



Informed Consent – Abdominoplasty/Tummy Tuck

INSTRUCTIONS

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

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

GENERAL INFORMATION

Abdominoplasty is a surgical procedure to remove excess skin and fat tissue from the middle and lower abdomen, and to tighten the 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 surgical body contouring until they reach a stable weight.

There is a variety of different techniques used by plastic surgeons for abdominoplasty. Abdominoplasty can be combined with other forms of body-contouring surgeries, including liposuction, or be performed at the same time with other elective surgeries.

ALTERNATIVE TREATMENTS

Alternative forms of management include not treating the areas of loose skin and fat deposits. Liposuction may be a surgical alternative to abdominoplasty if there is good skin tone and localized abdominal fat deposits in an individual of normal weight. Diet and exercise programs may also be beneficial for reducing excess body fat and improve body contours. Risks and potential complications are also associated with alternative surgical forms of treatment.

INHERENT RISKS OF ABDOMINOPLASTY SURGERY

Every surgical procedure involves a certain amount of risk, and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has its limitations. An individual's choice to undergo a surgical procedure is based on the comparison between the risks and the potential benefits. Although the majority of patients do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you understand all possible consequences of abdominoplasty.

SPECIFIC RISKS OF ABDOMINOPLASTY SURGERY

Change in Skin Sensation:

It is common to experience diminished (or loss of) skin sensation in areas that have had surgery. For most patients, the changes in sensation improve with time. However, diminished (or loss of) skin sensation may not resolve entirely after an abdominoplasty.

Skin Loss:

Partial or full thickness skin loss or tissue necrosis can occur following an abdominoplasty. This can be most common in what are referred to as "water shed areas", where blood perfusion can be less than optimal. In abdominoplasty, this is the area below the umbilicus. Medical conditions and medications can also compromise blood flow. Should you develop tissue necrosis or skin loss, additional surgical procedures are likely to be required for debridement and to close the wound. Once healed, revision surgery may be required.

Skin-Contour Irregularities:

Contour and shape irregularities, as well as depressions may occur after abdominoplasty. Visible and palpable wrinkling of the skin can occur. Residual skin irregularities at the ends of the incisions, or "dog ears," may occur, as does skin pleating, when there is excessive residual skin. This may improve with time, and can be surgically corrected.



Major Wound Separation:

Wounds may separate after surgery. Should this occur, additional treatment including surgery **and even hospitalization** may be necessary.

Umbilicus:

Malposition, scarring, unacceptable appearance, or loss of the umbilicus (navel) may occur.

Possible Hernia Repair:

At the time of your abdominoplasty, your surgeon may identify a hernia (i.e., incisional, groin, umbilical, etc.) It is in your best interest that your hernia be repaired at the time of your abdominoplasty if possible.

Pubic Distortion:

It is possible, though unusual, for women to develop distortion of their labia and pubic area. Should this occur, additional treatments including surgery may be necessary.

Use of Platelet Gel or Fibrin Sealants “Tissue Glue”:

Platelet gel (from your blood) and fibrin sealants (from heat-treated human blood components to inactivate virus transmission) may be used to hold tissue layers together during surgery, and to diminish post-operative bruising following an abdominoplasty. Sealants are produced from donor blood plasma that has been screened for hepatitis, syphilis, and human immunodeficiency virus (HIV). These products have been used safely for many years as sealants in cardiovascular and general surgeries. These products are thought to diminish surgical bleeding and to improve adherence of tissue layers.

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 how to use 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. The drain site may be closed at the time of drain removal. Closing the drain site may require special surgical tape or sometimes sutures. Your doctor may leave the site open to drain any residual fluid under the wound.

Scars:

All surgery leaves 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 scars may occur within the skin and deeper tissues. Scars may be unattractive and of different color than the surrounding skin tone. 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 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 surgery may be required.

Injury to Deep Vital Structures:

There is an inherent risk of injuring deeper vital structures including, but not limited to the bowel, muscles, nerves, vessels, and other intra-abdominal structures. This can result in severe infections, bleeding, breathing difficulties, organ failure, and possibly death. These injuries may require additional surgical procedures and hospitalizations.



Informed Consent – Abdominoplasty/Tummy Tuck

1. I, _____, hereby authorize Dr. _____ and assistants who may be selected to perform **Abdominoplasty**.

I have received the following information sheet: **Abdominoplasty/Tummy Tuck**

Additions to surgical plan: _____

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 understand that the surgeons' fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.
11. I realize that not having the operation is an option. I opt out of having this procedure _____.
12. 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 Signature

Surgeon Signature

Date/Time

Witness