INFORMED CONSENT

SUBNASAL LIP LIFT

This informed-consent document has been prepared to help inform you about the subnasal lip lift, its risks, and alternative treatments. Please read it carefully and ask your surgeon about anything you do not understand.

GENERAL INFORMATION

With age, the distance between the base of the nose and the top of the upper lip lengthens, the pink portion of the lip (the vermilion) rolls inward and shows less, and the space between the lips at rest increases. A subnasal lip lift shortens this distance by removing a measured strip of skin hidden at the base of the nose, in the natural crease where the nostrils and columella meet the lip. Lifting the skin upward rotates the upper lip outward, increasing the visible pink of the lip, shortening the long white space above it, and often revealing slightly more of the upper teeth when you smile. The incision is closed with fine sutures and is designed to sit in the shadow beneath the nose.

ALTERNATIVE TREATMENTS

Alternatives include choosing no treatment. Injectable fillers can add volume to the lip and improve its shape temporarily, but they do not shorten the distance between the nose and the lip. Other options include a vermilion advancement (lip border lift) and resurfacing of the skin above the lip. A lip lift may also be combined with these treatments. Risks and potential complications are associated with all of these alternatives.

GOALS

This procedure is designed to shorten the distance between the base of the nose and the upper lip, increase the amount of pink lip that shows at rest, and improve the balance between the upper lip, the teeth, and the lower face. A lip lift changes the position and shape of your own lip tissue; it does not add volume the way a filler or graft does. The goal is meaningful improvement in proportion, not perfection.

LIMITATIONS

The amount of lift possible is limited by your anatomy, including the existing length of the upper lip, the amount of tooth and gum shown when you smile, the shape of the nostril base, prior surgery or scarring in the area, and the quality of your skin. Patients who already show a great deal of gum when smiling, and patients with a very short upper lip, may not be candidates. A lip lift will not stop the natural aging process, and it does not treat fine lines around the mouth.

EXPECTED OUTCOME

Expected effects after surgery include swelling and bruising of the upper lip and nasal base, temporary numbness or tingling of the lip, and a tight feeling that makes smiling, whistling, and drinking from a straw awkward for the first several weeks. The scar is typically pink or firm for several months before it softens and fades. Swelling settles gradually, and the final shape of the lip is usually apparent between three and six months.

RISKS OF A SUBNASAL LIP LIFT

Every surgical procedure involves risk. Although most patients do not experience complications, it is important that you understand the following and discuss any questions with your surgeon before proceeding.

- **Scarring.** The incision leaves a permanent scar at the base of the nose. It is placed to hide in the natural crease and usually fades well, but it may remain visible, widen, thicken, or heal a different color than the surrounding skin. Scars heal differently in every patient and are not fully within your surgeon's control. Additional treatment, including scar revision, may be necessary.
- **Over-correction or under-correction.** The lift may be more or less than you hoped for. Too little lift leaves the upper lip longer than desired; too much can shorten the lip excessively, expose more gum when smiling, or make it difficult to fully close the lips. Revision surgery may be necessary, and an over-shortened lip can be difficult or impossible to fully reverse.
- **Asymmetry.** The face is naturally asymmetrical. Some difference between the two sides of the lip, the nostril base, or the scar may remain or become more noticeable, and may require revision surgery to improve.
- **Change in nostril shape.** Because the incision sits at the nostril base, the width, shape, or position of the nostrils and the columella can change. This is usually subtle, but it may be noticeable and may require further surgery.
- **Change in lip sensation or movement.** Numbness, tingling, or altered sensation of the upper lip and nasal base is common early on and usually temporary, but it can rarely be permanent. Temporary stiffness of the upper lip and an altered smile are expected while the tissues heal.
- **Bleeding & hematoma.** Bleeding or a collection of blood under the skin can occur during or after surgery and may require additional treatment. Avoid aspirin and anti-inflammatory medications as directed. Poorly controlled high blood pressure increases this risk.
- **Infection.** Infection is uncommon. Should one occur, additional treatment including antibiotics or, rarely, further surgery may be necessary.
- **Delayed healing or wound separation.** The incision is under tension and can separate or heal slowly, which may widen the scar. Smokers and nicotine users have a substantially greater risk of poor healing and skin loss.
- **Prolonged swelling & firmness.** Swelling and firmness of the upper lip may persist for several months. In rare situations, some fullness or firmness is long-lasting.
- **Relapse over time.** Tissues continue to age and may descend again, and some of the lift may be lost. Additional surgery or other treatments may be necessary in the future to maintain the result.
- **Allergic reactions.** In rare cases, local allergies to tape, suture materials, glues, topical preparations, or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur to drugs used during surgery. Allergic reactions may require additional treatment.
- **Anesthesia.** Local and general anesthesia both involve risk, including, rarely, serious complications.
- **Unsatisfactory result.** There is no guarantee of results. You may be dissatisfied with the shape or position of the lip, the amount of lift, or the appearance of the scar, and additional surgery may be necessary to improve the outcome.

SMOKING & NICOTINE — PLEASE READ CAREFULLY

Smoking and nicotine in any form — cigarettes, cigars, vaping, chewing tobacco, patches, gum, or lozenges — and exposure to second-hand smoke significantly increase the risk of serious complications, including poor wound healing, skin and tissue death (necrosis), increased scarring, infection, blood-flow problems, anesthesia complications, and, in some cases, failure of the procedure.

I understand that smoking, nicotine, and second-hand smoke raise these risks, that I should avoid them for at least four weeks before surgery and throughout my recovery, and that I must tell my surgeon if I use any nicotine product. Using nicotine around the time of surgery increases the risk of complications and may cause my surgeon to postpone or decline the procedure.

ADDITIONAL SURGERY

There are many variable conditions that may influence the long-term result of a lip lift. Secondary surgery may be necessary to obtain the optimal result or to address a complication such as asymmetry, an unfavorable scar, or an under- or over-corrected lip. Although good results are expected, there is no guarantee or warranty, expressed or implied, on the results that may be obtained.

PATIENT COMPLIANCE

Follow all physician instructions carefully; this is essential for the success of your outcome. It is important that the surgical incision is not subjected to excessive force, stretching, abrasion, or motion during the time of healing — this includes wide smiling, laughing, yawning, and dental work in the early weeks. Personal and vocational activity needs to be restricted. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation and the need for return to surgery. It is wise to refrain from intimate physical activities after surgery until your physician states it is safe. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

HEALTH INSURANCE

A lip lift performed for cosmetic reasons is generally not covered by health insurance, nor are any complications that might result. Most insurance plans also exclude coverage for secondary or revisionary surgery. Please review your health-insurance information carefully.

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by your surgeon, the cost of surgical supplies, anesthesia, laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revision surgery will also be your responsibility. In signing the consent for this surgery/procedure, you acknowledge that you have been informed about its risk and consequences and accept responsibility for the clinical decisions that were made along with the financial costs of all future treatments.

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s), including no surgery. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the current state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

I have read and understand this information, I have had the opportunity to ask questions and have received satisfactory answers, and I consent to the procedure and treatment described above.

Patient or person authorized to sign for patient

Date

Witness signature

Date