

MR DAVID CHEUNG

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Additional information to help you decide about undergoing NHS oculoplastic surgery for patients of Mr David Cheung

This supplementary patient information sheet is designed to provide further detailed information to enable patients to make an informed choice about oculoplastic surgery.

GENERAL INFORMATION

Oculoplastic surgery is surgery around the eyelids, orbits and tear duct system.

It has various purposes ranging from functional reasons e.g. removal of skin cancers, removal of eyelid lumps, correction of eyelid malpositions; to rehabilitative reasons e.g. following trauma, thyroid eye disease etc; to cosmetic purposes e.g. cosmetic rejuvenation blepharoplasty surgery. Not all these types of operations are available on the NHS

ALTERNATIVE TREATMENTS

- Although Mr Cheung is an oculoplastic surgeon specialising in oculoplastic surgery, he can only advise about surgical techniques in which he has experience of only. For this reason, Mr Cheung recommends that all patients see multiple practitioners to enable them to make a complete informed choice about their possible treatment options.
- Alternative forms of management include doing nothing at all.
- Non surgical treatments may be available and these may include chemical skin peels, laser resurfacing, botulinum toxin injections, hyaluronic acid fillers, wearing eyelid tape, using ptosis props etc when indicated. These nonsurgical treatments will like all treatments have varying effectiveness and their own risks. Some treatments may or may not be funded locally by your local NHS fundholders.
- Alternative surgical options or surgical approaches may be available which may be of benefit for the patient and these may include brow lifting surgery, orbital implant surgery, orbital surgery, mid face lifting surgery, face lifting surgery, etc where indicated. Each alternative operation has its own risks and benefits which will also vary depending on individual patient circumstances. Funding for some alternative operations may not be available by your local NHS providers

INHERENT RISKS OF ANY OCULOPLASTIC OPERATION

- Every surgical procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations.
- An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the vast majority of patients do not experience any of these complications, you should discuss each of them with Mr Cheung to make sure you understand all possible consequences of your planned operation. In the end it is always the patient's final decision to proceed or not to proceed with a particular operation. Mr Cheung can only advise you about what the risks and benefits of different treatment options but it will be your choice.
- If you feel the need at any point that you would rather take more time to ask Mr Cheung more questions, then please feel free to ring Mr Cheung's secretary so that we can delay your operation temporarily to give you more time to make your decision.
- Mr Cheung cannot make the choice for you - only advise you.

SPECIFIC RISKS OF OCULOPLASTIC SURGERY

Many of these potential complications may arise following any oculoplastic surgery. Although the probability of complications arising is low, it is still important for patients to be aware of them:

Blindness: Blindness is extremely rare after oculoplastic surgery. However, it can be caused by internal bleeding around the eye or acute pressure elevation (acute glaucoma) during or soon after surgery. The occurrence of this is not predictable.

Loss of eye: This is incredibly rare following oculoplastic surgery but very rarely, complications may arise that may even lead to the need to remove a patient's eye.

Dry Eye Problems: Although ocular irritation and photosensitivity may occur following oculoplastic surgery -this is typically temporary but rarely may be permanent. This may lead to a need to change a patient's lifestyle e.g. inability to wear contact lenses, need to use ocular lubricants for a prolonged period, etc. However permanent symptoms may occur due decreased tear production or increased corneal exposure. The occurrence of this is rare and is not entirely predictable. Individuals who normally have dry eyes may be advised to use special caution in considering some types of oculoplastic surgery. Indeed patients who have mild dry eye syndrome may not even experience symptoms related to their mild dry eye syndrome until after their oculoplastic surgery- their oculoplastic surgery typically does not cause their dry eye syndrome (which was already present but asymptomatic) but only 'unmasks it'.

Ectropion: Displacement of the lower eyelid away from the eyeball is a rare complication. This may be temporary or permanent. Further surgery may be required to correct this condition.

Entropion: Displacement of the eyelid margin towards the eyeball (inturning eyelid) is a rare complication. This may be temporary or permanent. Further surgery may be required to correct this condition.

Ptosis: Further drooping of an upper eyelid is very rare following upper eyelid surgery and can result from further stretching due to atrophy of the main elevating tendon of the upper eyelid (aponeurosis) brought on by the postoperative healing. Mr Cheung therefore may recommend simultaneous repair of a damaged aponeurosis during upper eyelid surgery anyway but further worsening ptosis may rarely result and may require surgical revision.

Eyelash Hair Loss: Either permanent or temporary eyelash hair loss may occur in the lower eyelash area where the skin was elevated during surgery. The occurrence of this is not predictable.

