

INFORMED CONSENT

Abdominoplasty Surgery (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. Please initial each page, indicating that you have read the page, 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-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.

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.

GENERAL RISKS OF SURGERY**Seroma:**

Fluid may accumulate between the skin and the underlying tissues following surgery, trauma, or vigorous exercise. This is referred to as a seroma. A seroma is the most common complication following an abdominoplasty. You may notice an increase in your abdominal girth, localized swelling, or shape change, which should alert you that a seroma may have occurred in your post-operative period. Seromas should be addressed to prevent any unfavorable outcomes. Should this problem occur, notify your surgeon, and additional procedures for drainage of fluid may be required.

Bleeding:

It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatments to drain the accumulated blood, and you may require a blood transfusion, though such occurrences are rare. The accumulation of blood that can occur under your skin following surgery is referred to as a hematoma. Increased activity too soon after surgery can lead to increased chance of bleeding and additional surgery. It is important to follow postoperative instructions, and limit exercise and strenuous activity for the instructed time. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. Hematoma can occur at any time, usually in the first three weeks following injury to the operative area. If blood transfusions are necessary to treat blood loss, there is risk of blood-related infections such as hepatitis and HIV (AIDS). Your surgeon may provide medications after your surgery to prevent blood clots. Medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets.

Infections:

Infections, although uncommon, can occur after surgery. Should an infection occur, additional treatments including antibiotics, hospitalization, or surgery may be necessary. It is important to tell your surgeon of any other infections, such as a history of methicillin-resistant Staphylococcus aureus (MRSA) infections, an open wound, recent upper respiratory infection/pneumonia, ingrown toenail, insect bite, tooth abscess, or urinary tract infection. Infections in other parts of the body may lead to an infection in the operated area. Post-operative infections often result in more extensive scarring and predispose you to revision surgery.

Ileus:

The return of bowel function following surgery is important. An ileus is a disruption in bowel function caused by failure of peristalsis or hypomobility of your bowels/gut, resulting in an inability to defecate and possibly repeated vomiting. Pain medications given to you at the time of surgery can contribute to the development of an ileus in the post-operative period. An ileus can result in abdominal distention, vomiting, inability to absorb oral medications, and possibly hospitalization. Repeated vomiting could result in aspiration pneumonia and respiratory failure. It is essential to have regular bowel function after your abdominoplasty.

Healing Issues:

Certain medical conditions, dietary supplements, and medications may delay and interfere with healing. Patients with massive weight loss may have a healing delay that could result in the incisions coming apart (partial wound dehiscence), infections, and tissue changes that would require additional medical care, surgeries, and prolonged hospitalizations. Patients with diabetes or those taking medications such as steroids on an extended basis may have prolonged healing issues. Smoking will cause a delay in the healing process, often resulting in the need for additional surgery. There are a number of general risks associated with healing: swelling, bleeding, requirement of additional surgery, prolonged recovery, color changes, shape changes, infections, failure to meet patient goals and expectations, and added expenses to the patient. There may also be a longer recovery period due to the length of surgery and the anesthesia given. Patients with significant skin laxity (patients seeking facelifts, breast lifts, abdominoplasty, and body lifts) will continue to have the same lax skin after surgery. The quality or elasticity of the skin will not change, and recurrence of skin looseness will occur at some time in the future, quicker for some than others. There are nerve endings that may be disturbed during recovery from surgeries, such as suction-assisted lipectomy, abdominoplasty, facelifts, body lifts, and extremity surgery. While there may not be a major nerve injury, the small nerve endings in the scar tissue may become too active during the healing period, producing a painful or oversensitive area. Often, massage and early non-surgical interventions resolve this issue. It is important to discuss post-surgical pain with your surgeon.

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.

Delayed Healing:

Wound disruption or delayed wound healing is possible. Some areas of the skin may not heal normally, and may take a long time to heal. Areas of the skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue. Individuals who have decreased blood supply to the tissue from past surgeries or radiation therapies may be at increased risk for delayed wound healing and poor surgical outcome. Smokers have a greater risk of skin loss and wound healing complications.

Major Wound Separation:

Wounds may separate after surgery. If this occurs, additional treatments including surgery and hospitalization may be necessary.

Firmness:

Excessive firmness can occur after surgery due to internal scarring. The occurrence of this phenomenon is not predictable. Additional treatments including surgery may be necessary.

Fat Necrosis:

Fat tissue found deep in the skin may die and produce areas of firmness within the skin. Additional surgery to remove areas of fat necrosis may be necessary. There is a possibility of contour irregularities in the skin that may result from fat necrosis.

