

FEEL BEAUTIFUL

PLASTIC SURGERY

UPPER LIP LIFT and/or CORNER OF LIP LIFT

INSTRUCTIONS

Please become fully informed about lip lift surgery before proceeding with the operation. It is Dr. Laverson's responsibility to provide this information for you. It is your responsibility to become familiar with this information and to consider it when deciding whether or not to proceed. Read each paragraph completely. If you have questions or there are words you don't know, ask Dr. Laverson. Surgery is not an exact science. Because it is impossible to predict your outcome precisely in advance of the procedure, you should understand risks and possible complications of lip surgery. Your signature below confirms your understanding and your request for lip lift and/or corner of lip lift.

GENERAL INFORMATION

Lifting your upper lip and/or the corners of your lips are plastic surgical procedures that adjust the position and/or shape of your lips to:

- Improve lip shape and/or symmetry.
- Increase upper lip volume.
- Restore youthful features to aging lips such as visibility of the upper teeth
- Impart a more pleasant resting facial expression
- Decrease distance between the upper lip and base of nose

Upper lip lift shortens vertical length of your upper lip by removing skin under your nose so the upper lip can be elevated to a more youthful position. Upper lip lift is planned and performed so the necessary scars will be as inconspicuous as possible. Scars will be in the creases and/or shadow(s) beneath, within, and around your nostrils. The size and shape of your lips prior to surgery will influence the surgical approach and your final result. Corner lip lift lifts only the right and left ends of the lips if they have dropped into a frowning or sad expression. Corner lift scars are at the extreme lateral ends of the lips, and tend also to be inconspicuous. Corner lift may improve facial expression, but does not remove jowls or deep creases below the lips. Patients undergoing upper lip lift and/or corner lift should consider that upper lip lift and/or corner lift may not be a one-time surgery. Changes that occur to the lip following upper lip lift may not be reversible.

ALTERNATIVE TREATMENTS

Upper lip lift is an elective cosmetic operation. Alternative treatments include no surgery at all, temporary or permanent cosmetics, injectable filler to augment lip volume and/or lift the corners of the lips, and/or laser skin tightening. Risks and potential complications are associated with each of these alternative treatments.

RISKS and LIMITATIONS OF UPPER LIFT LIP SURGERY

Every surgical procedure risks problems, complications, and/or unanticipated adverse events. Your decision for this (or any) operation should be based on a comparison of risk to expected benefit. There are also limitations of what lip lift and/or corner lift can achieve even when the operation and recovery proceed well. Although most patients do not experience complications, please understand the following possible problems most often associated with lip lift and/or corner of lip lift. Complications are often unpredictable. After reading about these risks, please address any and all questions to Dr. Laverson.

Major Risks of Upper Lip Lift and/or Corner of Lip Lift Procedures

Bleeding, bruising, swelling, visible scarring, infection, pain, skin discoloration, asymmetry between right and left sides, extruding sutures, contour irregularities, delayed healing, disappointing aesthetic results, need/ desire for surgical revision, and others.

Smoking, Vaping, Juuling, E-cigarettes, Second-hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray)- Individuals who smoke cigarettes, use tobacco products, or nicotine products (patch, gum, or nasal spray) are at a greater risk for delayed and/or complicated healing. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may have a significant negative effect on general anesthesia and recovery from general anesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a lower risk of this type of complication. Completely stop all nicotine use for **at least 3 weeks** (preferably longer) before surgery and until Dr. Laverson states it is safe to return, if desired.

ADDITIONAL SURGERY NECESSARY (Re-operations)

It is unknown how wound healing will occur after surgery. Secondary surgery may be necessary at some time in the future to correct or to improve your cosmetic result. Should complications occur, additional surgery or other treatments may be necessary. Although good results are expected, there is no expressed or implied guarantee or warranty of a satisfactory result. In some situations, it may not be possible to achieve optimal results with a single surgical procedure. Depending on your expectations, the result you desire may not be possible even after multiple procedures.

PATIENT COMPLIANCE

Follow all physician instructions carefully; This is essential for a good outcome. Healing is a gradual process (weeks to months). Surgical incisions should not be subjected to pulling, trauma, distortion, impact, abrasion, or motion during the time of healing. Successful recovery depends on how your surgery is performed, but also on your care and activity during the days and weeks after the procedure when your body is healing and your tissues are repairing. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation around the surgical site and the need for return to surgery. Participate in follow-up care, return for aftercare, and promote your recovery by resting and allowing your body to heal after surgery. **Six to twelve month follow up is particularly important for management of your final result.**

FINANCIAL RESPONSIBILITIES

The cost of surgery involves fees charged by your surgeon and for the significant infrastructure required to perform safe surgery. Fees charged for this procedure do not include future costs of additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional expenses may be incurred if complications develop from surgery. Secondary surgery or revision surgery will also be your responsibility. **In signing the consent for this surgery/procedure, you acknowledge that you have been informed about the most common associated risks and consequences. When you sign, you are also accepting responsibility for the clinical decisions that were made (surgical approach) along with the financial costs of all future treatments.**

Please understand the above information and have your questions answered before signing the consent.

CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby request Dr. Steve Laverson and assistant(s) perform the following procedure or treatment:

UPPER LIP LIFT and/or CORNER OF LIP LIFT

I have received, reviewed, and understand all pages of the above information.

2. During the course of the operation, unforeseen conditions may necessitate changes in the surgical plan. Dr. Laverson is authorized to perform such procedures that are in the exercise of his best professional judgment necessary, desirable, and in my own best interest. The authority granted under this paragraph shall include all conditions that require treatment and are not known at the commencement of surgery.
3. I consent to the administration of such anesthetics considered necessary or advisable. All forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
4. Nobody has guaranteed me that I will be satisfied with the results of this procedure.
5. My final result doesn't become apparent until at least six months following my procedure. The most important office visits happen at that future time. Committing to surgery also commits me to follow up 6 -12 months after the procedure.
6. I consent to the disposal of any tissue, medical devices or body parts that may be removed.
7. If a secondary procedure is necessary, further expense may be incurred.
8. Photography is essential medical documentation before and after cosmetic surgery, and is important in my care. My facial photographs may be used for medical, scientific, and/or educational purposes, provided personally identifiable information (my name) is not associated with the pictures.
9. I realize that not having the operation is an option.
10. THE FOLLOWING HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
 - a. LIP LIFT and/or CORNER OF LIP LIFT SURGERY
 - b. ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT, INCLUDING NO SURGERY
 - c. RISKS ASSOCIATED WITH THE PROPOSED PROCEDURE(S)

I CONSENT TO UPPER LIP LIFT and/or CORNER OF LIP LIFT AND THE ABOVE LISTED ITEMS (1-10). MY QUESTIONS HAVE BEEN ANSWERED, AND I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Printed Name

Date

Witness