

# Face (rhytidectomy) Neck (platysmaplasty) Surgery Consent Information

This information will help you to understand the risks and complications associated with Face (rhytidectomy) Neck (platysmaplasty) Surgery. Although modern surgery is safe it still entails some risk. Please take time to read this information on risks and complications both general and specific to your procedure. Please contact us if you would like to discuss any area further. These risks are controlled and minimized with specialist care before, during and after your surgery by:

- Pre-operative consultation with Dr Somia and selective testing to ensure you are fit for surgery.
- Hospitals with a high safety record and stringent quality controls
- Highly trained anaesthetists (Dr Simon Koh and Dr Suzi Miles) to administer the appropriate drugs and dosage.

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## 2 General Risks

Pneumonia, deep venous thrombosis, pulmonary embolism, stroke, heart attack, allergies, awareness, death

## 3 Specific Risks During Surgery

Bleeding, Change in surgical approach, Nerve injury

## 4 Specific Risks - Short Term

Bleeding and haematoma, Eye irritation, Infection, Firmness, Hardware and deeper sutures, Exposed sutures, Dressings, Delayed healing and Tissue death

## 6 Specific Risks - Long Term

Asymmetry, Scars, Hair loss, Parotid gland disorders, Unsatisfactory result



**All surgery carries risk due to the use of drugs, sedation or anaesthesia. Risks involved include (but are not limited to):-**

## Post operative pneumonia and areas of lung collapse

When you are under anaesthetic you breathe more shallowly than normal. This can allow some areas of your lungs to partially collapse. If these areas are not inflated again soon after you wake up, this can lead to pneumonia or lung infection. Smokers/vapers are at higher risk as the waste products clog the airways and damage the airway lining preventing cleaning of the mucous secretions. Our anaesthetists carefully monitor how deeply you are breathing during the operation to prevent this. This is one of the reasons we insist all patients abstain from smoking/vaping for 12 weeks before and after.

## Deep venous thrombosis and pulmonary embolism

Your legs rely on gentle constant muscle activity to propel blood back towards the heart. If the blood stays stagnant it can clot in the leg veins and later dislodge and end up in your lungs. When you are asleep you generally move around enough to keep the blood moving. When you are anaesthetised your legs do not move at all. Instead compression stockings are applied to collapse the veins and sequential compression devices applied to massage the blood back to the heart. (intermittent compression also releases a natural anti-clotting agent). If you experience irregular heartbeat, shortness of breath or chest pain after your return home you should go to hospital.

## Stroke and Heart Attack

These are very rare complications in otherwise fit and healthy patients. Elderly patients are at a greater risk. If we believe you are at increased risk we will discuss this with our anaesthetists prior to surgery and may arrange additional tests to ensure your safety in the operating room.

## Allergies

During your medical history, you will be asked if you are aware of having any drug allergies. This will be repeated by your anaesthetist. During the administration of any drug there is a small risk of allergy. Reactions can be mild itchiness to severe anaphylaxis requiring adrenaline. Some allergies can be predicted, but most are random events that are only discovered once they occur. Should an allergy occur it will be treated immediately and you will be notified at the end of the operation.



## Awareness

Most patients give away signs such as increased blood pressure or heart rate that will alert anaesthetists that they are feeling pain. Modern monitoring will alert anaesthetists that patients are not asleep earlier than heart rate and blood pressure indicators.

## Death

Risk of death under anaesthesia in Australia is around 1 in 4 million cases. Your level of health prior the surgery will relate to your personal risk. In general, you are more likely to have an accident travelling to/from hospital.

# Specific Risks During Surgery

## Bleeding

There is always a small amount of bleeding with facial surgery. Very rarely, the bleeding can be catastrophic requiring measures to stop the bleeding.

## Changes in surgical approach

In some situations, factors determined at the time of your operation may require the surgeon to make changes in their surgical technique (or approach) to ensure your safety is paramount. This may require changing to an approach that involves longer scars.

## Nerve Injury

There is a potential for injury to both motor & sensory nerves during facial surgery. Temporary weakness & numbness of the face is common, especially numbness of the earlobe. Both functions usually return within a few weeks to months. Permanent weakness, numbness or painful nerve scarring is rare.



## Injury to the eye globe

Any structure in close proximity to a surgical site is at some risk of damage. We aim to prevent this by using small shields placed within the eyelids to protect the eye from damage during procedures nearby.