Revision Surgery:

Every effort is made for you to have a favorable outcome, but unforeseen events can occur that may require revision surgery. Patients with multiple medical problems, massive weight loss, smokers, and post-operative infections, and other high risk patients have a greater propensity to require revision surgery. Issues that would need to be addressed in the post-operative period include but are not limited to dog ears, asymmetry, contour irregularities, folds, wrinkles, loose skin, malposition, or loss of umbilicus, and pubic distortion.

Venous Thrombosis (Clot) and Sequelae:

Thrombosed veins, which resemble cords, occasionally develop around IV sites, and usually resolve without medical or surgical treatments. Abdominoplasty can be associated with an increased risk for deep venous thrombosis (DVT) and pulmonary embolus (PE). Often a screening process is conducted to determine if you are at increased risk for DVT/PE. Measures can be taken at the time of your abdominoplasty to prevent such events from occurring. It is important to discuss with your surgeon if you or your family have a history of DVT/PE. Certain high estrogen pills, obesity, history of cancer, history of inflammatory bowel disease, etc. may increase your risk of thrombosed veins and the development of DVT/PE.

Cardiac and Pulmonary Complications:

Pulmonary complications may occur secondary to blood clots (pulmonary emboli), fat deposits (fat emboli), pneumonia, or partial collapse of the lungs after general anesthesia. Pulmonary emboli can be life threatening or fatal in some circumstances. Inactivity and other conditions may increase the incidence of blood clots traveling to the lungs, which may result in death. It is important to discuss with your physician any past history of swelling in your legs or blood clots that may contribute to this condition. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pains, or unusual heartbeats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatments.

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.

Skin Sensitivity:

Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this resolves during healing, but in rare situations, it may be chronic.

Sutures:

Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible, or produce irritations that may require suture removal.

Damage to Deeper Structures:

There is the potential for injury to deeper structures including nerves, blood vessels, lymphatics, muscles, and lungs (pneumothorax) during any surgical procedures. The potential for this to occur varies according to the type of procedure being performed. Injuries to deeper structures may be temporary or permanent.

Surgical Anesthesia:

Both local and general anesthesia involve risks. There is a possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

Shock:

In rare circumstances, your surgical procedure can cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. If surgical shock occurs, hospitalization and additional treatments will be necessary.

Pain:

You will experience pain after your surgery. Pain of varying intensity and duration may occur, and will persist after the surgery. If you are a chronic pain patient being followed by a pain therapy practitioner, you may be asked to see this practitioner preoperatively to assist you in the management of your pain disorder during the post-operative period. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissues or due to tissue stretching.

Allergic Reactions:

In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations, and injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur in response to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatments. It is important to notify your physician of any previous allergic reactions.

Drug Reactions:

Unexpected drug allergies, lack of proper response to medication, or illness caused by prescribed drugs may occur. It is important for you to inform your physician of any problems and allergies you have had with any prescribed or over the counter medications, as well as medications you are currently taking on a regularly basis. Provide your surgeon with a list of medications and supplements you are currently taking.

Surgical Wetting Solutions:

There is a possibility that the large volumes of fluid containing dilute local anesthetic drugs and epinephrine injected into fat deposits during surgery may contribute to fluid overload or systemic reactions to these medications. Additional treatments including hospitalization may be necessary.

Fat/Air Embolism:

In rare cases, fat particles or air can enter the vascular system, and can travel to the heart, lungs, or the brain. This can result in significant complications including death.

Persistent Swelling (Lymphedema):

Persistent swelling can occur following surgery.

Unsatisfactory Result:

Although good results are expected, there is no guarantee or warranty on the final results. The body is not symmetric, and almost everyone has some degree of unevenness, which may not be recognized in advance. One side of the face may be slightly larger, and one side of the face may be droopier. Similar possibilities exist for the breast and trunk areas. Many such issues cannot be fully corrected with surgery. The more realistic your expectations are, the better your results will appear to you. Some patients never achieve their desired goals or results, but at no fault of the surgeon or surgery. You may be disappointed with the results of surgery. Asymmetry, unanticipated shape and size, loss of function, wound disruption, poor healing, and loss of sensation may occur after surgery. Size may be incorrect. The location or appearance of surgical scar may be unsatisfactory. It may be necessary to perform additional surgeries to improve your results. Unsatisfactory results may NOT improve with each additional treatment.

