



AMERICAN SOCIETY OF
PLASTIC SURGEONS®

Informed Consent

Buttock Lift Surgery/Augmentation

INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you about buttock lift surgeries, 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

A buttock lift is a surgical procedure that may remove excess skin and fat tissue from the hips, outer thighs, back, and buttocks, and may also include placing fat in certain areas of the buttocks to enhance that region. Your procedure may also include liposuction and/or fat grafting (reinjection of fat or liposculpting) to these or other areas for shaping or volume enhancement. A buttock 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 a stable weight.

There are a variety of different techniques used by plastic surgeons for a buttock lift. A buttock lift can be combined with other forms of body-contouring surgeries, including suction-assisted lipectomy, or be performed at the same time as other elective surgeries. Your surgery may require transfusion of blood products; however, this varies on a case-by-case basis.

ALTERNATIVE TREATMENTS

Alternative forms of management include not treating the areas of loose skin and fat deposits with surgery. Suction-assisted lipectomy surgery may be a surgical alternative to a buttock lift if there is good skin tone and localized abdominal fat deposits in an individual of normal weight. Diet and exercise programs may be of benefit for the overall reduction of excess body fat and contour improvements. Risks and potential complications are also associated with alternative surgical forms of treatments.

INHERENT RISKS OF BUTTOCK LIFT SURGERY

Every surgical procedure involves a certain level 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 risk-to-potential benefit comparison of the said procedure. Although the majority of the 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 buttock lift surgery.

SPECIFIC RISKS OF BUTTOCK LIFT/AUGMENTATION SURGERY

Pubic Distortion:

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

Fat/Air Embolism:

In rare cases, during or after liposuction and/or fat grafting, 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.

Seromas (Fluid Collection):

Though infrequently, fluid may accumulate between the skin and the underlying tissues following surgery, trauma, or vigorous exercise. Should this problem occur, it may require additional procedures for drainage of fluid. To help prevent this, surgical drains are usually employed.

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 the use of 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 a suture. Your doctor may leave the site open to drain any residual fluid under the wound.

Delayed Healing:

Wound disruption or delayed wound healing is possible. Some areas of the abdomen, flank, back, or buttocks may not heal normally, and may take a long time to heal. Some areas of the skin may die or slough off. This may require frequent dressing changes or further surgeries 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 wound healing and poor surgical outcome. Smokers have a greater risk of skin loss and wound healing complications.

Skin Discoloration/Swelling:

Bruising and swelling normally occurs following surgery. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time, and in rare situations, may be permanent.

Change in Sensation:

It is common to experience diminished (or loss of) skin sensation in areas that have had surgery. It is rare to experience permanent changes in sensation, but it is possible. Diminished (or complete loss of) skin sensation may not totally resolve after the surgery. There is a very small risk of motor nerve injury, which may result in impairment of lower extremity functions.

Scars:

All surgeries leave 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 scarring may occur within the skin and deeper tissues. Scars may be unattractive and be of different color than the surrounding skin. 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 and 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.

Re-loosening of Skin:

Almost all patients who have this procedure will notice re-loosening of the skin over time. This occurs due to the body’s inherent response to stretch. Patients who have lost massive amounts of weight are prone to this phenomenon. No matter how tight the surgeon makes your skin at the time of the surgery, it will re-loosen with time to a certain degree. The degree of skin loosening differs between individuals.

Flattening of the Buttocks:

Buttock lift surgeries may result in flattening of the buttock region. The upward tightening of the lower back skin results in this outcome. The surgeon may perform certain procedures to minimize this effect. These procedures may be performed during the original surgery or secondarily, depending on the patient’s and the surgeon’s preference.

Skin Contour Irregularities:

Contour and shape irregularities may occur. Visible and palpable wrinkling of the skin may occur. Residual skin irregularities at the ends of the incisions, or “dog ears,” are always a possibility when there is excessive skin. These may improve with time, or may need to be surgically corrected. In patients who have fat grafting, they may have areas of indentation, asymmetry, fullness, and/or firmness due to the liposuction and/or fat transfer. These, too, may improve with time, or may need to be surgically corrected.

