

Procedure: Hairline Lowering (Scalp Advancement) with or without Brow Lift

No medications have been given to me prior to signing this consent form.

You _____ and Dr. Ende are considering an operation to treat a high male or female hairline by removing forehead skin and advancing your hair forward. I understand that Dr. Ende is not aware of any other surgeons in New York or on the East Coast who are currently performing this procedure due to lack of training with it. Dr. Ende has published several times on this topic and expects its popularity to grow because of its effectiveness. I understand that this procedure is currently being performed by several surgeons in California, Australia, Italy, and other countries. As stated, Dr. Ende has more experience with this procedure than any other surgeon on the East Coast. However, this procedure was only developed about 15 years ago by a surgeon in California. As such, long term results beyond 15 years can not be predicted at this time.

The operation is performed under general anesthesia or local anesthesia with IV sedation. Hairline lowering involves surgical cuts along your hairline and into your hair above your ears. The forehead and scalp are then undermined one layer external to the bone. Several relaxing incisions are made from the inside. An absorbable tack called an Endotine is then drilled into the outer table of your skull to hold the hair in its forward position in order to lower it. About 2 cm. of forehead skin is generally removed and the incision is sutured closed. A special incisional technique is used to allow for hair to regrow through the scar in order to camouflage it. Occasionally hair grafting into or in front of the scar may be necessary for further camouflage. Additional hair grafts are never covered under the same surgical fee, and you will be responsible for payment in full for any future hair transplant procedure. Dr. Ende has reported in his publications that less than 10 percent of patients will request further camouflage with hair transplants. It is also possible that you will continue to bald and the hair line scar will become visible as the hair recedes. This is very uncommon in women, but can occur in men depending on the balding pattern.

You will have stitches and surgical clips that will require removal. Bleeding may occur and this is generally controllable intraoperatively and postoperatively. Sensory nerves are ALWAYS cut on purpose and temporary numbness for 6 months usually occurs. Permanent numbness is rare. It is possible that hair will not regrow through the scar(although this is rarely reported) and Dr. Ende has never seen this occur in his patients. With this said, Dr. Ende makes no guarantee that your hair will regrow through the scar.

Because of these facts, Dr. Ende can make no guarantee as to the result that might be obtained from this operation. However, in the vast majority of patients that Dr. Ende operates on, the result desired from surgery is achieved. Improvement is almost always possible, however, perfection is usually NOT possible by any surgeon. I have been given a sheet on what to expect after hairline lowering, and I understand that hair regrowth through the scar can sometimes take up to 3 months.

Pimples can and usually do occur in the first 3 months. In general pimples can be treated on the scalp in the same manner that they are treated on the face. The best method is to use warm soaks 3 times per day. Squeezing is not recommended. For persistent pimples, pimples with surrounding swelling or redness, large pimples, painful pimples, or large numbers of pimples I hereby certify that I will call Dr. Ende to have it/them evaluated. I will not take it upon myself to poke or prick the pimples with a needle or other sharp object. I understand that doing so may lead to hair loss, scarring, infection, and/or permanent disfigurement.

Telogen Effluvium is a fancy phrase, which describes the phenomenon of hair loss in hair surrounding the surgical incisions. Dr. Ende will try to prevent this by injecting Kenalog during the time of your surgery if your medical conditions allow this, but Telogen Effluvium may still occur. In the only patient who had this occur, the hair that was lost regrew within one hair cycle (3 months).

Additional complications include but are not limited to: bleeding, infection, widened scars rarely requiring scar revision, swelling of the brow, forehead and eyelids, chronic scalp pain or numbness, unsatisfactory cosmetic result such as displeasure with the general appearance of the hairline as compared with what I had expected, abnormal delay in healing or scarring, personality changes and mental difficulties following surgery, even if the operation is otherwise successful, allergic reactions to one or more of the substances used in the operation.

A browlift can be performed as part of the procedure if desired. Browlifting has many of the same risks as already stated above. Additionally, facial nerve injury causing temporary or permanent paralysis of the forehead and brow elevators can occur.

I understand that my hairline shape is usually different after a hairline lowering. Every effort is made to follow your existing hairline in a naturally waving pattern, however, the hairline is almost always different after the procedure. Most notably, a widow's peak will become attenuated (not as sharp), but other differences can occur. Dr. Ende makes no guarantees as to the final shape of my hairline. Dog ears or standing cones of hair can occur just behind the hairline in the corners. These dog ears generally flatten over time, but may require an additional procedure under local anesthesia in the office to correct. There would be no surgeon's fee for the correction of a dog ear if I present to Dr. Ende on a regular basis as he requests and the problem is presented to Dr. Ende within one year of surgery.

Hair and scalp loss has been reported by other surgeons on the top, back, and side of the head following scalp surgery. Neither Dr. Ende nor the person who developed this procedure has ever seen this complication occur with their technique. With this said, the possibility of partial or total scalp loss is a potential risk that should not be ignored. If this occurred, further procedures would most likely be necessary to correct it. A hair piece or wig would be required temporarily or permanently to cover this cosmetic deformity.

Dr. Ende is not aware of the total number of Endotines that have been placed in the world, but this number is probably greater than 100,000. The Endotine placed during a hairline lowering is in the same location as that placed during a brow lift. Dr. Ende is aware of one case during a brow lift in California where severe bleeding occurred during placement and a stroke occurred. Dr. Ende is careful to place the Endotine in a location where no blood vessel should be as described in his publication. However, congenital variations do occur, and Dr. Ende does not know ahead of time if you have a rare anatomic variation.

Some of the complications of this operation may cause the need for further surgery; some of the complications can cause prolonged illness and permanent deformity; very rarely, some of the complications have even been known to cause death (such as heart attack, allergic reactions, and blood clots). Furthermore, there may be alternatives to this surgery available to you, such as doing nothing, wearing a wig or hairpiece, use of camouflage products, laser hair combs, continuing Propecia and Rogaine, follicular unit hair transplants, or other novel and unproven techniques. Generally TWO sessions of follicular hair transplant are required to achieve the results of a hairline lowering. Doing nothing is your choice and will not cause you any harm. I

understand that I may continue to lose hair adjacent to the new hairline, especially if my final balding pattern has not yet occurred. Not having reached my final balding pattern is certainly not a contraindication to surgery, but it does set me up for the need for future hair transplants to keep up with the hair that I lose. If my donor supply of hair is exhausted and I am unhappy with my balding pattern in the future, I could also switch to a hair piece. I also have the option of undergoing body hair transplants to the scalp. Again, I am aware that male pattern baldness is usually a continuing process and that its future extent is not always predictable. I have received a detailed instruction sheet for postoperative care, which I will follow closely.

Photography: I also give my consent for photographs to be taken before, during, and after my operation. I further consent for such photographs to be used in connection with medical research, advertising, education and science. I understand that Dr. Ende will never publish my name in conjunction with any photographs. I understand that I have the option of crossing out this paragraph if I desire my photographs to be used for medical records only.

I certify: I have read or had read to me the contents of this form; I understand the risks and alternatives involved in this procedure; I have had the opportunity to ask any questions which I had and all of my questions have been answered. I know that the practice of medicine and surgery is not an exact science, and, therefore, reputable and highly trained practitioners such as Dr. Ende can not and should not properly guarantee results.

Signed: _____ Date: _____
Witness: _____ Date: _____

A general hospital consent form must also be signed