## Need for extra tissue

The need for extra tissue should be able to be predicted before surgery and harvesting. These will require additional incisions and small risks, which will be discussed if the need is likely.

# Specific Risks - Short Term

## Bleeding and haematoma

There will be a small amount of bleeding or red discharge from your incisions in the first few days after your operation. Bruising may settle in the eyelids causing the appearance of black eyes, and sometimes in the neck. Large amounts of bleeding should be treated by keeping calm (to lower your heart rate and blood pressure) using ice packs (to shrink the blood vessels) and applying constant gentle pressure to the wounds. If the bleeding does not stop within 20-30 minutes, you should call the rooms or go to the hospital. If an increase in bleeding is noticed at the same time as an increase in pain, you may be developing a haematoma (blood clot) and should contact the office or hospital. Bleeding after facial surgery sometimes requires a second operation to find and control the bleeding vessel. A haematoma is a large thick bruise in the area of your operation caused by trapped blood, and it is commonly associated with an increase in discomfort.

## Eye Irritation

The inner lining of the upper eyelids may have some swelling after the operation, and you may have had some shields in your eyes to protect them during the operation. These may cause your eyes to feel irritated over the first few days after the operation. Usually artificial tears or antibiotic eye drops are adequate to manage the discomfort.



## Infection

Infection is uncommon after elective facial surgery. You will be given antibiotics through the drip during the operation and if there are any abnormalities noted during the operation, you will be sent home with tablet antibiotics for a week after the operation. Should an infection develop, it would usually begin at about the 5th to 10th post-operative day (around about the time that you are due to see us for removal of sutures and dressings). If you notice increasing pain, swelling and redness of the area that was operated on, please call the office or the hospital.

## Firmness

After any operation, as tissues heal there is some swelling/firmness. The majority will resolve within 4-6 weeks, but the last small amounts can take up to a year to completely resolve. By the end of a month after your operation, some gentle tissue massage will help speed the recovery of the tissues.

## Hardware and deeper sutures

Some surgical techniques of facial surgery involve the suspension of the facial tissues from small screws, permanent deep sutures or dissolvable devices. Occasionally, these sutures or devices may spontaneously poke through the skin, become visible or produce irritation that requires removal. This may occur as late as years after the operation. In rare circumstances, a screw may penetrate the skull and produce an intracranial injury. In any of these circumstances, additional surgery may be necessary.

## Exposed sutures

Many sutures (both permanent and dissolving) that are used to reshape tissues are buried within the soft tissues. Occasionally, these sutures will show themselves through the skin. If they become problematic, they may need to be removed. This is usually something that can be done in the office.

## Dressings

Dressings need to remain in place until your first post operative check at the office. Occasionally dressings can cause some irritation, and rarely cause allergic reactions. Should the dressings become unbearable or cause increasing redness & swelling, please call the office to arrange for them to be changed.



## Delayed Healing and Tissue Death

The expected time frame of healing within the face is; skin should heal within a week, bones within 4 weeks and soft tissues around 6 weeks. Diabetics, smokers/vapers and people with some other diseases will have the risk that tissues will take longer to heal and may have some tissue death before healing. Most of these problems can be managed with appropriate dressings but may need additional surgery.

# Specific Risks - Long Term

## Asymmetry

Small asymmetries should be expected. You should allow at least 6 months to settle out minor asymmetries. Major asymmetries will be adjusted by your surgeon.

## Scars

Scars from facial surgery are hidden behind the hairline and generally heal well.

## Hair Loss

Hair loss may occur within the scalp or surgical incisions. The occurrence of this is not predictable. There is usually a gradual return of hair growth, but the hair loss may be permanent.

## Parotid Gland Disorders

Facial surgery involves re-draping the skin over the salivary gland in front of your ear. This may rarely result in disorders such as parotid fistula or Frey's syndrome (sweating whilst eating). These disorders are problematic to cure but can be improved with additional treatment.

## Unsatisfactory Result

Your pre-operative consultations should help you realize the objectives and limitations of your operation. If you are unhappy with your result, you should wait for the swelling to settle before making a final judgment. Should the result still not be up to expectation by 6 months we can discuss further surgery.

## Questions

If you would like clarification on any of the information here please contact the office.