ADDITIONAL ADVISORIES

Medications and Herbal Dietary Supplements:

There are potential adverse reactions that occur as a result of taking over-the-counter, herbal, and/or prescription medications. Aspirin and medications that contain aspirin interfere with forming blood clots, and therefore may contribute to more bleeding issues. If you have a medical condition (such as heart arrhythmia, heart stent, blood vessels with blockages, or blood clots), and are taking anticoagulant medications such as Plavix[®], Coumadin[®], Xarelto[®], Effient[®], or Pradaxa[®] to thin your blood and prevent clotting, discuss management of these medications around the time of surgery with your plastic surgeon. Your plastic surgeon may sometimes coordinate a plan for these medications with the doctor that prescribed them for your medical condition. If you have been prescribed drugs for a medical condition, do not stop them without discussing it first with your plastic surgeon. Abruptly stopping these medications may result in heart attacks, strokes, or death. Be sure to check with your physician about any drug interactions that may exist with medications that you are already taking. If you have an adverse reaction, stop the drugs immediately and call your plastic surgeon for further instructions. If the reaction is severe, immediately go to the nearest emergency room.

When taking the prescribed pain medications after surgery, realize that they can affect your thought process and coordination. Do not drive, operate complex equipment, make any important decisions, or drink alcohol while taking these medications. Be sure to take your prescribed medication only as directed.

Sun Exposure – Direct or Tanning Salon:

The effects of the sun are damaging to the skin. Sun exposure to the treated areas may result in increased scarring, color changes, and poor healing. Patients who tan, either outdoors or in a salon, should inform their surgeon and either delay treatment, or avoid tanning until the surgeon says it is safe to resume. The damaging effect of sun exposure occurs even with the use of sun block or clothing coverage.

Travel Plans:

Any surgery holds the risk of complications that may delay healing and your return to normal life. Please let the surgeon know of any travel plans, important commitments that were already scheduled or planned, or time demands that are important to you, so that surgery can occur at appropriate times. There are no guarantees that you will be able to resume all activities in the desired timeframe. Allow at least 10-14 days prior to travel via airplane. Medications may be required should you have a long flight/trip to prevent DVT/PE in the immediate post-operative period.

Long-term Results:

Subsequent alterations in the appearance of your body may occur as the result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause or other circumstances not related to your surgery.

Body Piercing:

Individuals who currently wear body-piercing jewelry in the surgical region are advised that an infection could develop from this activity. Body-piercing jewelry should be removed prior to your surgical procedure.

Nails:

To determine your vitals status during surgery, your anesthesia provider may require access to your fingernails for monitoring. Make sure to have at least two fingernails free of nail polish or acrylic nails on the date of your surgery.

Jewelry:

Jewelry should not be brought with you at the time of your surgical procedure. Items, such as earrings, wedding rings, and necklaces should be removed and placed in a safe place.

Future Pregnancy and Breastfeeding:

This surgery is not known to interfere with pregnancy. If you are planning a pregnancy, your breast skin may stretch and offset the results of surgery. You may have more difficulty breast-feeding after this operation.

Female Patient Information:

It is important to inform your plastic surgeon if you use birth control pills or estrogen replacement, or if you suspect you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

Intimate Relations After Surgery:

Recovery from surgery involves coagulation of blood vessels, and increased activity of any kind may open these vessels, leading to bleeding, or hematoma. Activity that increases your pulse or heart rate may cause additional bruising, swelling, and the need for return to surgery to control bleeding. It is wise to refrain from intimate physical activities until your physician states it is safe.

Mental Health Disorders and Elective Surgery:

It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvements rather than perfection. Complications or less-than-satisfactory results are sometimes unavoidable, may require additional surgeries, and are often stressful. Please openly discuss with your surgeon, prior to surgery, any past history of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

ADDITIONAL SURGERY NECESSARY (Re-Operations)

There are many variable conditions that may influence the long-term result of the surgery. It is unknown how your tissue may respond or how wound healing will occur after surgery. Secondary surgeries may be necessary to perform additional tightening or repositioning of body structures. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited above are associated with this surgery. Other complications and risks can occur but are less common. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty on the expected results. In some situations, it may not be possible to achieve optimal results with a single surgical procedure. You and your surgeon will discuss the options available should additional surgeries be advised. There may be additional costs and expenses for such additional procedures, including surgical fees, facility and anesthesia fees, and pathology and lab testing.

PATIENT COMPLIANCE

Follow all physician's instructions carefully; this is essential for the success of your surgical 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 activities need to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activities that increase your pulse or heart rate may cause bruising, swelling, fluid accumulation, and the need for return to surgery. It is important that you participate in follow-up care and return for aftercare to promote your recovery after surgery.

