



# ISAPS® PATIENT SAFETY

INFORMED CONSENT OF THE INTERNATIONAL SOCIETY  
OF AESTHETIC PLASTIC SURGERY

## INFORMED CONSENT FOR FACELIFT (RHYTIDECTOMY)

October 4, 2025

### PURPOSE OF THE PROCEDURE

A facelift (rhytidectomy) is an elective surgical procedure intended to improve visible signs of facial aging, including sagging skin, jowls, loss of jawline definition and laxity of the neck. The goal is to restore a more youthful contour; however, results vary and cannot guarantee the appearance of a younger version of yourself.

### DESCRIPTION OF THE PROCEDURE

- Incisions are typically made in front of and behind the ears, sometimes extending into the scalp and under the chin.
- The underlying tissues (SMAS, platysma) may be repositioned, and excess skin removed.
- Adjunctive procedures (blepharoplasty, brow lift, fat grafting, laser resurfacing, liposuction or neck lift) may be recommended or performed in combination.

### BENEFITS AND EXPECTED OUTCOMES

- Improvement in facial and neck contours
- Reduction in sagging skin and jowls
- Smoother jawline and neck profile
- Possible improvement in self-confidence and self-image.

*Note: A facelift does not stop the natural aging process and does not address skin quality, pigmentation or fine wrinkles without additional treatments.*

### ALTERNATIVES TO SURGERY

- No treatment (accepting natural aging).
- Non-surgical options: dermal fillers, botulinum toxin, skin-tightening devices, chemical peels, laser resurfacing, thread lifting.
- Less invasive procedures may provide temporary or partial improvement.

## RISKS

### General Risks of Surgery and Anesthesia:

- Adverse reaction to anesthesia or medications
- Allergic reactions
- Bleeding, hematoma (blood collection)
- Infection
- Poor wound healing
- Deep vein thrombosis (DVT) / pulmonary embolism (rare but serious).

### Specific Risks of Facelift:

- **Scarring:** Permanent scars, though usually concealed in hairline/ear creases.
- **Nerve injury:** Temporary or permanent weakness of facial muscles (facial nerve branches).
- **Skin necrosis:** Loss of skin due to poor blood supply, more common in smokers.
- **Hair loss:** Around incision sites.
- **Asymmetry:** Natural facial asymmetry may persist or increase.
- **Contour irregularities:** Banding, lumpiness or dimpling.
- **Numbness or altered sensation:** Common around ears and cheeks; may persist.
- **Pain or discomfort:** Temporary but may be prolonged.
- **Unsatisfactory results:** Including persistent jowls, loose skin or need for revision.

### Additional Risks in Patients With Prior Ancillary Procedures:

Patients who have undergone **previous non-surgical or minimally invasive treatments** (such as dermal fillers, biostimulatory agents, threads or energy-based devices like ultrasound, radiofrequency or laser) may face **increased or unique risks**, including:

- **Filler-related complications:**
  - Residual filler material may interfere with surgical dissection.
  - Risk of palpable nodules, granulomas or irregularities when scar tissue or filler is disturbed.
  - Vascular compromise if filler is inadvertently displaced or compresses vessels during surgery.
- **Energy-based device effects (RF, ultrasound, laser, HIFU, etc.):**
  - Prior treatments may cause **subcutaneous fibrosis or scarring**, making tissue planes more difficult to dissect and increasing risk of injury.
  - Increased risk of **skin irregularities, poor healing or necrosis** due to compromised blood supply.
  - Possible **unpredictable skin response**, including abnormal scarring or delayed recovery.
- **Thread lifts (sutures/anchors under skin):**
  - Scar tissue around prior threads may complicate surgical dissection.
  - Residual thread fragments may cause foreign body reaction or need removal.
  - Higher risk of contour irregularities.
- **Overall:** Patients with these histories may have **less predictable outcomes**, higher risk of complications and a possible need for **revision procedures**.

