

## **INSTRUCTIONS**

This is an informed-consent document that has been prepared to help inform you about your surgery, its risks, as well as alternative treatment(s).

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page, and sign the consent for surgery as proposed by your plastic surgeon and agreed upon by you.

## **GENERAL RISKS OF SURGERY**

### **Bleeding:**

It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatments to drain the accumulated blood, and you may require a blood transfusion, though such occurrences are rare. It is important to follow postoperative instructions, and limit exercise and strenuous activity for the instructed time. Non-prescription “herbs” and dietary supplements can increase the risk of surgical bleeding. If required, medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets.

### **Infections:**

Infections, although uncommon, can occur after surgery. Should an infection occur, additional treatments including antibiotics, hospitalization, or surgery may be necessary. It is important to tell your surgeon of any other infections, such as a history of MRSA infections, an open wound, recent upper respiratory infection/pneumonia, ingrown toenail, insect bite, tooth abscess, or urinary tract infection. Post-operative infections often result in more extensive scarring and predispose you to revision surgery.

### **Healing Issues:**

Certain medical conditions, dietary supplements, and medications may delay and interfere with healing. Patients with massive weight loss, diabetes or smokers have an increased risk of healing delay or skin loss that would require additional medical care, dressing changes, surgeries, and prolonged hospitalizations. Patients with significant skin laxity (patients seeking facelifts, breast lifts, abdominoplasty, and body lifts) will continue to have the same lax skin after surgery. The quality or elasticity of the 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 be disturbed during recovery from surgeries, such as suction-assisted lipectomy, abdominoplasty, facelifts, body lifts, and extremity surgery. While there may not be a major nerve injury, the small nerve endings in the scar tissue may become too active during the healing period, producing a painful or oversensitive area. Often, massage and early non-surgical interventions resolve this issue. It is important to discuss post-surgical pain with your surgeon.

### **Scarring and sutures:**

All surgeries leave scars, some more visible than others. Although good wound healing after a surgical procedure is expected, this surgery will result in long, prominent scars that are permanent. Abnormal scarring may occur within the skin and deeper tissues. Scars may be unattractive and be of different color than the surrounding skin. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There is a possibility of visible marks in the skin from sutures. These scars may become raised, red, or discolored in the first few weeks/months, but usually settle down over time. However, some patients are prone to “hypertrophic” or “keloid” scars, i.e. prominent, raised, red scars that do not settle. Further treatments with medications and/or surgeries may be required.

Excessive firmness can occur after surgery due to internal scarring. The occurrence of this phenomenon is not predictable. Fat tissue found deep in the skin may die and produce areas of firmness or contour irregularities within the skin. You may notice deeper sutures after your surgery that can spontaneously poke through the skin, become visible, or produce irritations that may require suture removal. Additional treatments including surgery may be necessary.

### **Cardiac and Pulmonary Complications/Blood Clots:**

Pulmonary complications may occur secondary to blood clots (pulmonary emboli), fat deposits (fat emboli), pneumonia, or partial collapse of the lungs after general anesthesia. 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, which may result in death. It is important to discuss with your physician any past history of swelling in your legs or blood clots that may contribute to this condition.

## **Informed Consent**

Abdominoplasty and longer surgery can be associated with an increased risk for deep venous thrombosis (DVT) and pulmonary embolus (PE). Certain high estrogen pills, obesity, history of cancer, history of inflammatory bowel disease, etc. may increase your risk of thrombosed veins and the development of DVT/PE. The higher the risk factors, the greater the risk, and the more involved you must be in both understanding these risks and, when permitted by your physician, walking and moving your legs. There may also be leg stockings, squeezing active leg devices, and possibly medicines to help lower your risk.

Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pains, or unusual heartbeats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatments.

### **Damage to Deeper Structures:**

There is the potential for injury to deeper structures including nerves, blood vessels, lymphatics, muscles, and lungs (pneumothorax) during any surgical procedures. The potential for this to occur varies according to the type of procedure being performed. Injuries to deeper structures may be temporary or permanent.

### **Surgical Anesthesia:**

Both local and general anesthesia involve risks. There is a possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

### **Shock:**

In rare circumstances, your surgical procedure can cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. If surgical shock occurs, hospitalization and additional treatments will be necessary.

### **Pain:**

You will experience pain after your surgery. Pain of varying intensity and duration may occur, and will persist after the surgery. If you are a chronic pain patient being followed by a pain therapy practitioner, you may be asked to see this practitioner preoperatively to assist you in the management of your pain disorder during the post-operative period. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissues or due to tissue stretching.

### **Allergic and Drug Reactions:**

In rare cases, local allergies to drugs, tape, suture material and glues, blood products, topical preparations, and 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 treatments. It is important to notify your physician of any previous allergic reactions and current medications.

### **Persistent Swelling (Lymphedema):**

Persistent swelling can occur following surgery.

### **Seroma:**

Infrequently, fluid may accumulate between the skin and the underlying tissues following surgery, trauma, or vigorous exercise. Should this problem occur, it may require additional procedures for drainage of fluid. Seromas should be addressed to prevent an unfavorable outcome. Should this problem occur, notify your surgeon and additional procedures for drainage of fluid may be required. A seroma following most surgeries usually resolves with repeated aspirations.

