



AMERICAN SOCIETY OF  
PLASTIC SURGEONS®

# Informed Consent

## Ear Lobe Surgery

## **INSTRUCTIONS**

This is an informed consent document. It will help you learn more about ear lobe surgery. You will learn about the procedure and its potential risks. You will also learn about alternative treatments.

It is important that you read the whole document carefully. Please initial each page. Doing so means you have read the page. Then, if you agree with your plastic surgeon's plan, please sign the consent form at the end. Signing the consent agreement means that you agree to the treatment that you have talked about with your plastic surgeon.

## **GENERAL INFORMATION**

Ear lobe surgery is done to reshape the ear lobe. Different methods may be used to reshape congenital (present from birth) prominence in the ear lobes or to treat damaged ear lobes. As every individual's ears are different, expected results from the surgery also vary. You should discuss your expectations with your doctor before surgery.

## **ALTERNATIVE TREATMENTS**

Alternative treatments are ear reshaping with molds and splints. However, this must be done shortly after birth.

## **INHERENT RISKS OF EAR LOBE SURGERY**

Every surgery has risks. It is important that you understand these risks. You must also understand the possible problems that can result from them. All procedures have limits. You must decide whether the possible benefits of having this surgery are better than the possible risks. Most patients do not have problems, but you should talk about each of these risks with your surgeon. Make sure that you understand everything that might happen during and after ear lobe surgery.

## **Specific Risks of Ear Lobe Surgery**

### **Bleeding**

There may be some bleeding during or after surgery. If bleeding occurs after surgery, you may need emergency treatment to drain the collected blood. Sometimes, a blood transfusion may be needed. Do not take aspirin or anti-inflammatory medications for ten days before surgery. Such medications may increase the chances of bleeding. Nonprescription "herbs" and dietary supplements can also increase the chances of bleeding.

### **Infection**

Infection rarely occurs after surgery. However, if an infection occurs, you may need antibiotics or additional surgery.

### **Change in Skin Sensation**

You may have reduced sensation in the skin after surgery. These changes may be temporary or permanent.

### **Skin Contour Irregularities and Discoloration**

There may be contour irregularities and dents after surgery. There may also be wrinkling of the skin. The wrinkles may be seen and felt. The color of the skin in the treated area may change, but this is rare.

### **Skin Scarring**

There may be excessive scarring. Scars may look ugly. The color of the scars may be different from the color of the skin around it. There may be abnormal and overgrowth of scars such as keloid and hypertrophic scars. More treatments including surgery may be needed to treat scarring.

**Surgical Anesthesia**

Both local and general anesthesia have risks. Complications, injury, and even death are possible from all forms of surgical anesthesia or sedation.

**Asymmetry**

Your body may not look symmetrical after surgery.

**Tissue Distortion**

Treated areas may stretch or change shape over time. This may be difficult to treat. Another surgery may be needed.

**Delayed Healing**

You may have wound disruption or delayed healing. Some areas of the skin may not heal normally. They may take a long time to heal. There may also be loss of skin. This may require frequent dressing changes. You may need another surgery to remove the unhealed tissue.

**Smokers are at a greater risk of skin loss and wound healing problems.**

**Allergic Reactions**

In rare cases, tape, suture materials, or topical substances may cause local allergies. There may be reactions to drugs used during surgery and prescription medicines. These reactions may require additional treatment.

**Pain**

In some cases, there may be pain that lasts for a long time. This happens because the nerves become trapped in scar tissue after ear surgery.

**Prolonged Swelling**

There may be more swelling in the tissue than expected. The tissue may stay swollen. This may not improve and may require further treatment.

**Other**

You may not be happy with the results of the surgery. Sometimes, another surgery may be needed to improve your results.

**DISCLAIMER**

Informed consent documents give you information about a surgery you are considering. These documents explain the risks of that surgery. They also discuss other treatment options, including not having surgery. This information should meet most people's needs.

However, informed consent documents can't cover everything. Your plastic surgeon may give you more or different information. This may be based on the facts of your particular case and current medical knowledge.

Informed consent documents are not meant to define or serve as the standard of medical care. Standards of medical care are determined based on the facts of each individual case. They may change with advances in science and technology. They can also change with the way doctors practice medicine.

**It is important that you read the above information carefully. Make sure to have all of your questions answered before signing the consent on the next page.**

## CONSENT for SURGERY/PROCEDURE or TREATMENT

1. I permit Dr. \_\_\_\_\_ and the doctor's assistants to perform any or all of the following operations for Ear Lobe Surgery.
2. I have received the information sheet on Ear Lobe Surgery.
3. I understand that, during the procedure, an unexpected situation may require a different medical procedure than the procedure listed above. I permit the doctor listed above, the assistants, and/or designees to provide any treatment(s) that my doctor thinks are needed or helpful. My permission includes all treatments that my doctor does not plan to do at the start of the procedure.
4. I understand what my surgeon can and cannot do. I understand that no warranties or guarantees have been hinted at or stated outright about the outcome of the procedure. I have explained my goals. I understand which outcomes are realistic and which are not. All my questions have been answered. I understand the procedure's risks. I am aware of other risks and possible issues, benefits, and options. I understand and choose to have the procedure.
5. I agree to the anesthetics and medications that are needed or helpful. I understand that all types of anesthesia have risks and may result in complications, injury, and even death.
6. I am aware of the serious risks to my health when blood products are used. I agree to my doctor using them if my doctor, assistants, and/or designees think they are needed or helpful.
7. I agree to the disposal of any tissue, medical devices, or body parts taken out during or after this procedure. I also agree to any additional surgeries or treatments that are needed or helpful.
8. I agree to have parts of my body photographed or televised appropriately before, during, and after the procedure for medical, scientific, or educational reasons, if the pictures do not reveal my identity.
9. For medical education, I agree that onlookers can be in the operating room.
10. I permit my Social Security Number to be given to the right agencies for legal reasons and medical device registration, when necessary.
11. I agree to the charges for this procedure. I understand that the doctor's charges are separate from the charges for the hospital and the anesthesia. I understand that there may be more charges if more procedures or treatments are needed or helpful. I agree to those charges, if any.
12. I understand that not having the procedure is an option and that I can opt out of having the procedure.
13. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
  - a. THE ABOVE PROCEDURE OR TREATMENT TO BE PERFORMED
  - b. THERE MAY BE OTHER PROCEDURES OR TREATMENTS
  - c. THERE ARE RISKS TO THIS PROCEDURE OR TREATMENT

I CONSENT TO THE PROCEDURE OR TREATMENT AND THE ABOVE LISTED ITEMS (1-13).  
I AM SATISFIED WITH THE EXPLANATION AND HAVE NO ADDITIONAL QUESTIONS.

\_\_\_\_\_  
Patient or Person Authorized to Sign for Patient

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date/Time