



AMERICAN SOCIETY OF  
PLASTIC SURGEONS®

# Informed Consent

## Lip Implant

## **INSTRUCTIONS**

This is an informed consent document. It will help you learn more about lip implants. 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**

Lip implant placement is a procedure to improve the appearance of the upper and/or lower lip. It involves making cuts at the corner of the lips. It can be done as an office procedure when the patient is awake. A local anesthetic injection is used. A lip implant is done to increase lip fullness.

## **ALTERNATIVE TREATMENTS**

Lip implantation is an elective surgery. You may choose not to have it. Other forms of lip enhancement are lip injections and lip implants. However, all treatments have risks.

## **INHERENT RISKS OF LIP IMPLANT 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 a lip implant surgery.

## **Specific Risks of Lip Implant Surgery**

### **Implant Palpability or Visibility**

Although rare, the implant may be visible after it is inserted. This may require the implant to be removed or positioned again. This requires another surgery. In most cases, the implant can be felt in the lips, but this is usually not a concern.

### **Extrusion**

Although rare, the lip implant may come out of the lip at some point. If this occurs, the implant needs to be fully removed.

### **Change in Smile Appearance**

Your smile may look different after a lip implant.

### **Need for Implant Removal**

Infections are rare. However, the implant may need to be removed or positioned again if the implant gets infected or exposed. Sometimes, removal or repositioning is needed for other reasons. If removed, the implant can be replaced later.

### **Injury to Surrounding Structures**

There is a very small risk of injury to the nerves, blood vessels, muscles, or other structures in the area. However, this is rare.

### **Asymmetry**

As human bodies are not symmetric (identical on both sides), the lips may not look symmetric after the implants are placed.

**Unsatisfactory Appearance**

While the goal of this procedure is to improve your appearance, you may not be happy with the results. As surgery is not an exact science, the results cannot be predicted. Therefore, more procedures may be required.

**Bleeding**

There may be some bleeding during or after surgery, although it is rare. You may need emergency treatment if there is bleeding. 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, treatment with antibiotics or additional surgery may be needed.

**Change in Skin Sensation**

This usually resolves in three to four weeks. Decreased sensation is rare, but it may happen.

**Skin Scarring**

We expect good wound healing after the surgery. Abnormal scarring may occur within both the skin and the deeper tissues, but excessive scarring is rare. More treatments, such as surgery, may be necessary to treat abnormal scarring.

**Delayed Healing**

Wound disruption and delayed healing are possible. Some areas of the skin may not heal normally. They may require 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.**

**Surgical Anesthesia**

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

**Allergic Reactions**

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

**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 **Lip Implant Surgery**.
2. I have received the information sheet on Lip Implant 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