Eyelash misdirection (trichiasis): Surgery around the eyelashes may cause the eyelashes to alter their direction of growth causing them to turn inwards to touch and irritate the ocular surface. Further surgery may be necessary to correct this problem

Puffiness of the upper cheek: Any invasive procedure to the upper and middle face may result in puffiness of the upper cheek due to swelling of the upper cheek fat pads, sometimes known as malar festoons. Oculoplastic surgery does not correct any preexisting puffiness, and indeed may cause this to worsen. In patients undergoing their first blepharoplasty (eyelid refashioning surgery) operation, this problem is typically temporary typically taking 1-4 months for complete resolution. However in patients undergoing revisional or multiple complex operations this may be permanent and its onset is not predictable.

Dog Ears: Skin folds on either ends of the scar which usually settles within 1 year. Occasionally surgery may be required to correct these.

Double vision: This is very rare, often temporary if it does occur but can be permanent if muscles are damaged. Further surgery or the wearing of prism spectacles may be required for correction.

Excessive Tearing: This is usually temporary but may be permanent if tear ducts responsible for normal tear drainage are damaged from surgery or close due to scarring reaction. Surgery may be necessary to correct this.

Chemosis and lymphoedema: Temporary swelling of the conjunctiva (chemosis) of the eye and swelling of the skin (skin oedema) is common following oculoplastic surgery and dissipates with the postoperative healing reaction.

However this may vary rarely may be permanent particularly who have had previous surgical procedures to the same area.

Asymmetry: The most common cause of complaint in patients following cosmetic/ rehabilitative oculoplastic surgery is asymmetry in some way, be it asymmetry in eyelid margin height, eyelid fold configuration/ shape/ height, eyelid bag size, skin crease shape/ height, etc. Even if patients leave the operating table looking absolutely symmetrical, there is a small unpredictable possibility that ultimately, their eyelids may end up looking asymmetrical and different in some way due to asymmetrical healing reactions between the eyelids. The risk of asymmetry is higher in patients undergoing higher complexity procedures and in patients who are asymmetrical prior to surgery. Temporary asymmetry is common in all patients undergoing eyelid surgery and often self resolves with the healing reaction. Rarely patients may need to undergo further surgery for correction of asymmetry.

Non-permanence/ recurrence: For some sorts of oculoplastic surgery particularly where a new feature is being constructed, the long term success of that operation is often dependent on some surgical anatomical change staying permanent e.g. for a face lift procedure to be successful permanently, the lifted up facial tissue needs to stay permanently lifted. Uncommonly these anatomical changes may reverse over time resulting in non-permanence/ recurrence. The occurrence of this is not entirely predictable and further surgery may thus be required for correction of this.

Need for further surgery: Occasionally patients may require further revisional surgery to correct some unexpected complication or unfavourable result. The patient understands that ultimately it will be Mr Cheung who decides the availability of this and that Mr Cheung's decision making process will be dependent on whether he feels the risk to normal ocular function of the eyelids would be outweighed by the cosmetic and functional benefits of revisional surgery.

GENERAL RISKS OF ALL SURGERY

General Wound Healing Issues:

- Certain medical conditions e.g. diabetes, lifestyle choices, smoking, dietary supplement intake and medication intake e.g. steroid medication may delay and interfere with healing that could result in skin incisions coming apart, infection, and tissue changes resulting in the need for additional medical care, surgery, and ultimately a poor result.
- There are general risks associated with healing such as swelling, bleeding, possibility of additional surgery, prolonged recovery, wound colour and shape changes, infection, not meeting patient goals/ expectations and added expense to the patient.
- The quality or elasticity of skin will not change and recurrence of skin looseness will occur at some time in the future, quicker for some than others.
- There are nerve endings that may become involved with healing scars from surgery. While there may not be a major nerve injury, the small nerve endings during the healing period may become too active producing a painful or oversensitive area due to the small sensory nerve involved with scar tissue. Often, massage and early non-surgical intervention resolves this. It is important to discuss your post-surgical pain with Mr Cheung.

Bleeding: It is possible, though unusual, to experience a bleeding episode during or after surgery. Should postoperative bleeding occur, it may require emergency treatment to drain accumulated blood, though such occurrences are very rare. Increased activity too soon after surgery can lead to increased chance of bleeding and additional surgery. It is important to follow postoperative instructions and limit exercise and strenuous activity for 10-14 days following any eyelid surgery. Do not take any aspirin or any anti-inflammatory medications for at least ten days before and 2 days following surgery as this may increase the risk of bleeding. Non-prescription herbal and dietary supplements can increase the risk of surgical bleeding. Collections of blood (haematoma) can occur at any time following surgery typically in the first three weeks following injury to the operated area.

Infection: Infection is unusual after surgery. Should an infection occur, additional treatment including antibiotics, hospitalisation or additional surgery may be necessary. It is important to inform Mr Cheung of any concurrent infections or if you're taking antibiotics for any other reason as it may be safer to defer your operation to reduce the increased risk of postoperative wound infection.

