INFORMED-CONSENT-THIGH LIFT

INSTRUCTIONS
This is an informed-consent document that has been prepared to help the Doctor inform you of thigh lift surgery, its risks, as well as alternative treatments. At your first visit we will educate you as completely as possible, and ask you to think the procedure over so that you feel comfortable with your decision. We ask that you return to the office for a second visit-called “rediscussion”. At that time, after you meet with the Doctor and the patient coordinator, you will sign these forms.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have reached their goal weight and read the page and sign the consent for surgery as proposed by the Doctor.

INTRODUCTION
Thigh lift is a surgical procedure to remove excess skin and fatty tissue. A thigh lift 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 reached their goal weight and has been able to 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.

Problem: The major problem requiring a thigh lift is skin excess, or sagging with/without stretch marks and loss of elasticity. There is also the problem of fat excess which can be addressed with this procedure.

A thigh lift can be combined with other forms of Body-contouring surgery, including suction-assisted lipectomy, or performed at the same time with other elective Body contour procedures such as abdominoplasty and arm lift.

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 thigh lift 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 thigh lift.

WHAT IS HELPED?                                    WHAT WILL NOT BE HELPED?
• Excess skin removed                                 •Stretch marks below removed area
• Excess fat removed                                  •Body Fat below removed area
• Loose skin above & below area

HOW LONG DOES IT LAST?
The tissue is permanently removed. Subsequent alterations in Body contour can occur as a result of aging, wt gain or loss, and pregnancy.

SURGICAL TECHNIQUE:
• Anesthesia: general or epidural                      •Operating room
• Outpatient                                           •Incision, tissue lifted up, excess removed,
• Support Girdle 1-3 weeks                             •Post-op visits: day1, day 3-4, 1-2-3 wk, 6wk
• Restrictions and return to normal                   •Drains 1-3 days
Risks of Thigh Lift surgery, continued

TRADE OFFS:

Temporary:                               Permanent:
Discoloration/swelling                   Scars
Discomfort (pain/sensitivity)            Asymmetry
Numbness                                  Some Loose Skin
Lumps/Irregularities                      Restricted activities

*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 THIGH LIFT SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with a Thigh lift. 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.

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 or hematoma. Do not take any aspirin or anti-inflammatory (ibuprofen) medications for 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 OR.

Change in skin sensation- Diminished (or loss of) skin sensation in the treated area is expected and may not totally resolve after a THIGH lift.

Skin contour irregularities- Contour irregularities and depressions may occur after a Thigh lift. Visible and palpable wrinkling of skin can occur.

Skin scarring - Excessive scarring is uncommon. In rare cases, abnormal scars may result. Scars may be unattractive and of different color than surrounding skin. Additional treatments including surgery may be necessary to treat abnormal scarring. The scar can migrate down on to the thigh due to gravity and become more visible.

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- Symmetrical Thigh appearance will not result from Thigh lift. Factors such as skin tone, fatty deposits, internal organs, bony prominences, and muscle tone may contribute to normal asymmetry in Thigh features.

Delayed healing- Wound disruption or delayed wound healing is possible. Some areas of the incision may not heal normally and 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.
Risks of THIGH lift, continued

**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 infrequently occur in between the skin and the Thigh muscle after the drains are removed. Should this problem occur, it may require additional procedures for drainage of fluid.

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

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

**Other** - You may be disappointed with the results of surgery. Infrequently, it is necessary to perform additional surgery to improve your results. Gravity and aging are constantly working on your Body and you must accept this process post-operatively.

**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 already taking. If you have an adverse reaction, stop the drugs immediately and call the Doctor for further instructions. If the reaction is severe, go immediately to the nearest emergency room. When taking prescribed pain medications after surgery, realize that they can affect your thought process. Do not drive, do not operate complex equipment, do not make any important decisions, and do not drink alcohol while taking these medications. Be sure to take your prescribed medication only as directed.

**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.

**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.
Risks of THIGH lift surgery, continued

HEALTH INSURANCE
Most health insurance companies exclude coverage for cosmetic surgical operations such as Thigh lift or any complications that might occur from surgery. Please carefully review your health insurance subscriber-information pamphlet. There is no medical necessity for Thigh lift. It is a cosmetic procedure.

REVISION POLICY- On occasion, surgical revision may be indicated (for emergency reasons) following the original surgery. 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. A nominal fee for supplies will be charged if the revision is performed in the office. If anesthesia is required, they will have a fee as well.

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. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revisionary surgery 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.

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 as well. It is our office policy to discourage financing for cosmetic surgery. It is unwise to finance a cosmetic procedure, as increasing your debt load, except for income-producing assets, is unwise. Also, if revision is needed, to pay for it, you may be 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. Your plastic surgeon 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.

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.
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 vacation 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.

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 and asymmetry.
4. Provided education on the post-op period as well as what to expect for the future.
CONSENT FOR SURGERY/ PROCEDURE or TREATMENT

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

   THIGH LIFT SURGERY

   I have received the following information sheet:

   INFORMED-CONSENT THIGH LIFT SURGERY

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 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 involves 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 AM SATISFIED WITH THE EXPLANATION.

   Patient or Person Authorized to Sign for Patient

   Date __________________________  Witness ________________________________________