Hairline Lowering Consent



The purpose of hairline lowering surgery, also known as forehead reduction or hairline advancement, is to reduce the vertical height of the forehead by repositioning the hairline to a more aesthetically balanced location. This surgical procedure is typically performed to address a congenitally high hairline, gender-affirming facial surgery goals, or hair loss-related concerns. The aim is to enhance facial harmony, improve proportions, and meet the individual's aesthetic or gender identity goals while preserving natural hair growth and minimizing visible scarring.

Understanding the Risks and Benefits

I understand the goal of this surgery is to improve hairline aesthetics. I also understand that:

- Surgery has **no guaranteed outcome**.
- Risks may include pain/discomfort, infection, bleeding, reaction to local anesthesia, bleeding, infection, scar, asymmetry, incomplete resolution, hair loss, forehead/scalp numbness, need for camouflage hair transplant, palpable implant, poor cosmetic outcome, and 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
- Hair transplant

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**: It is normal to have bruising and swelling for a few days after surgery.
- **Numbness:** It is normal to have numbness in the forehead and scalp.

When to Call the Office or Visit the ER

- Severe bruising or swelling
- Severe pain that is not controlled by prescribed medication
- Severe bleeding
- Changes in vision or double vision

Wound Care

- **Apply antibiotic ointment**: Apply antibiotic ointment 2-3 times daily
- Keep the Incision Clean and Dry: You may wash your hair gently with gentle shampoo and water, pat the area dry with a clean towel. Do not soak the incisions or scrub scalp.
- **Dressings**: Change dressings as directed by Dr. Caceres. Keep the wound covered as recommended to protect it from bacteria and dirt.
- Avoid Picking or Scratching: Do not pick at scabs or scratch the incision area, as this can lead to infection and increased scarring.

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

: Patient Initials

Kevin Caceres, MD

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DOB:

Patient Name:

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Avoid alcohol: For at least 2 weeks, as it interferes with healing and medications

Scar Care

- Scar treatments: You may be advised to use silicone sheets, scar creams, or ointments once the incision has
- 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		

Patient Name: DOB:

MRN: