



CONSENT FOR PDO THREAD LIFT PROCEDURE OR TREATMENT

I, _____ hereby authorise Ziad Sara, MD to perform the PDO thread lift procedure.

- Ziad Sara, MD has explained to me the potential benefits and risks of this surgery, the details of the technique, and the materials used. Ziad Sara, MD has also explained the possible temporary complications as well as the recovery period. I have received information on the physical and mental consequences of having a thread lift procedure.
- I understand that the final results of the procedure will not be seen for a period of 4- 8 weeks. I understand that there may be possible adjustments required after the procedure as a result of individual responses depending on tissue settlement.
- I recognise that during the course of the operation and medical treatment or anaesthesia, unforeseen circumstances may necessitate modifying the procedure, resulting in different procedures(s). I therefore authorise Ziad Sara, MD and his staff to perform such other procedures that are in his or her professional judgement necessary or desirable.
- I have advised Dr. Sara of my medical history including all previous illnesses and medications currently being taken.
- I consent to the administration of such anaesthetics considered necessary or advisable. I understand that all forms of anaesthesia involve risk and the possibility of complications and injury.
- I acknowledge that no guarantee has been given regarding the results that may be obtained.
- I understand that antibiotics are required after the procedure if prescribed by Ziad Sara, MD. I understand that there is a minimal risk of infection and if I am unable to take the antibiotics prescribed, this increases the risk of contracting an infection. In the event that an infection occurs I understand that I must contact Dr. Sara immediately and follow the necessary treatment.
- I understand that I am required to attend post-operative check-ups as advised by Dr. Sara for the best outcome for the procedure.
- In the event of the necessary removal of one or more of the threads I accept that such procedure be carried out by Dr. Sara.
- For the purposes of advancing medical education, I consent to the admittance of observers to the procedure room.

Patient Name: _____

- I consent to the disposal of any tissue and/or medical devices that may be removed.
- I consent to photographs being taken as a record of treatment: such photographs will not be used for any other purpose without my express permissions.

I hereby consent to the thread lift procedure. I have read the material given to me and I am satisfied that all of my questions and concerns have been addressed.

Patient Name: _____

Signature: _____ Date: _____

Ziad Sara, MD

Authorized Signature: _____ Date: _____

Patient Name: _____



THREAD LIFT PATIENT RECOMMENDATIONS & FREQUENTLY ASKED QUESTIONS

Before the procedure:

- Try to avoid or reduce caffeine and nicotine prior to your procedure.
- Take Arnica tablets for 3 days before, and continuing for 7 days after your procedure to help minimize bruising and swelling.
- Avoid Vitamin E, Fish oil, and green tea for 10 days before and after the surgery.
- DO NOT take Aspirin, Nurofen, or anti-inflammatories for 2-3 weeks before the procedure. If you are on anti-inflammatories please inform the Doctor.
- Do not drink alcohol for 48 hours pre and post-surgery.
- If you are taking anti-coagulant or blood platelet anti-aggregation drugs please advise the Clinic.
- If you suffer from cold sores please discuss this with the Doctor. You may need to take anti-viral therapy for 3 days before and after surgery.
- Smokers tend to heal a little slower than non-smokers. You may be recommended Vitamin C.

After the procedure:

- You will not be able to drive following the procedure. Please organise someone to drive you home.
- You must have a responsible person staying with you for 24 hours after your surgery.
- For the first 48 hours after surgery apply cold compresses on the areas treated. Remember, no pressure is to be exerted on the face. The compresses should only be placed gently on the areas where the threads have been implanted.
- Immediately after the procedure, and for at least 24 hours reduce 'frequent speaking' and 'excessive laughter'. Excessive speaking and laughter can increase unwanted facial movements.
- Elevate the treated area when sleeping. Use extra pillows and support, and sleep on your back for 7 days. Do not sleep with pressure on your face.
- Antibiotic therapy is necessary post-surgery. Your Doctor will prescribe an appropriate antibiotic for you.
- It is recommended that you consume soft, warm food so that your mouth only opens a small amount for 7 days.
- Drink plenty of fluids. Avoid very hot drinks.
- **Do not** pull your face down.
- **Do not** raise your eyebrows or smile.
- **No** smoking if possible.
- **No** drinking with straws as this distorts the facial muscles.
- Avoid shaving for 10 days after procedure (because of involuntary grimacing). After 10 days you may shave with a new blade, allowing one pass over the skin without contorting the face. Normal shaving may be resumed after 1 month.
- Do not use make up for 3-5 days.

Patient Name: _____

Results: It may take 2 weeks or longer for the treatment effect to be noticeable Bruising and