

## **INFORMED-CONSENT- ABDOMINOPLASTY SURGERY**

**INSTRUCTIONS** This is an informed consent document that has been prepared by Dr. Taylor to inform you about abdominoplasty, the risks, and the alternative treatments. At your first visit we will educate you as completely as possible regarding the procedure. Then, we ask that you think the procedure over so that you feel comfortable with your decision. After your surgery has been scheduled, you will return to the office for a second visit called a “rediscussion”. At that time, you will meet with the nurse and the Doctor and you will be asked to sign these consent forms.

It is important that you read this information carefully and completely. Please bring these forms with you to your rediscussion visit. At that time you will initial each page, indicating that you have read the page and sign the last page, which is the consent **for surgery** as proposed by the Doctor.

### **INTRODUCTION**

Abdominoplasty is a surgical procedure to remove excess skin and fatty tissue from the middle and lower abdomen and to tighten muscles of the abdominal wall. Abdominoplasty is not a surgical treatment for being overweight. Obese individuals who intend to lose weight should postpone all forms of body contouring surgery until they have been able to reach a weight that is within the ideal for their height and maintain their weight loss.

**GENERAL INFORMATION** This operation is totally/purely elective, therefore you must have realistic expectations. The key to success is understanding the procedure, so a long consultation is needed for your education.

**INDICATIONS** To remove excess skin/fat and /or muscle laxity of the abdomen.

### **CONTRAINDICATIONS**

- Inappropriate weight
- Planned or contemplated future pregnancy
- Multiple previous abdominal surgery using “open” technique that may have injured blood supply
- Body dysmorphic disorder

### **ALTERNATIVE TREATMENTS**

Alternative forms of management consist of not treating the areas of loose skin and fatty deposits. Suction assisted lipectomy surgery may be a surgical alternative to abdominoplasty if there is good skin tone and localized abdominal fatty deposits in an individual of normal weight. Diet and exercise programs may be of benefit in the overall reduction of excess body fat, but excess skin can remain, leaving the patient in need of abdominoplasty.

#### **WHAT IS HELPED?**

- Excess skin removed
- Excess fat removed
- Muscles tightened

#### **WHAT WILL NOT BE HELPED?**

- Some stretch marks (above umbilicus)
- Fat above umbilicus
- Fat along flanks—need to add liposuction (There is a separate fee for this)

#### **HOW LONG DOES IT LAST?**

The tissue is permanently removed. Subsequent alterations in body contour can occur as a result of aging, weight gain or loss, and pregnancy.

## SURGICAL TECHNIQUE:

### Anesthesia: general

- Outpatient usually
- Binder : 3 weeks
- Drains: 7-10 days
- Restrictions and return to normal  
7-10 days / 3-6 weeks

### • Operating room

- Incision, tissue lifted up, excess removed, muscles "cinched"
- Bed position: Flexed
- Post-op visits: day 1, weeks-1-2-3, 6wks-

### TRADE OFFS:

#### Temporary:

- Discoloration/swelling
- Flexed position-back pain
- Discomfort (pain/sensitivity)
- Numbness
- Lumps/Irregularities
- Restricted activities

#### Permanent:

- Numbness of skin below umbilicus
- Scars
- Asymmetry
- Unable to use the abdominal muscle and skin for breast reconstruction (TRAM not possible) in the future

\*Fairly rapid resolution of most changes listed as temporary is expected but final contouring may not be complete for a *minimum* of six ( 6 ) months.

## RISKS of ABDOMINOPLASTY SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with abdominoplasty. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with the Doctor to make sure you understand all possible consequences of abdominoplasty. You must understand and take personal responsibility for making the decision to proceed. These complications have occurred, and no one is immune.

**Bleeding-** It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood (hematoma). Do not take any aspirin or anti-inflammatory medications for at least ten days before surgery, as this may increase the risk of bleeding.

**Infection** - Infection is unusual after this type of surgery. Should an infection occur, treatment including antibiotics or additional surgery may be necessary. You will receive IV antibiotics in the operating room and you'll be on at least a 7 day course of oral antibiotics after that-while the drains are in place.

**Change in skin sensation-** You will have some numbness of the lower abdomen after surgery. Diminished (or loss of) skin sensation in the lower abdominal area may not totally resolve after abdominoplasty.