## **PATIENT RESPONSIBILITIES**

- Disclose full medical history, medications, supplements, smoking, alcohol and drug use.
- Stop smoking and nicotine at least **4-6 weeks before and after surgery**.
- Avoid blood-thinning medications/supplements (e.g., aspirin, NSAIDs, vitamin E, herbal products) unless cleared by physician.
- Follow all pre- and postoperative instructions.
- Arrange transportation and support for recovery.

## **POSTOPERATIVE COURSE**

- Bruising, swelling, tightness and numbness are expected and may last weeks to months.
- Dressings and drains may be required.
- Sutures/staples are usually removed within 5-14 days.
- Full healing may take several months, with scars maturing over 12-18 months.
- Results are long-lasting but not permanent; aging will continue.

## **REVISION SURGERY**

No guarantees can be made regarding outcomes. Additional procedures may be required to achieve desired results or address complications, at additional cost.

**ISAPS Patient Safety Committee**

# INFORMED CONSENT FOR PROCEDURE FORM

IT IS IMPORTANT THAT YOU READ THE ATTACHED INFORMATION CAREFULLY AND HAVE ALL YOUR QUESTIONS ANSWERED BEFORE YOU SIGN THE CONSENT BELOW:

## INFORMED CONSENT FOR FACELIFT (RHYTIDECTOMY)

1. I hereby authorize DR. ....  
and the assistants who are selected to perform the following procedure or treatment:

### FACELIFT (RHYTIDECTOMY)

2. I have read, understood and signed the pages of the attached information: "Informed Consent for Facelift (Rhytidectomy)"

3. I have not omitted or altered data when presenting my history and clinical-surgical history, especially those referring to allergies and illnesses or personal risks. I acknowledge that I have disclosed my full history of previous cosmetic or medical treatments to my surgeon, including but not limited to:

- Dermal fillers (hyaluronic acid, calcium hydroxylapatite, poly-L-lactic acid, permanent fillers, etc.)
- Biostimulatory or bioresorbable agents
- Energy-based devices (radiofrequency, ultrasound, laser, HIFU, etc.)
- Thread lifts or permanent suspension sutures
- Any other surgical or non-surgical procedures in the face and neck area

I understand that failure to disclose this information may increase my risk of complications, affect the surgical outcome and limit the ability of my surgeon to provide safe and effective care.

4. I am aware that, during the course of the operation and medical treatment or anesthesia, unforeseen conditions may arise that require procedures other than those proposed. I hereby authorize him/her and his/her assistants to perform these other procedures in the exercise of their professional judgment. The authorization will include any condition requiring treatment that was not known to the surgeon at the time the procedure was started.

5. I agree that no guarantee has been given to me by anyone as to the result that may be obtained.

6. I give consent for the administration of anesthetics that are considered necessary or advisable. I understand that any form of anesthesia presents a risk and the possibility of complications, injuries and very rarely, death.

7. I give consent to the photographing or filming of the operation to be performed, including any part of my body, and the subsequent use of the material for medical, scientific or educational purposes, since my identity will not be revealed in the images:

YES                       NO

8. For the purpose of advancing medical education, I give consent for observers to enter the operating room:

YES                       NO

9. The treatment mentioned above and the complications of the procedure have been explained to me in an understandable way. I have had the opportunity to ask questions, which were answered to my satisfaction.

I give consent for the treatment and the points cited above (1 to 9):  
(Identification and signature of the patient or authorized person)

Name: .....

Identification: .....

Signature: .....

Date: .....

**Disclaimer**

*This medical informed consent form is offered as a guide to ISAPS members and as an aid to drafting consent forms for their patients and their practice. Whilst it provides a framework, it remains the responsibility of the individual practitioner to tailor any final documentation to the practice or legislative requirements specific to the local jurisdiction and to make consent decisions appropriate to the circumstances of each patient, in consultation with the patient and, where appropriate, with their guardian or carer.*

*In providing this guidance as a service to its members, ISAPS accepts no responsibility or liability associated with its subsequent use in clinical practice or in any other context.*

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