

Dr. James B. Lowe – Plastic Surgery
LYMPH NODE SURGERY INFORMATION SHEET AND
INFORMED CONSENT

Instructions

This is an informed consent document that has been prepared to assist your plastic surgeon to inform you concerning soft tissue surgery, its risks, and alternative treatment.

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.

INTRODUCTION

Lymph node surgery may involve the removal of a lymphatic tissue of any area of the body under the skin. Lymph node tissue or the human drainage systems exist under the skin in the soft tissue of the human body near major vessels and nerves. The lymph nodes are where inflammation can occur as a result of benign processes such as trauma or infection. These nodes are also an area where malignant tumors or cancer can spread. Plastic surgeons are often asked to perform lymph node dissection, sampling, or surgery to increase survival or stage disease. Lymph node surgery may be performed in any number of locations on the human body from head to toe. The risk of lymph node surgery often relates to the size and location of the surgery.

In some cases Dr. Lowe will want to obtain a special study such as a MRI or CAT scan to evaluate the lesion and its involvement. Radioactive materials may be used in advance of surgery, called Lymphoscintigraphy to determine the best location for lymph node sampling or surgery. Blue dyes may be used during surgery to assist the surgeon in determining the nodal involvement of disease. Your plastic surgeon may give an opinion about the indications for lymph node surgery, but a definitive diagnosis often requires removal and pathologic analysis. A needle biopsy of a lymph node be indicated, but often surgical excision is required to make a definitive diagnosis or prognosis. Once a lymph node is removed the surgeon will tell you if any further procedures are indicated. It is important to note that lymph node evaluation is never absolutely perfect, and biopsy reports and analysis can be in-accurate at times. Therefore, each patient must participate in their own health by informing their physician of areas of concern or change. Plastic surgeons role in this area is primarily as a technician for removal of the lymph node or lymphatic tissue.

Lymph node surgery is usually combined with other surgical procedures such as soft tissue or tumor removal and reconstruction. Lymphatic surgery may or may not be medically indicated. Some insurance companies require plastic surgeons to obtain permission to perform lymph node surgery in advance. This means that your plastic surgeon may need to submit a photograph and wait for approval for surgery. Isolated lymph nodes or masses in non-sensitive areas can be removed in the surgeon's office, but most of these surgeries require special equipment only available in a hospital operating room.

In summary, lymph node surgery can be used for diagnosis or treatment purposes. It is associated with the risk of both short term and long term complications some of which are listed below. The indications for surgery should be considered individually and only after a consultation with your physician. Your plastic surgeon will review the risk and benefits of your surgery at your consultation and this information and consent should assist you in making an informed decision regarding treatment.

CONSENT FOR LYMPH NODE SURGERY

ALTERNATIVE TREATMENT

All patients considering lymph node surgery should undergo professional evaluation. However, there are alternative forms of management that consist of observation, injection treatments, radiation, or non-surgical management. Each option has its own risk and benefits and questions regarding alternative forms of treatment should be discussed with Dr. Lowe.

RISKS OF LYMPH NODE SURGERY

Lymph node surgery involves removal and/or closure of the area of concern. The removal of the lymph node or tissue is usually in proximity to important structures such as blood vessels or nerves. With any type of activity there is inherent risk. An individual's 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 the risks, potential complications, and consequences of surgery.

Bleeding – It is possible, though unusual, that you may have problems with bleeding during or after surgery. Should postoperative bleeding occur, it may require emergency treatment to stop the bleeding or a trip back to the operating room. Certain operations are more prone to bleeding (i.e. face or scalp). Often these areas will bleed for several hours and then stop. When a large amount of tissue is removed particularly when procedures are combined there may be a need for blood transfusion. After surgery is scheduled do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this contributes to a greater risk of bleeding. Hypertension (high blood pressure) that is not under good medical control may cause bleeding during or after surgery. Accumulations of blood under the skin may delay healing and cause scarring.

Blood clots / deep vein thrombosis – Lymph node surgery usually requires a short period of time. Although any operations can be associated with a blood clot in the legs, it is more likely following more lengthy operations. It is important to note that birth control pills and other medications can increase your risk of this problem. When discussing the length of the operation with Dr. Lowe remember that more is not always better. After surgery patients must make every effort to be active and ambulate while in the hospital and at home. Deep vein thrombosis can be a potentially life threatening complication that may require further medical care and expense.