### **Use of Drains:**

During your surgery, your doctor may find it necessary to place a drain(s). A drain is a small tube that drains fluid out from the area that was operated on. You will be instructed on the use of your drain. Placement of the drain may require a small separate incision. The drain will be removed when your doctor feels it is no longer necessary. Your doctor may leave the site open to drain any residual fluid under the wound.

### **Unsatisfactory Result/Revisions:**

Although good results are expected, there is no guarantee or warranty on the final results. The body is not symmetric, and almost everyone has some degree of unevenness, which may not be recognized in ad-

### **Informed Consent**

vance. Many such issues cannot be fully corrected with surgery. The more realistic your expectations are, the better your results will appear to you. Some patients never achieve their desired goals or results, but 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. The location or appearance of surgical scar may be unsatisfactory. It may be necessary to perform additional surgeries to improve your results. Unsatisfactory results may NOT improve with each additional treatment.

Patients with multiple medical problems, massive weight loss, smokers, and post-operative infections, and other high risk patients have a greater propensity to require revision surgery. Issues that would need to be addressed in the post-operative period include but are not limited to dog ears, asymmetry, contour irregularities, folds, wrinkles, and loose skin.

You and your surgeon will discuss the options available should additional surgeries be advised. There may be additional costs and expenses for such additional procedures, including surgical fees, facility and anesthesia fees, and pathology and lab testing.

### **ADDITIONAL ADVISORIES**

#### **Medications and Herbal Dietary Supplements:**

There are potential adverse reactions that occur as a result of taking over-the-counter, herbal, and/or prescription medications. Blood thinning medications such as, Aspirin, Plavix, Xarelto, can interfere with forming blood clots, and therefore may contribute to more bleeding issues. Your plastic surgeon may sometimes coordinate a plan for these medications with the doctor that prescribed them for your medical condition. Abruptly stopping these medications may result in heart attacks, strokes, or death so it is important to speak to your physician first. Be sure to check with your physician about any drug interactions that may exist with medications that you are already taking. If you have an adverse reaction, stop the drugs immediately and call your plastic surgeon for further instructions. If the reaction is severe, immediately go to the nearest emergency room.

It is important to inform your plastic surgeon if you use birth control pills or estrogen replacement, or if you suspect you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

When taking the prescribed pain medications after surgery, realize that they can affect your thought process and coordination. Do not drive, operate complex equipment, make any important decisions, or drink alcohol while taking these medications.

#### **Travel Plans:**

Please let the surgeon know of any travel plans, important commitments that were already scheduled or planned, or time demands that are important to you, so that surgery can occur at appropriate times. There are no guarantees that you will be able to resume all activities in the desired timeframe. Allow at least 10-14 days prior to travel via airplane. Medications may be required should you have a long flight/trip to prevent DVT/PE in the immediate post-operative period.

#### **Long-term Results:**

Subsequent alterations in the appearance of your body may occur as the result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause or other circumstances not related to your surgery.

#### **Body Piercing:**

Individuals who currently wear body-piercing jewelry in the surgical region are advised that an infection could develop from this activity. Body-piercing jewelry should be removed prior to your surgical procedure.

#### **Mental Health Disorders and Elective Surgery:**

It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvements rather than perfection. Please openly discuss with your surgeon, prior to surgery, any past history of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

**PATIENT COMPLIANCE**

Follow all physician's instructions carefully; this is essential for the success of your surgical 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 activities need to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Physical activities that increase your pulse or heart rate may cause bruising, swelling, fluid accumulation, and the need for return to surgery. It is important that you participate in follow-up care and return for aftercare to promote your recovery after surgery.



ASPS Member Surgeon®

## CONSENT for SURGERY/PROCEDURE or TREATMENT

1. I hereby authorize Dr. \_\_\_\_\_ and assistants who may be selected to perform  
\_\_\_\_\_  
\_\_\_\_\_
2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those outlined above. I therefore authorize the above physician and assistants or designees to perform such other procedures, which are deemed necessary and desirable, based on his or her professional judgment. The authority granted under this paragraph shall include all conditions that require treatments and those not known to my physician at the time the procedure has begun.
3. I consent to the administration of such anesthetics as considered necessary or advisable. I understand that all forms of anesthesia involve risks and the possibility of complications, injury, and sometimes death.
4. I understand what my surgeon can and cannot do, and understand that there are no warranties or guarantees, implied or specific about my outcome. I have had the opportunity to explain my goals, and understand which desired outcomes are realistic and which are not. All of my questions have been answered, and I understand the inherent (specific) risks to the procedures I seek, as well as those additional risks and complications, benefits, and alternatives. Understanding all of this, I elect to proceed.
5. I consent to be photographed or televised before, during, and after the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific, or educational purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices, or body parts that may be removed.
8. I am aware that there are potential significant risks to my health with the utilization of blood products, and I consent to their utilization should they be deemed necessary by my surgeon and/or his/her appointees.
9. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
10. I realize that not having the operation is an option. I opt out of having this procedure \_\_\_\_\_.
11. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
  - a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
  - b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
  - c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-12).  
I AM SATISFIED WITH THE EXPLANATION.

\_\_\_\_\_  
Patient or Person Authorized to Sign for Patient

Date/Time \_\_\_\_\_ Witness \_\_\_\_\_

Surgeon \_\_\_\_\_