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Otolaryngology  
Head And Neck Surgery  
Facial Plastic Surgery  
Allergy, Asthma, Immunology

**Patient Name:** \_\_\_\_\_

**Doctor Name:** \_\_\_\_\_

## **Request for Surgery**

### **RISKS AND COMPLICATIONS OF MENTOPLASTY (CHIN IMPLANTS)**

The following are the possible complications and risks associated with this procedure. In addition to those listed here, there may be some unforeseen complications as there are with any operative procedure.

Bleeding / Hematoma: Bleeding may rarely occur after this procedure. This may develop a collection of blood known as a hematoma. This may require additional surgery to open the incision and control the bleeding.

Infection: Infection may occur after this procedure. Antibiotics will be given to prevent this from occurring but there is always the possibility that an infection may still occur.

Swelling/Edema: Swelling will usually be present after surgery and may take 1-2 weeks to resolve.

Numbness: Skin may be numb after this procedure. This is usually temporary and rarely may be permanent.

Implant movement: This may occur after surgery and may require additional surgery for correction.

Skin Discoloration: May occur after surgery including pale appearing scars or darkened scars. This occurs rarely and may require additional procedures to correct this.

Bruising: Usually occurs after surgery. This will resolve spontaneously within 7-10 days.

Poor Scars: May occur in rare cases. Steroid injections or revision surgery may be necessary to correct this.

Milia: Small cysts may develop around the incision lines in some cases. These can be easily removed in the office should they occur.

General Anesthesia: There are risks involved with general anesthesia and you should discuss these with the anesthesiologist.

Local Anesthesia: Local anesthesia may have risks including allergic reactions or other unfavorable reactions.

I have read, understand and considered the risks and complications of Mentoplasty (Chin implant)

Patient's Name: \_\_\_\_\_

Patient's signature (or Patient's guardian signature): \_\_\_\_\_

Witness: \_\_\_\_\_

Physician: \_\_\_\_\_

Date: \_\_\_\_\_