



# Informed Consent-Abdominoplasty

## **INSTRUCTIONS**

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

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 fatty tissue from the middle and lower abdomen and to tighten muscles of the abdominal wall. Abdominoplasty is not a surgical treatment for being overweight. Obese individuals who intend to lose weight should do so prior to surgery. The amount of weight reduction due to abdominoplasty is less than you may think.

There are a variety of different techniques used by plastic surgeons for abdominoplasty. Abdominoplasty can be combined with other forms of body-contouring surgery, including suction-assisted lipectomy, or performed at the same time with other surgeries, such as hysterectomy.

## **ALTERNATIVE TREATMENTS**

Suction assisted lipectomy surgery may be a surgical alternative to abdominoplasty if there is good skin tone and plenty of elasticity to allow the skin to shrink. Diet and exercise programs may be of benefit in the overall reduction of excess body fat, but will not tighten loose skin and muscles.

## **RISKS OF 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 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 all possible consequences of abdominoplasty.

### **Specific Risks of Abdominoplasty Surgery**

**Bleeding:** It is possible, though unusual, to experience a bleeding episode during or after surgery and it may require treatment to drain accumulated blood. Do not take any aspirin, large amounts of vitamin E or anti-inflammatory medications for 14 days before surgery, as this may increase the risk of bleeding.

**Infection:** Infection is unusual after this type of surgery. Should an infection occur, treatment including antibiotics or additional surgery may be necessary.

**Change in skin sensation:** There is diminished skin sensation in the lower abdominal area following abdominoplasty and this gradually improves over the course of a year but will not totally resolve. Since this area has reduced sensation avoid using heating devices on the lower abdomen.

**Skin contour irregularities:** Contour irregularities and depressions may occur after abdominoplasty. Since liposuction is done at the time of the abdominoplasty there is a slow shrinkage of the tissues. At the ends of the incisions an excess of skin may appear which will gradually flatten if the skin elasticity is good. If the elasticity is poor the excess skin, termed dog ears, may need excision, but this is not done for 9 - 12 months to allow complete healing.

**Skin discoloring and swelling:** Skin bruising and swelling normally occurs following liposuction and slowly resolves in two and a half to three and a half weeks. If the abdominal area has liposuction, the swelling "fluid" may settle to the genital area.

**Swelling and fainting:** After liposuction, the suctioned area will swell and there may be a watery bloody fluid oozing from the puncture wounds. The swelling increases over the first 3-4 days and this depletes the volume which may cause you to faint. **To minimize or avoid this problem, please drink frequent small amounts of fluid, at least 8 ounces every hour.** When getting up, sit on the edge of the bed for one minute, then stand and wait another minute before walking and if possible have someone walk with you.

**Skin scarring:** Excessive scarring is uncommon, but in rare cases abnormal unsightly scars may result. Scars may be unattractive and of different color than surrounding skin. Additional treatments including surgery may be necessary to treat abnormal scarring.

**Surgical anesthesia:** Both local and general anesthesia involves risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

**Asymmetry:** Symmetrical body appearance may not result from abdominoplasty. Factors such as skin tone, fatty deposits, bony prominence, skeletal conformity and muscle tone may contribute to normal asymmetry in body features. The umbilicus (naval) may not be in the midline before or after surgery. In certain types of abdominoplasty surgeries the umbilicus may be slightly lower on the abdomen.

**Delayed healing:** Wound disruption or delayed wound healing is possible. Some areas of the abdomen may not heal normally and may take a long time to heal. Some areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue. Smokers have a greater risk of skin loss and wound healing complications, for that reason please do not smoke before and following your surgery until all wounds are healed. Wearing a very tight garment over the lower abdomen too soon after surgery can decrease blood perfusion and lead to dead skin.

**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 due to drugs used during surgery and prescription medicines used after surgery.

**Pulmonary complications:** Although very rare, pulmonary complications may occur secondarily to blood clots (pulmonary emboli). These clots can form in the deep veins of the legs when at prolonged bed rest and move to the lungs. Therefore, it is important to get up and walk following the surgery and avoid extended inactivity.

**Rupture or disruption of sutures:** Injudicious activity during the postoperative period can pull sutures and detract from the expected good result.

**Seroma:** Fluid accumulations (seroma) may occur in between the skin and the abdominal wall. The more active a person is the more likely a seroma will develop. It is treated by aspiration with and needle and syringe.

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

**Long-term effects:** Subsequent alterations in body contour may occur as the result of aging, weight loss or gain, pregnancy, or other circumstances not related to abdominoplasty.

**Pain:** Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue after abdominoplasty.

**Other:** You may be disappointed with the results of surgery. Infrequently, it is necessary to perform additional surgery to improve your results. During your surgery a hernia (weak area of the abdominal wall) may be discovered and require repair.

### **ADDITIONAL SURGERY NECESSARY (Re-Operations)**

Should complications occur, additional surgery or other treatments may be necessary. Other complications and risks can occur but are even more uncommon. 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**

Additional costs may occur should complications develop from the surgery that require revisions or should a touch up procedure be needed.

### **DISCLAIMER**

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

1. I hereby authorize Dr. Thompson and such assistants as may be selected to perform the following procedure or treatment: **abdominoplasty**
2. I have received the Informed Consent for Abdominoplasty
3. 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.
4. 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.
5. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
6. I consent to the photographing of the operation to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
7. I authorize Dr. Fred Thompson to disclose complete information concerning his medical findings and treatment of the undersigned, from the initial office visit until the date of the conclusion of such treatment, to those individuals who are required to receive such information for the purpose of medical treatment, medical quality assurance and peer review.
8. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
9. **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.  
I AM SATISFIED WITH THE EXPLANATION.**

\_\_\_\_\_  
Patient or Person Authorized to Sign for Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

**I CONSENT TO THE USE OF MY BEFORE AND AFTER PHOTOGRAPHS FOR THE PURPOSES OF  
EDUCATING FUTURE PERSPECTIVE PATIENTS, PROVIDED MY IDENTITY IS NOT DISCLOSED.**

\_\_\_\_\_  
Patient or Person Authorized to Sign for Patient

\_\_\_\_\_  
Date