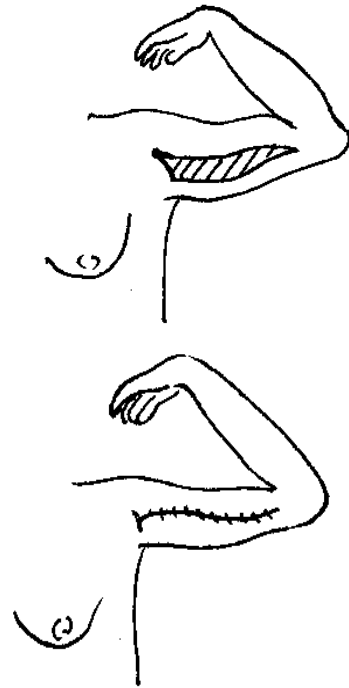


ARM LIFT

Excess skin and fat in the upper inner arm can be removed in a procedure called an arm lift or brachioplasty. An incision is made in the inner aspect of the arm and the excess skin is lifted until the amount that can safely be removed is determined. The skin is then closed with sutures that will be removed in about one week.

The operation takes 1– 1.5 hours and requires general anesthesia. It can be performed as day surgery. The recovery time is usually 3-4 weeks depending on the amount of tissue and skin removed. A drain (small rubber tube) may be placed to limit the amount of fluid collection or swelling post-operatively. This is usually removed within the first week.

At the end of the procedure, you will be wrapped in a compression wrap. *This compression is very important to achieve the best result.* The creation of a space by the removal of fat leaves the potential for blood or serum to collect. This may lead to scar formation, ridges, wavy appearance and ultimately, an unsatisfactory result. This supportive wrap will need to be worn day and night to keep constant pressure on the treated areas. You may not remove it to shower. This will be removed in several days. Activity should also be limited to normal, light duty at work, normal chores and limited arm motion. You should not return to full activity or exercise for 4 weeks.



Although you will see some change upon removal of the wrap for the first time, the final contour may not be seen for several months due to swelling and bruising. The swelling and bruising may be quite pronounced and may extend beyond the treated areas. This will subside over 3-5 weeks.

In any operation there are risks to be considered. These include bleeding, infection, numbness, pain or discomfort, widening of the scars, thick or ugly scars, areas of fullness or asymmetry, reactions to the medications or anesthetics, removal of too much or too little fat and /or failure to achieve your desired appearance. Numbness of the treated area may exist after the operation and may last several months cases it may be permanent. Weakness in the arm or hand may result from nerve damage. Irregular contour, wrinkling of the skin, lumpiness, areas of depression (dents) or residual fullness may result. Discoloration of the skin from the bruising will usually fade but permanent discoloration may result.

Efforts will be made to reduce the risks of this operation. You must help by following all preoperative and postoperative instructions and by keeping all scheduled appointments. You must report any changes in your condition to the office so that treatment may be altered if necessary. If you smoke, your healing will be delayed and you increase the risk of a complication following your surgery. Any potential problems could result in the need for additional surgery and recovery time, time lost from work, possible hospitalization, financial loss, disappointment and/or psychological stress to you.

Possible complications associated with anesthesia will be reviewed by the anesthesiologist prior to the procedure. These complications include allergic reactions to the anesthetic, sore throat, nausea/vomiting, pneumonia and possible pain at the site of administration of the anesthetic. In addition, the possible formation of blood clots in the legs is possible with anesthesia and the post-operative period of relative immobility. These clots may break loose and travel to the lungs causing illness and rarely, death. This complication is rare but may be severe.

Please take time to consider this operation carefully and to ask any questions you may have regarding the procedure, risk or healing.

I understand the alternatives to this surgery include living with the condition as it exists and to not undergo this operation. This would allow me to avoid any complications associated with this procedure. I have been informed of the procedure, the potential risks and the expected outcome. I understand that there are no guarantees as to the outcome of the operation and I accept the possibility of the above mentioned complications. I have had opportunities to discuss my concerns with the doctor and to ask questions. I consent to the operation as it has been described.

Name (Print)

Date

Signature

Witness