

ABDOMINOPLASTY (TUMMY TUCK) CONSENT

Reduction and removal of excess skin and fat from the abdomen and tightening of the abdominal muscles.

Patient Name**Date****Table of Contents:**

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GENERAL SURGICAL RISKS:**ABOUT RISKS:**

- We want you to understand fully the risks involved in surgery so that you can make an informed decision. Although complications are infrequent, all surgeries have some degree of risk. We will use of expertise and knowledge to avoid complications in so far as we are able. If a complication does occur, we will use those same skills in an attempt to solve the problem quickly. The importance of having a highly qualified medical team and facility cannot be overestimated.
- In general, the least serious problems occur more often and the more serious problems occur rarely. If a complication does arise, you, the doctor, and the staff will need to cooperate in order to resolve the problem. Most complications involve an extension of the recovery period rather than any permanent effect on your final result.

NORMAL SYMPTOMS:

- SWELLING AND BRUISING - Moderate swelling and bruising are normal after any surgery. Severe swelling and bruising may indicate bleeding or possible infection.
- DISCOMFORT AND PAIN - Mild to moderate discomfort or pain is normal after any surgery. If the pain becomes severe and is not relieved by pain medication, please call us.
- CRUSTING ALONG THE INCISION LINES - We usually treat this with an antibiotic ointment.
- NUMBNESS - Small sensory nerves to the skin surface are occasionally cut when the incision is made or interrupted by undermining of the skin during surgery. The sensation in those areas gradually returns, usually within 2 or 3 months as the nerve endings heal spontaneously.
- ITCHING - Itching and occasional small shooting electrical sensations within the skin frequently occur as the nerve endings heal. Ice, skin moisturizers, and massages are frequently helpful. These symptoms are common during the recovery period.
- REDNESS OF SCARS - All new scars are red, dark pink, or purple. Scars on the face usually fade within 3 to 6 months. Scars of the breasts or body may take a year or longer to fade completely.

COMMON RISKS:

- HEMATOMA - Small collections of blood under the skin are usually allowed to absorb spontaneously. Larger hematomas may require aspiration, drainage, or even surgical removal to achieve the best result.
- INFLAMMATION OR INFECTION - A superficial infection may require antibiotic ointment. Deeper infections are treated with antibiotics. Development of an abscess usually requires drainage.
- THICK, WIDE, OR DEPRESSED SCARS - Abnormal scars may occur even though we have used the most modern surgical techniques. Injection of steroids into the scars, placement of silicone sheeting onto the scars, or further surgery to correct the scars is occasionally necessary. Some areas on the body scar more than others and some people scar more than others do. Your own history of scarring should give you some indication of what you can expect.
- WOUND SEPARATION OR DELAYED HEALING - Any incision, during the healing phase, may separate or heal unusually slow for a number of reasons. These include inflammation, infection, wound tension, decreased circulation, smoking or excess external pressure. If delayed healing occurs, the final outcome is usually not significantly affected, but secondary revision of the scar may be indicated.

- SENSITIVITY OR ALLERGY TO DRESSINGS OR TAPE - Occasionally, allergic or sensitivity reactions may occur from soaps, ointments, tape or sutures used during or after surgery. Such problems are unusual and are usually mild and easily treated. In extremely rare circumstances, allergic reactions can be severe and require aggressive treatment or even hospitalization.
- INCREASED RISKS FOR SMOKERS - Smokers have a greater of skin loss and poor healing because of decreased skin circulation.
- INJURY TO DEEPER STRUCTURES - Blood vessels, nerves and muscles may be injured during surgery. The incidence of such injuries is rare.

RARER COMPLICATIONS:

- If they are severe, any of the problems mentioned under COMMON RISKS may significantly delay healing or necessitate further surgical procedures.
- Medical complications such as pulmonary embolism, severe allergic reactions to medications, cardiac arrhythmias, heart attack, and hyperthermia are rare but serious and life-threatening problems.

UNSATISFACTORY RESULT AND NEED FOR REVISION:

- All cosmetic surgery treatments and operations are performed to improve a condition, a problem, or appearance. While the procedures are performed with a very high probability of success, disappointments occur and results are not always acceptable to patients or the surgeon. Secondary procedures or treatments may be indicated. Rarely, problems may occur that are permanent.
- POOR RESULTS - Asymmetry, unhappiness with the result, poor healing, etc. may occur. Minimal differences are usually acceptable. Larger differences frequently require revisional surgery.