ATTESTATIONS

Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray):

Patients who are currently smoking or use tobacco or nicotine products (patch, gum, or nasal spray) are at greater risk for significant surgical complications of skin loss, delayed healing, and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may have a significant negative effect on anesthesia and recovery from anesthesia, and can lead to coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of these types of complications. Please indicate your current status regarding these items below:

I am a non-smoker and do not use nicotine products. I understand the potential risk of second-hand smoke exposure causing surgical complications.

I am a smoker or use tobacco/nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products.

I have smoked and stopped approximately _____ ago. I understand I may still have the effects and therefore risks from smoking in my system, if not enough time has lapsed.

I have been advised to stop smoking immediately and have been informed of the risks, benefits, expectations, and alternatives to my surgery if I continue smoking.

It is important to refrain from smoking at least 6 weeks before surgery and until your physician states it is safe to return, if desired. I acknowledge that I will inform my physician if I continue to smoke within this timeframe, and understand that for my safety, the surgery, if possible, may be delayed.

Smoking may have such a negative effect on your surgery that a urine or blood test just before surgery may be done just before surgery to determine the presence of nicotine. If positive, your surgery may be cancelled. Your surgery, the scheduling fee, and other prepaid amounts may be forfeited. Honestly disclose smoking status to your surgeon.

Sleep Apnea/CPAP:

Individuals who have breathing disorders such as "obstructive sleep apnea," and who may rely upon CPAP devices (continuous positive airway pressure) or utilize nighttime oxygen are advised that they are at a substantive risk for respiratory arrest and death when they take narcotic pain medications following surgery. This is an important consideration when evaluating the safety of surgical procedures in terms of very serious complications, including death, that relate to pre-existing medical conditions. Surgery may be considered only with post-surgery monitoring is conducted in a hospital setting in order to reduce the risk of potential respiratory complications, and to safely manage pain following surgery.

Please consider the following symptoms of sleep apnea:

I am frequently tired upon waking, and throughout the day

I have trouble staying asleep at night

I have been told that I snore or stop breathing during sleep

I wake up throughout the night or constantly turn from side to side

I have been told that my legs or arms jerk while I'm sleeping

I make abrupt snorting noises during sleep

I feel tired or fall asleep during the day

It is important for you to inform and discuss any of the above symptoms that you have experienced with your surgeon.

DVT/PE Risks and Advisory:

There is a risk of blood clots, DVT, and PE with every surgical procedure. It varies with the risk factors below. The higher the risk factors, the greater the risk, and the more involved you must be in both understanding these risks and, when permitted by your physician, walking and moving your legs. There may also be leg stockings, squeezing active leg devices, and possibly medicines to help lower your risk.

There are many conditions that may increase or affect risks of clotting. Inform your doctor about any past or present history of any of the following:

- Past History of Blood Clots
- Family History of Blood Clots
- Birth Control Pills
- Hormone Stimulating Drugs
- Swollen Legs
- History of Cancer
- Large Dose of Vitamins
- Varicose Veins
- Past Illnesses of the Heart, Liver, Lung, or Gastrointestinal Tract.
- History of Multiple Spontaneous Abortions or Miscarriages

I understand the risks relating to DVT/PE, and how important it is to comply with therapy as discussed with my surgeon. The methods of preventative therapy include:

- Early ambulation when allowed
- Compression devices (SCD/ICD)
- Anticoagulation protocols when Allowed

For high risk patients, the risks of VTE are still high even with appropriate chemoprophylaxis. If your surgery is elective and you are a high risk patient, it is best to consider with not proceeding with such elective surgery.

COMMUNICATION ACKNOWLEDGEMENT – CONSENT

There are many ways to communicate with you. It is important to keep appointments and let us know if problems or issues arise. Methods of communication are by telephone, text, pager, answering service if available, email, and regular mail. If an emergency arises, keep us alerted to your progress so we may aid in any necessary treatments. Please do not leave a message after hours or on weekends on the office answering machine if any urgent or emergent situation exists, as there is a delay in retrieving such messages. All attempts will be made to preserve your privacy in accordance with HIPAA rules.

Please confirm below all acceptable ways of communicating with you:

- Telephone
 - Home (- -)
 - Work (- -)
 - Cell (- -)
- Text
- Pager – Answering service if available
- Email – with up-to-date email address (@)
- Regular mail and delivery

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), including no surgery. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients under 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 current 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. Amanda Fortin and assistants who may be selected to perform **Abdominoplasty with possible Hernia Repair**.

I have received the following information sheet: **Abdominoplasty with possible Hernia Repair**.

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 or Person Authorized to Sign for Patient

Date/Time _____ Witness _____