Scarring: All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different colour than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may

be asymmetrical (appearing different on the right and left side of the body). There is the possibility of visible marks in the skin from sutures. In some cases scars may require surgical revision or treatment.

Firmness: Excessive firmness skin, muscles and tendons can occur after surgery due to internal scarring and this can lead to cosmetic and functional issues within the involved facial structure. The occurrence of this is not predictable. Additional treatment including surgery may be necessary.

Change in Skin Sensation: It is common to experience diminished or loss of skin sensation in areas that have had surgery. Diminished or complete loss of skin sensation may not totally resolve.

Skin Contour Irregularities: Contour and shape irregularities may occur. Visible and palpable wrinkling of skin may occur. Residual skin irregularities at the ends of the incisions or “dog ears” are always a possibility when there is excessive redundant skin. This may improve with time, or it can be surgically corrected.

Skin Discolouration / Swelling: Some bruising and swelling will normally occur. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discolouration may persist for long periods of time and, in rare situations, may be permanent.

Skin Sensitivity: Itching, tenderness, or exaggerated responses to hot or cold temperatures may rarely occur after any surgery involving skin. Usually this resolves during healing, but in rare situations it may be permanent.

Major Wound Separation: Wounds may rarely separate after surgery and this is more common in the presence of wound infection or allergic reactions to medications/ sutures. Should this occur, additional treatment including surgery, hospitalisation, additional medication may be necessary. Ultimately though, wound separation may lead to scarring and an unfavourable cosmetic outcome.

Delayed Healing: Wound disruption or delayed wound healing is possible. Some areas of the skin may not heal normally and may take a long time to heal. Areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue. Individuals who have decreased blood supply to tissue from past surgery or radiation therapy may be at increased risk for wound healing and poor surgical outcome. Smokers have a greater risk of skin loss and wound healing complications. Impaired healing may ultimately lead to scarring and a poor cosmetic outcome.

Surgical Anaesthesia: Both local and general anaesthesia involves risk. There is the possibility of complications, injury and even death from all forms of surgical anaesthesia or sedation.

Pain: You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after surgery. Chronic pain may occur very rarely from nerves becoming trapped in scar tissue or due to tissue stretching (neuralgia), be difficult to treat and require referral to other teams for treatment.

Cardiac and Pulmonary Complications: Breathing problems may occur secondarily to blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anaesthesia. Pulmonary emboli can be life- threatening or fatal in some circumstances. Inactivity and other conditions may increase the incidence of blood clots traveling to the lungs causing a major blood clot that may result in death. It is important to discuss with Mr Cheung and any anaesthetists involved in your care, any past history of swelling in your legs or blood clots that may contribute to this condition. Cardiac complications are a risk with any surgery and anaesthesia, even in patients without symptoms. If you experience shortness of breath, chest pains, or unusual heart beats, seek medical attention immediately. Should any of these complications occur, you may require hospitalisation and additional treatment.

Allergic & Drug Reactions: In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur in response to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment. Unexpected drug allergies, lack of proper response to medication, or illness caused by the prescribed drug are possibilities. It is important for you to inform Mr Cheung of any problems you have had with any medication or allergies to medication, prescribed or over the counter, as well as medications you now regularly take.

Asymmetry: Symmetrical body appearance may not result after surgery. Factors such as skin tone, fatty deposits, skeletal prominence, and muscle tone may contribute to normal asymmetry in body features. Most patients have

differences between the right and left side of their bodies before any surgery is performed. Additional surgery may be necessary to attempt to diminish asymmetry.

Persistent Swelling (Lymphoedema): Persistent swelling can occur following surgery due to long term compromise of drainage channels responsible for the normal drainage of tissue. This is very rare in patients undergoing their first operation to a particular area of the body but the risk increases greatly with multiple operations to the same region and following other damaging processes e.g. following radiotherapy

Unsatisfactory Result: Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. The body is not symmetrical and almost everyone has some degree of unevenness which may not be recognised in advance. One side of the face may be slightly larger, one side of the face droopier. The more realistic your expectations as to results, the higher the chances of you'll be happy with the final result. Some patients never achieve their desired goals or results, at no fault of the surgeon or surgery. You may be disappointed with the results of surgery. Asymmetry, unanticipated shape and size, loss of function, wound disruption, poor healing, and loss of sensation may occur after surgery. Unsatisfactory surgical scar location or appearance may occur. It may be necessary to perform additional surgery to improve your results.

Obesity: There is clinical evidence to suggest that risk of complications associated with anaesthesia and surgery is increased with obesity (BMI of more than 30). This may result in poor wound healing, infection, wound breakdown, poor scarring and suboptimal aesthetic result.