**Skin contour irregularities-** Contour irregularities and depressions may occur after abdominoplasty. Visible and palpable wrinkling of skin can occur-due to the "gathering" of the skin. This can be more prominent on the lateral or sides of the incision, and are commonly referred to as "dog ears". These may take a longer time than the rest of the areas to resolve, or diminish and may even need a surgical revision. If a revision is needed, it may be done in the office or in the operating room, depending on the size. There is an additional charge for the revision.

**Patient selection** - Individuals with poor skin tone, medical problems, obesity, or unrealistic expectations may not be candidates for abdominoplasty. If you are not at your ideal weight, then you should postpone surgery and work on this first. the Doctor will discuss how soon she will be able to operate, based on how much weight you need to lose. If you choose to proceed without losing the weight, you should be aware that the incidence of complications increases.

## **Risks of Abdominoplasty surgery, continued**

**Skin scarring** – It is normal for the scar to be pink and slightly wide due to the tension on the closure. Excessive wideness or thickness of the scarring is uncommon. In rare cases, abnormally thick and ropey scars (hypertrophic scars) may result. Scars may be unattractive and of different color than surrounding skin. The scar will not be symmetrical. It is permanent but fades over time. Additional treatments including surgery or steroid injections may be necessary to treat abnormal scarring. There would be an additional charge of \$50/treatment for steroid injections. The cost of surgical scar revision would be higher and include costs for OR and anesthesia. “DOG EAR” revision (excess skin on lateral sides of scar, on hip) may require a procedure to revise them. the Doctor’s fee for this will be \$200-\$300 for an in office procedure. A nominal office supply fee of \$50.00 will also be charged. If the procedure requires an operating room, there will be the separate OR/Anesthesia Fee.

**Surgical anesthesia**- Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation

**Asymmetry**- No one has perfect symmetry to begin with and a perfectly symmetrical body appearance will not result from abdominoplasty. Factors such as skin tone, fatty deposits, internal organs, bony prominences, and muscle tone may contribute to normal asymmetry in body features. The scar often is slightly higher or lower from the right side to the left due to many factors. The skin is an organ that changes—growing and shrinking and stretching—this will occur after surgery thus the result can change slightly over time. Due to the natural curve of your lower abdomen, over time the tissues loosen and your abdomen will become slightly rounded.

**Delayed healing**- Wound disruption or delayed wound healing is possible and is most common just above the pubic hair line. Some areas of the abdomen may not heal normally and/or may take a long time to heal. Some areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue.

**Smokers have a greater risk of skin loss and wound healing complications. Also, the skin may not be pulled as tight with a smoker. There is a separate/additional consent form for smokers.**

**Allergic reactions**- In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions which are more serious may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

**Pulmonary complications**- **Rare** pulmonary complications may occur secondarily to both blood clots (pulmonary emboli) or partial collapse of the lungs after general anesthesia. Should either of these complications occur, you may require hospitalization and additional treatment. Pulmonary emboli can be life-threatening or fatal in some circumstances.

**Seroma**- Fluid accumulations can occur in between the skin and the abdominal wall after the drains are removed. Should this problem occur, it may require additional procedures for drainage of fluid. This is usually done in the office, but if it does not resolve, may require a surgical procedure. There can be a layer of scar tissue (bursa) left behind after a seroma that contributes to the thickness of the abdomen. There is an additional charge for additional surgical procedures, but not for draining a seroma.

**Umbilicus**- Malposition, scarring, unacceptable appearance or loss of the umbilicus (navel) may occur. Your umbilicus or “belly button” will never look as youthful or the same as your original pre- pregnancy or pre weight gain umbilicus. Post-operatively, there will a scar around it.

## **Risks of Abdominoplasty surgery, continued**

**Long term effects-** Subsequent alterations in body contour may occur as the result of aging, weight loss or gain, pregnancy, or other circumstances not related to abdominoplasty.

**Pain-** Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue after abdominoplasty.

**Unsatisfactory result-** You may be disappointed with the results of surgery. Your expectations of how the end result would be may be different than what your actual result is. Infrequently, it is necessary to perform additional surgery to improve your results. Any of the risks can occur to any patient. The Doctor will work with you to improve your result if needed, with-in the parameters of the office policies. Every patient is different—in their anatomy and perception of the result. One person's "fine" result may be another's "major disfigurement". It is the office policy to help you get the best result possible—for you. But you must work with us, and trust the judgment and expertise of the Doctor.