Asymmetry:

Symmetrical body appearance may not result after surgery. Factors such as skin tone, fat deposits, skeletal prominence, and muscle tone may contribute to normal asymmetry in body features. Most patients have differences between the right and left side of their bodies before any surgery is performed. Additional surgeries may be necessary to attempt to diminish asymmetry.

GENERAL RISKS OF SURGERY

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, infections, and tissue changes resulting in the need for additional medical care, surgeries, and prolonged hospitalizations. Patients with diabetes or those taking medications such as steroids on a regular basis may have prolonged healing issues. Smoking will cause a delay in the healing process, often resulting in the need for additional surgeries. There are general risks associated with healing, such as swelling, bleeding, possibility of additional surgeries, prolonged recovery, color changes, shape changes, infection, not meeting patient's goals and expectations, and added expenses to the patient. There may also be a longer recovery period due to the length of surgery and anesthesia. Patients with significant skin laxity (like in patients having buttock lift surgery) will continue to have the same lax skin after the 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 become affected by healing scars from surgery. While there may not be a major nerve injury, small nerve endings may become too active during the healing period, producing a painful or oversensitive area due to the small sensory nerve being embedded in the scar tissue. Often, massages and early non-surgical interventions can resolve this issue. It is important to discuss post-surgical pain with your surgeon.

Bleeding:

It is possible, though unusual, to experience a bleeding episode during or after the surgery. Should post-operative bleeding occur, it may require emergency treatment to drain the accumulated blood, or you may require a blood transfusion, though such occurrences are rare. The collection of blood that can occur under your skin following the surgery is referred to as a hematoma. Increased activity too soon after surgery can lead to increased chances of bleeding and additional surgeries. It is important to follow postoperative instructions, and to limit exercises and strenuous activities 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 the 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.

Infection:

Infections, although uncommon, can occur after the surgery. Should an infection occur, additional treatments, including antibiotics, hospitalization, or additional surgeries, 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 the patient to revision surgery.

Firmness:

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

Skin Sensitivity:

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

Major Wound Separation:

Wounds may separate after surgery. Should this occur, additional treatments including surgeries may be necessary.

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 irritation that requires suture removal.

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 skin may die. This may require frequent dressing changes or further surgeries 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 wound healing and poor surgical outcome. Smokers have a greater risk of skin loss and wound healing complications.

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 procedure. The potential for this to occur varies according to the type of procedure being performed. Injury to deeper structures may be temporary or permanent.

Fat Necrosis:

Fat tissue found deep in the skin may die. This may produce areas of firmness within the skin. Additional surgeries 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.

Surgical Anesthesia:

Both local and general anesthesia involve risks. There is a possibility of complications, injuries, 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 would be necessary.

Pain:

You will experience pain after your surgery. Pain of varying intensity and duration may occur and 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 infrequently from nerves becoming trapped in the scar tissue or due to tissue stretching.

Cardiac and Pulmonary Complications:

Pulmonary complications may occur secondarily 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, causing a major blood clot that 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 any symptoms. If you experience shortness of breath, chest pains, or unusual heart beats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatments.

Venous Thrombosis (Clot) and Sequelae:

Thrombosed veins, which resemble cords, occasionally develop in the area of the breast or around IV sites, and usually resolve without medical or surgical treatments. It is important to discuss with your surgeon of

any birth control pills you are taking. Certain high estrogen pills may increase your risk of thrombosed veins. Personal history of bleeding and clotting problems may also increase your risk of thrombosed veins.

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 the 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 the prescribed drug are all possible. It is important for you to inform your physician of any problems or allergies you have had with any medication, prescribed or over the counter, as well as the medications that you now regularly take. Provide your surgeon with a list of medications and supplements you are currently taking.