Fluid collections – Fluid collections can form in the period following surgery. These collections are called seromas and may be prevented by the use of compression or drains. If the patient develops a fluid collection it may require multiple tapping, medical treatment, a new drain, or a trip back to the operating room.

Infection – Infection is quite unusual after lymph node surgery. Should an infection occur, additional treatment including antibiotics may be necessary. Infection can cause surgical wound to open and result in scarring. Infection is not uncommon in patients with open wounds or inflammation in the area of the skin lesion.

Contour irregularities- Contour and shape irregularities may occur after surgery. Residual skin irregularities at the ends of the incisions or “dog ears” are always a possibility when there is redundant skin. This may improve with time, or it can be surgically corrected.

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 removal.

CONSENT FOR LYMPH NODE SURGERY

Skin discoloration / Swelling- Some 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.

Scarring – Although good wound healing after a surgery is expected, abnormal scars may occur both within the skin and deeper tissues. Scars may be unattractive and of different color than surrounding skin. There is the possibility of visible marks from sutures. Additional treatments including surgery may be needed to treat scarring. Scarring is dependent of the size and area of the defect.

Scar length – The length of your scars with soft tissue surgery is related to the size of the defect. Often the surgeon will limit the scar but need to lengthen it in the future if redundancy does not settle out.

Tattooing or Blue Skin – Blue dye is often used during lymph node surgery to help to identify the involved tissue. This dye usually absorbs or fades with time, but on occasion some permanent tattooing of the skin will remain. This blue dye can be treated or removed later if it does not fade or disappear, but on occasion may be permanent. There is the possibility of visible marks from these dyes. Treatment is dependent of the size and area of the residual defect.

Skin compromise – Certain lymph node procedures require significant undermining and can be associated with separation of the wound. This wound separation will require local wound care and scar revision. Wound separation may be the result of skin death or infection and certain areas are more prone to this problem than others. Smoking will compromise the skin so patients can not smoke for 2 months prior to surgery and at least one month after surgery. Avoid the sun for 6 months after surgery.

Damage to deeper structures – Deeper structures such as nerves, blood vessels, and muscles may be damaged during the course of surgery. The potential for this to occur varies with the type of soft tissue procedure. Injury to deeper structures may be temporary or permanent. Undermining or flaps are often associated with post operative pain or numbness which usually resolves within several months. Any procedure requiring a great deal of skin or soft tissue removal will result in numbness and pain.

Unsatisfactory result – Removing any lymphatic tissue can often result in a defect greater than what was anticipated. Dr. Lowe tries to offer patients the best cosmetic result in a timely way while taking into account your medical problems and personal wishes. There is the possibility of an unsatisfactory result from the soft tissue surgery. The surgery may result in unacceptable visible or tactile deformities, loss of function, or structural mal-position. You may be disappointed that the results of surgery do not meet your expectations and additional surgery may be necessary should the result be unsatisfactory.

Numbness – There is the potential for permanent numbness following lymph node surgery. The occurrence of this is not predictable. It is rare to have numbness past 6 months, but numbness may not totally resolve in some cases. As nerves recover they may become hypersensitive or even painful. Sometimes a nerve will need to be removed or cut during the surgery.

Asymmetry – The human body is normally asymmetrical. There can be a variation from one side to the other in the results obtained body contouring. If a surgical scar is required it is unlikely to ever be completely symmetric.

Chronic pain – Chronic pain may occur very infrequently after lymph node procedures.

CONSENT FOR LYMPH NODE SURGERY

Skin irregularity – Skin irregularities, bumps, and areas of stiffness usually occur after lymph node procedures. Most of these areas resolve with time but some irregularities may be permanent or require revision. External massage techniques may be helpful in some situations.

Allergic reactions – In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Patients may be allergic to the radioactive materials or dyes used during surgery. Systemic reactions which are more serious may occur to these products or drugs and prescription medicines. Allergic reactions may require additional treatment.

Delayed healing – Wound disruption or delayed wound healing is possible. Some areas of the body may not heal normally and may take a long time to heal. Skin compromise may require frequent dressing changes or further surgery to remove the non-healed tissue.

