



ACKNOWLEDGEMENT & INFORMED CONSENT FOR LIMITED OR STAGED SURGICAL PROCEDURES

I understand that I have chosen a surgical procedure or operation that is limited or will be staged. This means that I have chosen an operation with less of a clinical result or that will require more than one procedure. I am aware that in some situations, patients choose to undergo procedures that are not as predictable or do not fully address the clinical problem. I understand most patients do this in order to decrease the risk of complications or to prevent an extended recovery. Others may have medical conditions that preclude a longer or more complex operation. Several operations or staged procedures may be required in order to achieve the best result.

Limited procedures or staged procedures are about compromise. Patients often compromise in order to decrease cost, recovery, or risk. The important thing is to provide patients with what they want within their budget and lifestyle. Older patients with complex medical conditions such as heart disease sometimes require a pre-operative work up. Cardiologists sometimes preclude or place limits on procedures due to health concerns. On occasion, patients are not candidates for general anesthesia or longer procedures. In such situations, it is only appropriate to modify the surgical procedure. Limiting the surgical procedure means limiting patient expectations.

Staged procedures are usually associated with decreased time and recovery. They are sometimes required when performing complex procedures such as breast reconstruction. "Rome was not built in a day" would apply in such situations. In staged procedures clinical concerns are addressed partially with each operation. For cosmetic patients with busy schedules staged procedures are often the best option. Such patients might do one surgery this year and another next year. However, doing more surgery at one time usually saves money and is associated with only one recovery. Most healthy patients have options, but others do not.

I have talked to my board certified plastic surgeon about my options as they relate to my lifestyle and pocket-book. I am aware that I am choosing a more limited or staged procedure. I am aware that my expectations must be adjusted appropriately. I understand that my medical problems, past medical history, overall health, or medications may significantly impact my recovery and affect my overall risk of surgery. I have discussed with my surgeon and others when indicated about these issues and decided to proceed with a more limited or staged elective or non-elective procedure.

When indicated I know that some medications and life style may negatively impact my care or recovery. Medications or conditions such as age may impact my immune system, delay wound healing, or increase my risk of surgery have been reviewed and I know the impact cannot be fully determined. I understand that complex medical conditions could result in an increase risk of cardiac or pulmonary compromise, infection or even death. I understand and agree that I should not undergo surgery if any of my physicians has expressed serious concerns or disagrees with the having either an elective or non-elective procedure.

I believe that I have been fully informed of the potential results and risks of surgery and desire no further educational information. I understand that reading and fully understanding the materials and consents is required, and that I have my questions answered prior to undergoing surgery.

(Review and respond to questions on the next page)

By circling the correct response and signing below, I acknowledge:

- Y/ N I have had adequate time to read and fully understand all educational information
- Y/ N I have had an opportunity to ask my surgeon any questions I may have about this material or any other issues related to risk of surgery, medications, or my medical condition.
- Y/ N I have considered the alternatives to surgery and have decided to proceed with a more limited surgery or staged procedure.
- Y/ N I know that the results will be less than a standard procedure or will require at least one more procedure and in some cases more than one.
- Y/ N I have been advised to wait an adequate amount of time after reviewing and considering all educational materials, before scheduling my surgery; and
- Y/ N I will retain a copy of the pertinent educational materials, and I am aware that I may ask my surgeon for a copy of this or other signed acknowledgments.

PATIENT (PRINT NAME)

SIGNATURE OF PATIENT

DATED

By my signature below, I acknowledge that:

- My patient has been given an opportunity to ask any and all questions related to the educational materials, or any other issues of concern;
- All questions outlined above have been answered “Yes” by my patient;
- My patient has had adequate amount of time before making their final decision; and
- We have agreed to a limited or staged surgery and the Patient Consent has been reviewed and signed.

SIGNATURE OF SURGEON

DATED