

# **INFORMED CONSENT BRACHIOPLASTY (ARM LIFT)**

## **INSTRUCTIONS**

This is an informed consent document that has been prepared by the Doctor to inform you about brachioplasty, 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 Patient Coordinator 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**

Brachioplasty is a surgical procedure to remove the excess skin and fatty tissue from the upper arms. This operation is best done on patients who have more excess skin than fat, or the classic “granny arm jiggle.” As skin elasticity will never be the same after significant weight loss, multiple stages of surgery maybe necessary, and we will work together to get it as best as we can.

## **GENERAL INFORMATION**

Brachioplasty is a surgery that is totally and purely elective, therefore you must have realistic expectations. The key to a realistic expectation is education, therefore a long consultation is needed.

## **ALTERNATIVES**

Alternative forms of management consist of not treating the areas. Suction assisted lipectomy may be a surgical alternative if there is good skin tone. Diet and exercise can be of benefit in the overall reduction of excess body fat, but excess skin will remain, leaving the patient in need of Brachioplasty.

## **SURGICAL TECHNIQUE**

- ◆ Anesthesia-general
- ◆ Outpatient
- ◆ Incision Placement Options
- ◆ Drains (1 to 7 days)
- ◆ Garments/Ace wraps – 1<sup>st</sup> week / 2<sup>nd</sup> week
- ◆ Restrictions – 2 to 3 days minimum; usually 7 days. Depends on amount.
- ◆ Post-op Visits: day 1, drain – day 4 to 7, weeks 1-2-3, 6 weeks, 6 months

## **TRADE-OFFS:**

### **Temporary:**

Bruising  
Pain  
Numbness  
Swelling  
Lumps/irregularities  
Skin “Gathers”  
Restricted activity

### **Permanent:**

Scars  
Skin contour/dog-ears  
numbness-rarely

### **Risks of Brachioplasty Surgery**

Every surgical procedure involves a certain amount of risk, and it is important that you understand the risks involved. 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 these complications, you should discuss each of them with the Doctor to make sure you understand the risks, potential complications and consequences of the 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 treatment to treat accumulated blood (hematoma). Do not take any aspirin or anti-inflammatory medications for at least ten days before surgery, as they can contribute to a greater risk of bleeding.

### **Infection**

Infection is unusual after surgery. Should an infection occur, additional treatment including antibiotics or additional surgery may be necessary. You will get IV antibiotics in the OR and take them by mouth for about a week after surgery.

### **Change in skin sensation**

You will have some numbness of the upper arm after surgery. Diminished (or loss of) skin sensation in the upper arm area may not totally resolve after brachioplasty.

### **Medications**

There are many adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Be sure to check with your physician about any drug interactions that may exist with medications which you are currently taking. Do not drive, do not operate complex equipment, do not make any important decisions, and do not drink any alcohol while taking these medications. Be sure to take your prescribed medication only as directed.

### **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 the skin within the deeper tissues. 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 \$50-75/treatment for steroid injections. The cost of surgical scar revision would be higher and include costs for OR and anesthesia.

**Asymmetry**- The human body and arm region is normally asymmetrical. There will be a variation from one side to the other following brachioplasty surgery. No one has perfect symmetry to begin with and a perfectly symmetrical body appearance will not result from brachioplasty. 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.

### **Damage to deeper structures**

Deeper structures such as nerves, blood vessels and muscles may be damaged during the course of surgery. The potential for this to occur varies according to where on the body surgery is being performed. Injury to deeper structures can be temporary or permanent.

### **Patient selection**

Individuals with poor skin tone, medical problems, obesity, or unrealistic expectations may not be candidates for brachioplasty. If you are not at your ideal weight, then you should postpone surgery and work on this first. If you choose to proceed without losing the weight, you should be aware that the incidence of complications increases. The skin itself may be so stretched out that it will never have the tightness you desire—this is true of everyone as they age!!

### **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. This will be charged in the usual way for office touch-ups - \$200 to \$300 depending on the amount done. There is also a fee for office surgical supplies ranging from \$50 to \$100. If too large to be done in the office, this would require additional costs, including the Doctor's fee, surgery center fee and anesthesiologist.

### **Unsatisfactory Result**

There is the possibility of an unsatisfactory result from the surgery. Surgery may result in unacceptable visible deformities, loss of function, wound disruption, skin death and loss of sensation. You may be disappointed with your results.

### **Patient Compliance**

Follow all of the Doctor's 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 are only to be removed by the Doctor. 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 until the Doctor says it is safe. It is important that you participate in follow up care, return for aftercare, and promote your recovery after surgery.

### **ALLERGIC REACTIONS**

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

**Delayed healing-** Wound disruption or delayed wound healing is possible. Some areas 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) and 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 under the skin 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. There is an additional charge for additional surgical procedures, but not for draining a seroma.

**Long term effects**- Subsequent alterations in arm appearance may occur as the result of aging, weight loss or gain, sun exposure, or other circumstances not related to arm surgery. Brachioplasty surgery does not arrest the aging process or produce permanent tightening of the arm region. Future surgery or other treatments may be necessary to maintain the results of a Brachioplasty. There is a charge for additional surgery.

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

**Additional Surgery Necessary**

In some situations, it is possible to achieve optimal results with a single surgical procedure. With body contouring, multiple procedures may be necessary. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications are infrequent the ones cited in this consent are the ones particularly associated with Brachioplasty surgery.

**Hormones and Risk of Deep Venous Thrombosis (DVT):**

While we realize it may be inconvenient for you, we do recommend stopping all extra hormones prior to surgery, because these can increase your risk for a blood clot in your leg. For our patients who are on birth control pills, please discontinue these-- but don't forget another type of barrier contraception! For our more mature patients taking HRT (hormone replacement therapy), we regret you may have increased symptoms related to menopause, but once again, we believe it is worth the inconvenience to increase your safety.

**Budget**

You must have your 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 time available for recuperation as needed. The same goes for the costs.

**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 due to emergency (return to the OR for bleeding, infection) may be indicated following the original surgery. If the revision is planned or performed within one year of the original surgery, there will be no charge by the Doctor, but there will be an outpatient hospital and anesthesia fee. A nominal fee will be arranged if the procedure is done in the Doctor's office.

**Financial Responsibilities**

The cost of surgery involves several charges for the services provided. The total includes fees charged by the Doctor, outpatient hospital charges and anesthesia charges. Additional charges may occur should complications develop from the surgery. Secondary surgery would involve all of the above charges and would also be your responsibility.

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.

**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.

**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 treatments. The informed consent process attempts to define principals 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 information which is based on all the facts that are particular to your situation 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 the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as patterns evolve. **IT IS IMPORTANT THAT YOU READ THE ABOVE INFORMATION CAREFULLY AND HAVE ALL YOUR QUESTIONS ANSWERED BEFORE SIGNING THE CONSENT ON THE NEXT PAGE.**

**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. 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.

# CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby authorize Dr. \_\_\_\_\_ and such assistants as may be selected to perform the following procedure or treatment:

## Brachioplasty

I have received the following information sheet:

### INFORMED-CONSENT FOR BRACHIOPLASTY

2. 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 her 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.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
5. 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.
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 which may be removed.
8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration if applicable.
9. 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
10. 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 (1-10). I HAVE BEEN ASKED IF I WANT A MORE DETAILED EXPLANATION, BUT I AM SATISFIED WITH THE EXPLANATION, AND DO NOT WANT MORE INFORMATION.

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

Date \_\_\_\_\_

Witness \_\_\_\_\_