

RISKS AND COMPLICATIONS

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Patient Name _____ DOB _____

The practice of medicine and surgery is not an exact science. You should be informed of the following possible risks and complications.

UNCOMMON RISKS AND COMPLICATIONS

Allergy - shock, anaphylaxis
Heart - rhythm irregularities, attack (M.I.)
Lung - pulmonary embolus (blood or fat clots in lungs)
Brain - damage, paralysis, death

_____ Patient Initial

Even though the following risks and complications cited occur infrequently, the following are peculiar to eye plastic surgery:

Infection
Bleeding - hematoma
Scarring - may take months to mature
Wound Disruption - keloid, steroid, need to reoperate, tape reaction, skin breakdown
Skin Death
Nerve damage - permanent numbness (sensory), paralysis (e.g. face), chronic pain, paresthesia
Lash Loss
Contour Irregularities - grooves, knots, dimples, lumps
Dry eye
Corneal Injury
Permanent pigmentation or discoloration
Too much surgery
Too little surgery
Asymmetry – one side different from opposite side
Tearing

_____ Patient Initial

ANY AND ALL RISKS AND COMPLICATIONS CAN RESULT IN:

Additional surgery
Hospitalization
Time off work
Additional expense to you
On occasion, surgical revision (secondary, touch up) may be indicated following the original surgery.

_____ Patient Initial

*I certify that I have read and understood all of the above prior to my signature. **I (WE) UNDERSTAND THAT NO WARRANTY OR GUARANTEE HAS BEEN MADE TO ME AS TO RESULT OR CURE.**

COMMENTS: _____

Patient/Legal Guardian: _____ Date _____
PRINT NAME

Witness to patient signature only _____

I hereby certify that I, (or a member of my staff), have explained the nature, purpose, benefits, risks of, and alternatives to, the proposed procedure/operation, have offered to answer any questions and have fully answered all such questions. I believe that the patient/relative/guardian fully understands what I have explained and answered.

Physician's Signature _____ Date _____

Note: This document must be made part of the patient's medical records.