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LIP LIFT SURGERY — INFORMED CONSENT FORM

Date / Time: .....

Patient's Full Name: .....

Date of Birth: .....

National ID / Passport Number: .....

Date of Procedure: .....

Planned Procedure:

☐ Extended Lip Lift

☐ Lower Lip Lift

☐ Corner Lip Lift

☐ Revision: .....

☐ Combined Procedure: .....

Anaesthesia:

☐ Local Anaesthesia

☐ General Anaesthesia

1. DESCRIPTION AND PURPOSE OF THE SURGERY

A Lip Lift is a surgical procedure designed to shorten the distance between the base of the nose and the upper lip and to reposition the upper lip. An incision is made along the natural contours at the base of the nose, and a predetermined amount of skin is removed.

The aim is to improve lip contour, the visibility of the pink portion of the upper lip (vermilion), and overall facial proportions.

I understand that the results may vary depending on my individual anatomy and that no specific lip shape can be guaranteed.

2. SURGICAL TECHNIQUE AND MUSCLE MODIFICATION

A conventional (Bullhorn) Lip Lift generally involves skin excision and tissue fixation.

An Extended Lip Lift may include wider dissection, fixation of deeper soft tissues, lateral extension of the incision, and, when necessary, dissection, reshaping, or suture fixation of the orbicularis oris muscle.

Not all surgical manoeuvres are performed on every patient. I have been informed that procedures involving the muscle may affect lip movements.

3. POTENTIAL RISKS AND COMPLICATIONS

Scarring and wound healing: A permanent surgical scar will remain at the base of the nose. The scar may widen, change colour, become noticeable, raised, or depressed. Wound separation, delayed healing, and, rarely, tissue loss may occur.

Shape and symmetry: Possible complications include lip asymmetry, contour irregularities, excessive or insufficient lifting, excessive exposure of the upper teeth, changes in the shape of the nasal wings (alae) or nostrils, and dissatisfaction with the aesthetic outcome.

Function and sensation: Difficulty closing the lips, changes in smiling, speaking, or pursing the lips, tightness, stiffness, numbness, tingling, or loss of sensation may occur. Functional changes, particularly following muscle modification, are usually temporary but may rarely be permanent.

General surgical risks: Bleeding, haematoma, infection, allergic reactions, scar tissue formation or fibrosis, impaired blood circulation, and anaesthesia-related complications may occur. Patients with a history of cold sores may experience reactivation of herpes simplex.

Revision surgery: Additional treatment or revision surgery may be necessary due to an undesirable appearance or complications. Complete correction cannot be guaranteed, and additional costs may apply.

4. ALTERNATIVES AND LIMITATIONS OF RESULTS

Alternatives include choosing not to undergo surgery, dermal filler treatments in suitable cases, or other lip enhancement techniques.

Dermal fillers do not surgically shorten an elongated philtrum.

A Lip Lift produces a permanent anatomical change; however, the natural ageing process and changes in the surrounding tissues will continue.

Perfect symmetry, an invisible scar, and results that remain unchanged throughout life cannot be guaranteed.

5. RECOVERY AND POSTOPERATIVE CARE

Swelling, bruising, and tenderness are expected during the first few days and generally decrease within 7–10 days.

Softening of the tissues may take several months, while scar maturation typically requires 6–12 months or longer.

I understand that I must avoid excessive stretching of my lips and follow the instructions regarding wound care, medication, avoidance of nicotine, sun protection, and follow-up appointments.

I must seek immediate medical attention if I experience increasing pain, bleeding, fever, discharge from the wound, rapidly increasing swelling, or changes in tissue colour.

6. PATIENT DECLARATION AND CONSENT

I confirm that I have accurately disclosed my medical conditions, medications, allergies, smoking or nicotine use, and previous medical or surgical procedures.

The surgical technique, available alternatives, permanent scarring, possible asymmetry, changes in lip or nasal shape and movement, potential complications, and risks associated with revision surgery have been explained to me in language I understand.

I have had the opportunity to ask questions.

I understand that I have the right to refuse the surgery and to withdraw my consent at any time before the procedure begins.

Patient's Full Name: .....

Signature: .....