UV light exposure: The effects of natural sun exposure and artificial tanning processes are damaging to the skin. Exposing the treated areas to sun may result in increased scarring, colour changes and ultimately poor healing. Patients who tan either naturally outdoors or using tanning machines should inform Mr Cheung as he may recommend delay in surgery. Similarly patients should avoid tanning to an operated area following surgery until Mr Cheung says it is safe to resume. The damaging effect of sun exposure occurs even with the use sun block or clothing coverage.

Travel Plans and Social/ Professional Commitments: Any surgery holds the risk of complications that may delay healing and your return to normal life. Please let Mr Cheung know of any travel plans, important planned commitments or time demands that are important to you, so that appropriate timing of surgery can occur. There are no guarantees that you will be able to resume all activities in the desired time frame.

Female Patient Information: It is important to inform Mr Cheung if you use birth control pills, or if you suspect you may be pregnant. Many medications including antibiotics may neutralise the preventive effect of birth control pills, allowing for conception and pregnancy. It is the responsibility of patients to ensure that they are not pregnant at the time of surgery. Anaesthesia and medication used during and after surgery may affect the foetus and/or jeopardise the pregnancy.

Psychological and Social Problems; It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery and often are stressful. Please openly discuss with Mr Cheung prior to surgery any history that you may have of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from the results of oculoplastic surgery, effects on mental health cannot be accurately predicted.

Very rarely patients may experience psychological or social problems following their surgery e.g. a partner may not accept the way the patient looks following surgery, the patient may not be able to adapt to their new appearance even if their peers feel that the change has been of cosmetic benefit, the thrill of a successful procedure may lead to the patient seeking other procedures in the future, etc, etc. It is therefore very important that all patients consider the social and psychological implications of their planned surgery.

DVT/PE Risks and Advisory: There is a risk of Deep Vein Thrombosis (DVT) and Pulmonary Embolus (PE) with every surgical procedure. The risk of DVT and PE development is very low in patients undergoing local anaesthetic surgery but increases during longer procedures where the patient is immobile e.g. during general anaesthetic and deep sedation type procedures.

The risk also increases with various patient co-morbidities e.g. Past History of Blood Clots, Family History of Blood Clots, Birth Control Pills, Swollen Legs, History of Cancer, High Dose Vitamins, Varicose Veins. Hence if you suffer from any of these issues, it is important that you inform Mr Cheung prior to surgery.

Hence it is important that you understand these risks and comply with early mobilisation especially following general anaesthetic/ sedation procedures. As part of our normal care of all patients undergoing surgery, an assessment will be made of the risk of DVT/ PE and various procedures may be recommended to minimise this risk e.g wearing compression stockings, using pneumatic compression stockings during surgery, etc.

ADDITIONAL SURGERY NECESSARY There are many variable conditions that may influence the long-term result of surgery. It is unknown how your tissue may respond or how wound healing will occur after surgery. Secondary surgery may be necessary to perform additional tightening or repositioning of body structures. Should complications occur, additional surgery or other treatments may be necessary. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. In some situations, it may not be possible to achieve optimal results with a single surgical procedure. You and your surgeon will discuss the options available should additional surgery be advised. There may be additional costs and expenses for such additional procedures, including surgical fees, facility and anaesthesia fees, pathology and lab testing.

PATIENT COMPLIANCE Follow all physician instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by Mr Cheung. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation and the need for return to surgery. It is wise to refrain from intimate physical activities after surgery for 2 weeks following oculoplastic surgery. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

TWO WEEKS COOLING OFF PERIOD AND WAIVER The GMC Good Practice Guidelines suggest a minimum of 2 weeks between consultation and surgery. This is to ensure that patients have a reasonable period of time to reflect on the implication of the proposed surgery, to make a fully informed decision without any pressure to proceed and to ask any further questions. Mr Cheung strongly recommends to all patients that this advice is followed. *If your operation is planned for less than two weeks from consultation and you still wish to proceed with surgery then your acknowledgement and acceptance of this advice will be seen as you freely waiving the right to this cooling off period and confirmation that you still wish to proceed. If at any time you would like more time to consider you options then you are free to delay your operation at any point by ringing Mr Cheung's secretaries (numbers below).*

DISCLAIMER Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s), including no surgery. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Mr Cheung may provide you with additional or different information which is based on all the facts in your particular case, his knowledge and his personal experience only. Mr Cheung will try to be as complete and thorough as possible but as with all doctors accepts that it is impossible to advise about every possible treatment type for your condition. Mr Cheung therefore advises every patient to seek further medical opinions from other practitioners so that the patient can make as informed a choice about their treatment options as possible.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

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