

# Elevated Image Clinic

4300 Talbot Road S, Suite 105, Renton, WA 98055 • Tel 206-395-4748 • Fax 206-703-2817 • ElevatedImageClinic.com

## INFORMED CONSENT FOR SUTURE (THREAD) LIFT PROCEDURE

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### PART A — INFORMATION ABOUT THE PROCEDURE

Please read this information carefully before signing. Your doctor has discussed the procedure with you and will answer any questions before you consent.

#### What is a suture lift?

A suture lift is a thread lift procedure in which a special thread (e.g., polycapromide or polypropylene) is passed under the skin, looped around or inserted through fat or other tissue such as the subcutaneous musculoaponeurotic system (SMAS), and retracted back to lift areas of the face or neck. It is minimally invasive, requiring a small incision or puncture, often placed behind the hairline. The procedure is performed under local anesthesia.

#### Suitability for a suture lift

You will be assessed thoroughly beforehand to determine if you are suitable. Typically, suitable patients have mild drooping or sagging of the cheeks, jowls, neck, or brow and are otherwise in good physical and mental health. If you have more severe sagging, a suture lift might not be appropriate, and you will be advised on alternatives.

#### The procedure

A number of markings are made on the treatment area. A small incision is then placed, usually behind the hairline where it is out of sight, and a stitch is passed under the skin in the fat or under muscle or fascia (the layer above muscle). Sometimes a small patch is placed in the incision to secure the sutures. The tissues are gently retracted and the suture is tied, securing the lift. Finally, if present, the skin incision is closed.

#### Special precautions

You should not proceed with this procedure if you are pregnant or breastfeeding, or if you are allergic to local anesthetic agents. If you have medical conditions or are on certain medications, such as aspirin, steroids, or warfarin, treatment may be deferred, so you must give your doctor your complete medical history. You should avoid taking vitamins and herbal supplements such as Ginkgo biloba and St. John's Wort for 2 weeks before treatment.

#### Potential risks and complications

A small cannula (like a needle) is passed under your skin. As such, there is always a small risk of damage to structures under the skin, including the facial nerve, other nerves, and blood vessels, causing facial weakness, numbness, or bleeding. Weakness, although extremely rare, may be permanent; numbness usually resolves or improves over time. You may experience some swelling, bruising, and pain following the procedure. As with any injectable or invasive procedure, you may develop an infection, though the chance is low. You will receive a course of prophylactic antibiotics for 1 week following your treatment.

#### Benefits and outcomes of treatment

It is usual to notice immediate lifting of the treatment area. You may see some "bunching" of skin near the hairline; this is normal and resolves after about 3–4 weeks. There is a small possibility that the procedure will fail if the suture cuts through the fat and tissue under the skin. Adhering to aftercare instructions will lessen this risk. The benefits of a suture lift last a variable period of time, depending on the individual, and no guarantee of results or longevity of results is given. It is usually possible to reverse or repeat the procedure if required.

#### Alternatives to a suture lift

Alternatives include noninvasive skin tightening using infrared light or radiofrequency, other suture lift procedures, a surgical facelift procedure, or no treatment at all.

## PART B — CONSENT FOR SUTURE LIFT PROCEDURE

Please answer the following questions by ticking the appropriate box.

|                                                                                                                  |                                                          |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Have you previously undergone a suture lift or facelift procedure?<br>If yes, specify: _____                     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you have any known allergies?<br>If yes, specify: _____                                                       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you currently taking any of the following medications: warfarin, aspirin, Plavix (clopidogrel), or steroids? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you pregnant or breastfeeding?                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have you previously completed a New Patient Data Form at Elevated Image Clinic?                                  | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Initial: \_\_\_\_\_

### Other medical information

Please state any other medical conditions, allergies, or medications not previously outlined in the New Patient Data Form:

\_\_\_\_\_  
\_\_\_\_\_

### Patient declaration and consent

I have read the information on the suture lift procedure outlined on this form and fully understand the nature of the treatment, all clinical implications, and the potential risks involved. I have had the opportunity to ask questions to my satisfaction. I understand that it is my right to withdraw consent to treatment at any time. I consent to being photographed prior to treatment and understand that this photograph will remain the property of Elevated Image Clinic and may be used for educational or academic purposes. I willingly accept and consent to treatment with the suture lift procedure.

\_\_\_\_\_  
Patient (or parent/guardian) signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

### OFFICIAL USE ONLY

I have explained to the patient the suture lift procedure. I have outlined the expected benefits of treatment, as well as any potential risks, complications, and side effects of treatment. I have given the patient the opportunity to read the literature pertaining to this treatment and clarified any further questions and queries where they existed. I have explained alternatives to treatment, including no treatment.

\_\_\_\_\_  
Doctor signature

Joshua Le, DO

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

## PART C — POSTOPERATIVE INSTRUCTIONS: SUTURE LIFT

**IF YOU EXPERIENCE EXCESSIVE PAIN OR BLEEDING, FULLNESS OR SPREADING REDNESS IN TREATMENT AREAS, OR FEVER, PLEASE CALL US IMMEDIATELY.**

1. Do not massage or rub vigorously the treatment area for at least 4 weeks; this could disrupt the sutures under the skin.
2. Wear the head garment 24 hours/day for 3 days and then in bed at night for a further 1 week.
3. Continue to refrain from smoking for at least 2 weeks during the healing process. Smoking affects blood supply and nourishment to skin and soft tissues.
4. Complete the prescribed course of antibiotics.
5. Be gentle when brushing your hair until your stitches are removed.
6. There may be some “bunching” of skin near the hairline following the lift. This will soften out over 1–4 weeks, depending on skin quality.
7. You may experience a tighter sensation over your face where skin has been retracted. Some of this tightness will lessen over 1–2 weeks as the skin relaxes into its new position.
8. You may experience some swelling, bruising, or tenderness over the first week, but this will subside and fade over time. If you notice increasing redness, swelling, and tenderness a few days after the procedure that was not there before, call our clinic. This may be a sign of infection, which is uncommon.
9. If you received skin stitches, you will need to return to the clinic after 5–7 days for removal.

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE ITEMS 1–9.**

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date



*Elevated*  
Image & Primary Care

*Dr. Joshua Le, DO*