

# Blepharoplasty Consent

Blepharoplasty, commonly known as eyelid surgery, is performed to improve the appearance or function of the upper and/or lower eyelids. The procedure can restore peripheral vision that is obstructed by drooping upper eyelid skin, reduce eye strain, and enhance the overall field of vision. It is also commonly done for cosmetic reasons, helping to reduce puffiness, sagging, and wrinkles around the eyes to create a more youthful, rested, and alert appearance.

## Understanding the Risks and Benefits

I understand the goal of this surgery is to improve eyelid aesthetic appearance. I also understand that:

- Surgery has **no guaranteed outcome**.
- **Risks** may include pain/discomfort, infection, bleeding, reaction to anesthesia, scar, damage to eyes, lid contracture, dry eyes, tearing, asymmetry, double vision, need for additional procedures.
- **If internal eye shields are used, risks include** infection, corneal abrasion and allergic reaction to material or numbing eye drops
- Rare but serious risks include major complications or even death.

## Alternatives to Surgery

I understand that I have options, including:

- No treatment
- Continued medical therapy

Each has its own risks and benefits, which have been discussed with me.

## Patient Acknowledgment

I've had the chance to ask questions, and all answers were clear. By signing, I agree to have the procedure done and understand everything explained above.

## Post-Operative Instructions

Following these instructions will help your healing process and reduce the chance of complications:

## What to Expect After Surgery

- **Bruising and swelling:** Some bruising and swelling is normal. This should gradually improve over time.
- **Fevers for the first few days:** A mild fever can be a normal response to surgery and inflammation. Low-grade fevers (below 100.4°F or 38°C) are usually not a cause for concern.

## When to Call the Office or Visit the ER

- Severe pain that is not controlled by the pain medication prescribed
- Severe or worsening swelling and bruising
- Severe bleeding
- Vision changes or double vision after surgery

## Wound Care

- **Antibiotic ointment:** Apply 2-3 times daily to the incision
- **Keep clean and dry:** Use mild soap and water if advised
- **Dressings:** Change as directed and keep covered
- **No picking or scratching:** Prevents infection and scarring
- **Keep eyes dry:** Normal bathing can occur immediately after operation but keep eyes and incisions dry.

\_\_\_\_\_: Patient Initials

**Kevin Caceres, MD**

1615 Pasadena Ave South Suite 220 Saint Petersburg, Florida 33707

Phone (727) 870-3223 Fax (727) 870-4223

This is a doctor's office regulated pursuant to the rules of the Board of Medicine as set forth in Rule Chapter 64BB, F.A.C

Patient Name:

DOB:

MRN:

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## Activity Restrictions

- **Rest:** No heavy lifting (over 20 lbs), vigorous exercise, or bending for 2 weeks
- **Return to normal slowly:** Most take about 1 week off work/school
- **No driving** if taking narcotic pain meds

## Medications

- **Prescription pain meds:** Take only as needed.
  - If pain is tolerable, take **Tylenol** instead of the prescription. Follow the Tylenol bottle to dose.
- **Antibiotics:** Take as prescribed and finish the full course.
- **Other medications:** Follow instructions carefully.

## Avoid Smoking & Alcohol

- **No smoking:** Slows healing and increases risks
- **Avoid alcohol:** For at least 2 weeks, as it interferes with healing and medications

## Scar Care (if applicable)

- **Scar treatments:** You may be advised to use silicone sheets, scar creams, or ointments once the incision has healed
- **Massage:** Gentle massage can reduce scar tissue buildup
- **Sun protection:** Keep the area covered or use sunscreen to prevent darkening of the scar

## Follow-Up Appointments

- **Attend all appointments** with Dr. Caceres to monitor healing
- **Report any unusual symptoms:** Redness, warmth, drainage, or worsening pain

## Additional Tips

- Use **ice packs** as directed to reduce swelling.
- Keep your head elevated if recommended.
- Wear loose, comfortable clothing.

## Patient Acknowledgment

By signing below, I confirm that:

- I have read or had this form explained to me
- I understand the risks, benefits, and alternatives
- I agree to follow all post-operative instructions
- I consent to the procedure by Dr. Caceres and his team

\_\_\_\_\_  
Patient / Agent / Guardian Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date Signed

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