Surgical Wetting Solutions:

There is a possibility that large volumes of fluid containing dilute local anesthetic drugs and epinephrine injected into the fat deposits during the 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, during or after liposuction and/or fat grafting, 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, expressed or implied, on the results that may be obtained. 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, while one side of the face may be droopier. The breast and trunk areas exhibit the same possibilities. Many of 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, at no fault of the surgeon or the 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 the surgery. Size may be incorrect. Unsatisfactory surgical scar location or appearance may occur. 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 formation of blood clots, and therefore may contribute to more bleeding issues. If you have a medical condition (such as heart arrhythmia, heart stent, blood vessel blockages, or blood clots), and are taking medical blood thinners such as Plavix[®], Coumadin[®], Xarelto[®], Effient[®], or Pradaxa[®], discuss management of these medications around the time of the surgery with your plastic surgeon. Your plastic surgeon may sometimes coordinate a plan for these medications with the doctor that prescribed them to you 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 a heart attack, stroke, or death. Be sure to check with your physician about any drug interactions that may exist with the 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, go to the nearest emergency room immediately.

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. Exposing the treated areas to the sun 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:

All surgeries hold 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 already scheduled or planned, or time demands that are important to you, so that the surgery can occur at an appropriate time. There are no guarantees that you will be able to resume all activities in the desired time frame. Allow at least 10-14 days prior to travelling 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 a result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause, and 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 vital status during surgery, your anesthesia provider may require access to your fingernails for monitoring. Make sure to have at least two finger nails 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.

Information for Female Patients:

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 coagulating of blood vessels, and increased activity of any kind may open these vessels, leading to a bleed, or hematoma. Activities that increase your pulse or heart rate may cause additional bruising, swelling, and the need to return to surgery to control bleeding. It is wise to refrain from intimate physical activities until your physician states it is safe to do so.

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. You may require additional surgeries, which can often be stressful. Please openly discuss with your surgeon prior to surgery, of any history of significant emotional depression or mental health

disorders that you may have. Although many individuals may benefit psychologically from the results of elective surgery, their effects on mental health cannot be accurately predicted.

ADDITIONAL SURGERY NECESSARY (Re-Operations)

There are many variables 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 the surgery. Secondary surgeries may be necessary to perform additional tightening or repositioning of body structures. Should complications occur, additional surgeries or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited 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, expressed or implied, on the results that may be obtained. 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 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 to do so by your plastic surgeon. Successful post-operative function depends on both the surgery and subsequent care. Physical activities that increase your pulse or heart rate may cause bruising, swelling, fluid accumulation, and the need to 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 a greater risk for significant surgical complications of skin loss and delayed healing as well as additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may have significant negative effects on recovery from anesthesia, and possibly leads to increased coughing and bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of these type 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 the 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 time frame, 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 may be done just before surgery, which will detect the presence of nicotine. If positive, your surgery may be cancelled and your surgery, the scheduling fee, and other prepaid amounts may be forfeited. Honestly disclose your smoking status to your surgeon.

Sleep Apnea/CPAP:

Individuals who have breathing disorders such as “obstructive sleep apnea,” and those who may rely on CPAP devices (continuous positive airway pressure) or utilize nighttime oxygen are advised that they are at 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 if post-surgical monitoring is conducted in a hospital setting in order to reduce 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, deep vein thrombosis (DVT) and pulmonary embolus (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. Leg stockings, intermittent pneumatic compression devices, and medicines may also be used 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 not proceeding with such elective surgery.

CONSENT for SURGERY/PROCEDURE or TREATMENT

1. I hereby authorize Dr. Amanda Fortin and selected assistants to perform **Buttock Lift Surgery**.

I have received the following information sheet: **Buttock 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 outlined above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are deemed necessary and desirable according to his or her professional judgment. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time of the procedure.

3. I consent to the administration of such anesthetics as considered necessary or advisable. I understand that all forms of anesthesia involve risks, and carry the possibility of complications, injuries, and sometimes death.

4. I understand what my surgeon can and cannot do, and 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 _____