational purposes, provided that my identity is not disclosed.

I agree that during the procedure, persons necessary to provide this service and other persons whose participation in the procedure has a strictly educational purpose, consisting solely of observing the procedure and familiarizing themselves with the related documentation, may be present.

I am aware that the basis for a civil claim against the doctor does not include cases where the outcome of the procedure does not strictly meet my expectations, provided that its conduct and post-procedure management complied with current medical knowledge.

I consent to the disposal, which includes the removal and disposal, of medical equipment used during the procedure and tissues or body parts removed during the procedure.

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RECOMMENDATIONS – BLEPHAROPLASTY - UPPER AND LOWER EYELIDS

1. The procedure for upper eyelid blepharoplasty, which involves removing excess loose eyelid skin with a precise laser knife, lasts about 1.5 - 2.5 hours.
2. After the procedure, you will receive the following medications:
 - Antibiotic (Cipronex / Duracef / Augmentin): Dosage: 2 tablets immediately after the procedure, then 1 tablet in the morning and 1 tablet in the evening for the following days.
 - Ointment (Floxal): Dosage: apply a thin layer to the post-operative wound on the eyelids and squeeze a dose of ointment into the conjunctival sac (morning and before bedtime).
 - Maxitrol drops: Dosage: 3-4 times a day (1 drop every 4 hours).
3. Immediately after the procedure, a cold compress (cooling dressings) is recommended for the eye area.
4. It is recommended to use Auriderm XO cream or Arnica gel on bruised areas.
5. For 48 hours after the procedure, it is necessary to keep the head elevated both during the day and while sleeping to reduce swelling. Do not lower your head below heart level.
6. For the next 7 days after the procedure, it is recommended to use Octenisept solution to clean the wound of clots and disinfect it, using a moistened gauze pad, at least twice a day.
7. The first follow-up visit is scheduled 8-12 days after the procedure to remove stitches and assess the healing progress of post-operative wounds. A follow-up visit is recommended 4 weeks after the procedure (optional if necessary).
8. Silicone ointments must NOT be used on maturing eyelid scars! I recommend using a moisturizing ointment, such as Linomag, and a cleansing ointment like Iruxol Mono, but not earlier than after stitch removal (after 10 days) and preferably 2 weeks post-procedure. Apply thin layers twice a day (morning and before bedtime).
9. Typically, swelling and bruising subside after about 2 weeks. Lower eyelids often remain swollen slightly longer than upper eyelids.
10. Use UV 50 sunscreen twice a day on the eye area and face (I recommend a roll-on stick for children from Decathlon).
11. Completely avoid sun exposure and tanning beds for 6 weeks post-procedure. UV exposure can cause scar discoloration, and heat can cause eyelid swelling.
12. Contact lenses can be worn 2-3 days after the operation.
13. Avoid strenuous efforts and intense physical exercises, especially those involving weight lifting, for 14 days post-procedure. Do not swim for 1 month. Light cardio exercises (walking, cycling) are allowed from the 3rd day post-procedure.
14. No alcohol consumption for 10 days post-procedure.
15. Use only the medications and recommendations prescribed by your doctor. Do not take medications on an empty stomach.
16. Avoid all factors that can cause increased blood pressure and bleeding.

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Patient's signature and date

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Physician's signature and date

