

Brow Lift Consent

A brow lift, also known as a forehead lift, is a surgical procedure designed to elevate the eyebrows to a more youthful and natural position, helping to reduce the appearance of forehead wrinkles, frown lines, and sagging skin above the eyes. The procedure can improve facial symmetry, restore a more alert and refreshed appearance, and in some cases, relieve heaviness on the upper eyelids that may interfere with vision. It may be performed alone or in combination with other facial procedures, such as blepharoplasty, to achieve a more harmonious result.

Understanding the Risks and Benefits

I understand the goal of this surgery is to improve the cosmetic outcome of the brow or forehead. I also understand that:

- Surgery has **no guaranteed outcome**.
- **Risks** may include pain, discomfort, infection, bleeding, reaction to local anesthesia, scar, forehead/scalp numbness, hair loss, asymmetry, incomplete resolution, facial weakness, palpable implant, poor cosmetic outcome, need for additional procedures.
- Rare but serious risks include major complications or even death.

Alternatives to Surgery

I understand that I have options, including:

- No treatment

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

Activity Restrictions

- **Rest:** No heavy lifting (over 20 lbs), vigorous exercise, or bending for 2 weeks

____ Patient Initials

Kevin Caceres, MD

1615 Pasadena Ave South Suite 220 Saint Petersburg, Florida 33707

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

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Patient Name:

DOB:

MRN:

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- **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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