

INFORMED-CONSENT-TUMMY TUCK SURGERY (ABDOMINOPLASTY)

INSTRUCTIONS

This is an informed-consent document that has been prepared to help your plastic surgeon inform you concerning abdominoplasty surgery, its risks, and alternative treatment.

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.

INTRODUCTION

Abdominoplasty is a surgical procedure to improve visible signs of aging on the abdomen. As individuals age, the skin and muscles of the abdominal region begin to lose tone. The abdominoplasty cannot stop the process of aging. It can improve the most visible signs of aging by tightening deeper structures, re-draping the skin of abdomen, and removing selected areas of fat. An abdominoplasty can be performed alone, but is often performed in conjunction with other procedures, such as liposuction.

Abdominoplasty surgery is individualized for each patient. The best candidates for abdominoplasty surgery have an abdomen that has begun to sag, with excess skin in the lower abdomen, with or without stretch marks. Good skin quality provides a superior result.

ALTERNATIVE TREATMENT

A program of diet and exercise will reduce the amount of fat deposit around the waistline. Excess skin is corrected to a degree with weight loss, although this is patient dependent. Risks and potential complications are associated with alternative forms of treatment.

RISKS of TUMMY TUCK SURGERY (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 your plastic surgeon to make sure you understand the risks, potential complications, and consequences of abdominoplasty.

Bleeding- It is possible, though unusual, that you may have problems with bleeding during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood or require a blood transfusion. Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this contributes to a greater risk of bleeding. Hypertension (high blood pressure) that is not under good medical control may cause bleeding during or after surgery. Accumulations of blood under the skin may delay healing and cause scarring.

Infection- Infection can occur after this surgery. Should an infection occur, additional treatment including antibiotics or surgery may be necessary.

Scarring- Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different color than the surrounding skin. There is the possibility of visible marks from sutures. Additional treatments may be needed to treat scarring. Scars will typically form in the waist line, but can extend from hip to hip. There is frequently a scar around the umbilicus (belly button), and this may alter the appearance of the umbilicus.

Deep Venous Thrombosis- Blood clots may form in the veins of the legs during the surgical procedure. This is an uncommon event, and many measures are taken to prevent their occurrence. However, a deep venous thrombosis (lower leg blood clot) may be a life threatening event. Early mobilization after surgery and hydration help reduce the risk of this complication. Any lower leg pain or shortness of breath should be reported to your physician immediately. Women who use the birth control pill, smokers, women with cancer (either known or unknown) or have a blood disorder with a tendency to form clots are especially at risk.

Damage to deeper structures- Deeper structures such as blood vessels, muscles, and particularly nerves may be damaged during the course of surgery. Injury to deeper structures may be temporary or permanent.

Asymmetry- The human trunk is normally asymmetrical. There can be a variation from one side to the other in the results obtained from an abdominoplasty procedure.

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

Nerve injury- Motor and sensory nerves may be injured during an abdominoplasty operation. Temporary or permanent loss of sensation over the abdomen or thighs can occur. Painful nerve scarring is very rare.

Chronic pain- Chronic pain is a very rare complication after an abdominoplasty.

Skin disorders/skin cancer- An abdominoplasty is a surgical procedure for the tightening of skin and deeper structures of the abdomen. Skin disorders and skin cancer may occur independently of an abdominoplasty.

Breast cancer reconstruction - An abdominoplasty procedure precludes the use of the abdomen for future breast reconstruction. Women who require mastectomy for breast cancer can not subsequently undergo a TRAM (transverse rectus abdominus myocutaneous) procedure to reconstruct their breast. Alternate forms of reconstruction are still possible, including breast implants, and other muscle transfers.

Unsatisfactory result- There is the possibility of a poor result from the abdominoplasty surgery. This would include risks such as unacceptable visible deformities, contour anomalies, wound healing problems, and loss of sensation over the abdomen. You may be disappointed with the results of surgery. Infrequently, it is necessary to perform additional surgery to improve your results.

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.

Seroma- Fluid may accumulate under the skin following surgery, trauma or vigorous exercise. This is not a rare occurrence. Additional treatment may be necessary to drain fluid accumulation around the trunk. Chronic seroma formation is uncommon.

Compression Garments- Fluid may accumulate under the skin following surgery, trauma or vigorous exercise. To minimize this risk, a compression garment should be worn for 4 to 6 weeks after surgery.

Delayed healing - Wound disruption or delayed wound healing is possible. Areas around the lower abdomen may not heal normally or may take a long time to heal. Areas of skin may die. Frequent dressing changes or further surgery may be required to remove the non-healed tissue.

Smokers have a greater risk of skin loss and wound healing complications.

Long term effects- Subsequent alterations in trunk appearance may occur as the result of aging, weight loss or gain, sun exposure, or other circumstances not related to abdominoplasty surgery. Abdominoplasty surgery does not arrest the aging process or produce permanent tightening of the trunk. Future surgery or other treatments may be necessary to maintain the results of an abdominoplasty operation.

ADDITIONAL SURGERY NECESSARY

There are many variable conditions in addition to risk and potential surgical complications that may influence the long term result from abdominoplasty surgery. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with abdominoplasty surgery. Other complications and risks can occur but are even more uncommon. Should complications occur, additional surgery or other treatments may be necessary. 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.

FINANCIAL RESPONSIBILITIES/ HEALTH INSURANCE

British Columbia Medical Services Plan (MSP) excludes coverage for cosmetic surgical operations such as abdominoplasty and Diastasis Rectus Repair.

The cost of surgery involves several charges for the services provided. The total includes fees charged by your surgeon, the cost of surgical supplies, anesthesia, and outpatient surgical suite rental, depending on where the surgery is performed. You will be responsible for these fees. Complications that might occur from surgery may be covered under MSP, on a case by case basis (such as treatment of infection & post surgical bleeding.) Additional costs may occur should complications develop from the surgery which are not covered by MSP. Secondary surgery or non-hospital clinic day-surgery charges involved with revisionary surgery may also be your responsibility. **Patient Initials**_____

I understand that by acknowledging the above, that my surgery would not be considered an insured service under the Medical Services Plan of British Columbia, because that plan only considers payment for medically required procedures. I hereby waive any right to obtain government reimbursement for the costs of my surgery. **Patient Initials**_____

I hereby agree to:

(1) Not make any claim whatsoever to the Medical Services Plan of British Columbia or any related government entity for any part of the costs of my surgery; **Patient Initials**_____

(2) Not file any complaint whatsoever with any government body regarding the circumstances around my surgery, including my choice to pay for my surgery privately; **Patient Initials**_____

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.

CONSENT FOR SURGERY/ PROCEDURE or TREATMENT

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

TUMMY TUCK SURGERY (ABDOMINOPLASTY)

I have received the following information sheet:

INFORMED-CONSENT for ABDOMINOPLASTY

- 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 above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician 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.

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-7).
I AM SATISFIED WITH THE EXPLANATION.

Name: _____ X _____
Patient or Person Authorized to Sign for Patient

Date _____ Witness _____

By signing I acknowledge that I have read and understand this information