Long term effects – It is important to remember to avoid sun exposure for 6 months after lymph node surgery procedures. Sun tanning can result in tissue loss and scarring even when a bathing suit covers the area. Scars tend to fade with time but will be significantly harmed by sun exposure. Sun exposure will also increase your risk of future skin cancers.

Need for revision – Certain lymph node operations are more likely to require revision surgery. In sensitive areas Dr. Lowe will often tell you to expect a number of reconstructive stages to optimize the results. This may involve scar revision, Dermabrasion, steroid injections, and laser treatments.

Staged procedures – Lymph node surgery may require multiple interventions or staged procedures. This may involve further sampling of lymphatic materials or a complete lymph node dissection or removal. These staged procedures are often necessary to obtain the best results or long term survival.

Functional alterations – Changes may occur after lymph node surgery that may limit a patient's function. Patients may recovery at different rates following surgery, but the more surgery you have done the more difficult the recovery.

Chronic Swelling – Changes may occur after lymph node surgery that may result in chronic swelling or lymphedema. This swelling usually effects the extremities and can result in a short term or long term disability. Patients may be required to wear compression garments for short periods or for the rest of there lives. Chronic swelling may not be curable and may be associated with other diseases such as cancer or limb loss.

Surgical anesthesia – Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation. If you are over 45 years of age, have a known medical condition, or you are in any way concerned, a pre-operative evaluation from your primary care physician or cardiologist is recommended prior to surgery.

Cardiac and Pulmonary Complications- Surgery performed in a hospital or under general anesthesia, especially longer procedures, may be associated with the formation of, or increase in, blood clots in the venous system. Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. Pulmonary and fat emboli can be life-threatening or fatal in some circumstances. Air travel, 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 blood clots or swollen legs that may contribute to this condition. Cardiac complications or strokes are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pains, or

CONSENT FOR LYMPH NODE SURGERY

unusual heart beats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment.

Recurrent of Cancer or Failure to Cure – A failure to cure or recurrent disease may occur and this relates to the type of tumor or disease, its location, and the treatment choice. If the surgeon removes lymphatic tissue, the sample may later show an incomplete removal. A re-excision may be attempted or a different surgical approach taken. Sometimes the pathologist can misinterpret a margin or the type of disease. Certain techniques increase the chances of recurrence and some surgery does not decrease the risk of recurrence at all. Certain lymph node surgery may require other treatments such as radiation, node biopsy, or radical excisions. It is important that physicians involved in the patients care, the family, and patient are diligent in watching the area of concern.

HEALTH INSURANCE

Most health insurance companies cover lymph node surgery. Insurance companies often require plastic surgeons to obtain permission to perform surgery in advance. Insurance companies may not allow the surgery and photographs may be required for documentation. If you request Dr. Lowe to proceed with lymph node surgery without permission you may be responsible for unpaid fees to the pathologist or Dr. Lowe. Please, carefully review your health insurance subscriber-information pamphlet and discuss any questions with Dr. Lowe.

ADDITIONAL SURGERY NECESSARY

There are many variable conditions in addition to risks and potential surgical complications that may influence the long term result from lymph node surgery. Even though risks and complications occur infrequently, the risks cited are particularly associated with soft tissue procedures. Other complications and risks can occur but are even more uncommon. Should complications occur, additional surgery or other treatments may be necessary. 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. Infrequently, it is necessary to perform additional surgery to improve your results.

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by your doctor, the cost of surgical supplies, laboratory tests, anesthesia, and possible outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan you will be responsible for necessary co-payment, deductibles, and charges not covered. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day surgery charges involved with revision surgery not covered by your insurance would also be your responsibility.

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). This informed –consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in 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 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 below.

CONSENT FOR LYMPH NODE SURGERY

CONSENT FOR SURGERY/PROCEDURE or TREATMENT

1. I hereby authorize Dr. Lowe and such assistants as may be selected to perform the following procedure or treatment.

I have received the following information sheet:

INFORMED CONSENT FOR LYMPH NODE SURGERY

2. I recognize that during the course of the operations 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.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
5. I consent to the photographing or televising of 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 which may be removed.
8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
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 including those listed above.
 - D. I have read, understood, and have had the opportunity to ask questions concerning the above, as well as the Informed Consent for Lymph Node Surgery information sheet.
 - E. I am satisfied with the explanation.

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9).

Patient or Person Authorized To Sign for Patient.

Date

Witness