**Specimen -** the Doctor will have a photo of the skin and tissue removed for your records. Please be aware that the specimen will not be sent to a pathologist for review. If you desire this service, it can be arranged at an additional cost to you from the pathology department.

**Desire for Additional Skin Removal –** Occasionally after the first procedure, a patient may wish to have even more skin removed. (the Doctor will remove as much as safely possible in her judgment to provide good scar quality and safe wound healing.) After enough time has passed for the scar and tissues to heal, an additional resection (removal of tissue) can be done.

**Additional surgery necessary-** Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with abdominoplasty. Other complications and risks can occur but are even more uncommon.

**No guarantee-** 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.

**Health insurance-** Most health insurance companies exclude coverage for cosmetic surgical operations such as abdominoplasty or any complications that might occur from surgery. Please carefully review your health insurance subscriber-information pamphlet.

**Revision policy-** On occasion, surgical revision for emergency (due to bleeding, infection etc.) may be indicated following the original surgery. If this occurs within 30 days of surgery refer to your CosmetAssure Benefits. If planned or performed within one ( 1 ) year after the surgery, there will be no charge by the Doctor, but a facility fee will be charged by the hospital for the use of the operating room. If anesthesia is required, they will have a fee as well, which ranges from \$1000-\$2000. A nominal fee ( \$200-\$300) for supplies will be charged if the revision is performed in the office.

**Financial responsibilities -** The cost of surgery involves several charges for the services provided. The total includes fees charged by The Doctor, anesthesia, and outpatient hospital charges, depending on where the surgery is performed.

EXTRA PAPERWORK FEES – We understand that extra documentation might be required by your employer for your surgery. As this is not considered usual and customary paperwork, there will be an additional fee of \$25 for this service.

**Budget** - You must have a budget for time and money. Please do not cut it too close with either one. The time factor is unknown but it is always wiser to have more than enough time, than not enough. The same is true for the cost. It is our office policy to discourage financing for cosmetic surgery. If a complication does occur and a surgical revision is needed you could become further in debt.

## **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). 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. The Doctor may provide you with additional or different information which is based on all the facts in your particular case and the state of medical knowledge.

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.

**A FINAL NOTE:** This form, although lengthy, is very important. It is crucial for you to understand that you are undergoing a surgical procedure – not buying a car or a dress. When you do not like the dress, you can get all or most of your money back and keep shopping. That is not the case with surgery – you can't take it back! Additionally, the Doctor is not trying to sell you surgery – she will tell you if you shouldn't have it. If you are not comfortable with any aspect of this office, you are free to choose another surgeon. If you choose the Doctor, you will be operated on by the Doctor. This is a decision that requires trust and confidence - in each other. You must fully understand your personal responsibility in making the decision and trust that the Doctor will do the best surgery possible. The Doctor will trust that you, in turn, will be compliant with our post-op recommendations. When complications occur, and they inevitably do, through no fault of the Doctor, or you, we rely on this special relationship --the doctor/patient relationship. It is this relationship that allows us to move forward, help improve the situation that has occurred, and allows everyone to be at peace about it. We will do our part to help you in every way possible.

**By signing these forms, you acknowledge that we have done the following:**

1. Explained the procedure in as much detail as requested for each patient.
2. Read through together, with verbal explanations as needed, the consent forms and allowed ample time for questions.
3. Showed pictures of the range of results obtained- emphasizing that these pictures are of different individuals and the result of every person is different- including the complications of bleeding, infection, asymmetry and dog ears, delayed healing, hypertrophic scars and seroma.
4. Provided education on the post- op period as well as what to expect for the future.

**It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.**

# Consent for Surgery, Abdominoplasty

I hereby authorize the Doctor and such assistants as may be selected to perform the following procedure or treatment:

## Abdominoplasty

I have received the following information sheet:

### INFORMED-CONSENT ABDOMINOPLASTY SURGERY

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1. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the Doctor and assistants or designees to perform such other procedures that are in the exercise of her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to the Doctor at the time the procedure is begun.
2. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involves risk and the possibility of complications, injury, and even death.
3. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
4. I consent to the photographing or televising of 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.
5. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
6. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
7. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
8. 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
9. I, \_\_\_\_\_, have reviewed this Informed Consent with the Doctor and have had all my questions answered to my satisfaction.

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9). I AM SATISFIED WITH THE EXPLANATION.

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

Date \_\_\_\_\_ Witness \_\_\_\_\_