SPECIFIC SURGICAL RISKS:

- INCISIONS (SCARS) - After a full Abdominoplasty, you will have a long scar above the pubic hairline extending toward the flanks or beyond, as well as a scar around the umbilicus (belly button) and possibly a shorter vertical scar in the midline, just above the pubic hairline. You should discuss your incisions with the Doctor, and plan the incision to accommodate, within limits, different clothing, and bathing suit styles. In case of extreme skin redundancy (such as after massive weight loss) a vertical scar extending from the pubic hairline to the lower end of the breastbone may result. If you have chosen an extended Abdominoplasty, the scars will extend around the hips toward the back.
- UNEVEN CONTOURS - Following an abdominoplasty, the skin contours may be slightly uneven and areas of slight depression or wrinkling can occur. As healing progresses, most of these problems (if present) usually improve dramatically.
- ASYMMETRY - Minimal asymmetry of abdominoplasty scars occurs frequently as healing is not always even from side to side. The mild asymmetry is usually not cosmetically significant. If the asymmetry is significant, revisional surgery of the scars may be considered.
- BELLYBUTTON (UMBILICUS) - The bellybutton may be slightly off center, heal poorly, suffer necrosis (loss of circulation), protrude or be unusually retracted. Significant problems are uncommon.
- LOSS OF SENSATION - Patients commonly experience areas of partial and/or complete numbness of the abdominal skin. Few experience permanent loss of feeling, but it may take several months or longer for sensation to return. Rarely, areas of numbness persist.
- FAT NECROSIS - In rare cases, some of the underlying fat can necrose (die) because of infection or excessive tension. An uncommon problem, it is usually nothing more than a severe annoyance, requiring additional healing time, dressing changes, and sometimes, revision of the scar later. It usually does not seriously affect the ultimate outcome.
- SKIN LOSS - Like fat necrosis, skin loss can result from infection or excessive tension. The treatment is the same regardless of the cause. Careful preoperative planning and resisting the urge to make the tummy “as tight as possible” reduces but does not eliminate the possibility of this problem occurring.
- “DOG EARS” - When the Doctor closes the angle at the end of the skin incision during the repair, a nipple or projection of bulging tissue called a “dog ear” can occur. Liposuction under the area or extension of the incisions can solve or reduce the problem. If a small “dog ear” appears at the end of surgery, it will usually flatten or disappear with time and healing. If it remains visible, a small procedure under local anesthesia can solve the problem at a later time.
- FAT EMBOLI AND BLOOD CLOTS - These problems can occur rarely with any surgery, but occur a little more frequently after an abdominoplasty. Shortened operating time, postoperative leg movements, and walking soon after surgery help to avoid these problems. Although fat emboli and

blood clots can be life threatening, they usually resolve completely with hospitalization and care by a medical specialist.

- FLUID ACCUMULATION - Rarely, tissue fluids collect under the abdominal skin flap (usually after the drains have been removed). If this occurs, aspiration of the fluid with a needle two or three times a week for 2-3 weeks usually solves the problem. Few patients require further surgery.

OTHER RISKS:

- We have outlined the common and not-so-common risks of surgery in general. The specific risks and complications of each surgical procedure have been explained elsewhere in this preoperative packet. We have not discussed every possible problem that may occur, and you cannot assume that a problem will not occur simply because it is not discussed here.
- I acknowledge that the risks and complications of the surgery I am to undergo have been explained and discussed with me in detail by the Doctors and by the nursing staff. I have been given the opportunity to ask questions and any concerns I had about my surgery have been explained to me. My signature here attests to my understanding and satisfaction with the answers I have been given. I also state that I read, speak, and write English.

Patients or Legal Guardian’s Signature **Date**

Witness’ Signature **Date**

Doctor’s Signature **Date**

CONSENT FOR SURGERY:

I, _____, desire Dr. Heir, and such assistants as may be assigned by him, to perform the elective procedures of:

- STANDARD ABDOMINOPLASY – Reduction and removal of excessive skin and fat from the abdomen and tightening of the frontal abdominal muscles.

The nature and purpose of the operation(s), possible alternative methods of treatment, including no treatment/surgery, risks and possible complications have been fully explained to me by Dr. Heir during my preoperative consultation. I understand that this operation is not an emergency nor is it medically necessary to improve or protect my physical health. I have been advised that all surgery involves general risks, including but not limited to bleeding, infection, nerve or tissue damage and, rarely, cardiac arrest, death, or other serious bodily injury. I acknowledge that no guarantees or assurances have been made as to the results that may be obtained.

I understand that anesthesia will be given and that it, too, carries risks. I consent to the administration of anesthesia by either Dr. Heir or a qualified Certified Registered Nurse Anesthetist or Anesthesiologist and to the use of such anesthetics as he/she may deem advisable.

It has been explained to me that during the course of the operation unforeseen conditions may be revealed that necessitate an extension of the original procedure, and I hereby authorize my doctor and/or such assistants as may be selected by him/her to perform such procedures as are necessary and desirable, including but not limited to the services of pathologists, radiologists, or a laboratory. The authority granted in this paragraph shall extend to remedying conditions that are not known to the doctor at the time the operation commences.

I understand that photography is important in planning and evaluating surgery, and I give permission for photographs to be taken before, during, and after the surgery for the purposes of documentation, and/or teaching purposes.

I agree to keep the doctor informed of any change in my permanent address so that he/she can inform me of any important new findings relating to my surgery. I further agree to cooperate with him/her in my aftercare until I am discharged from his/her care.

In signing this consent, I hereby certify that I understand the risks, benefits, and alternatives to my procedure(s) and that I have discussed them with the Doctors.

Please do not give your permission or sign this consent form if you have any questions regarding your procedure(s). Please advise a staff member of these questions or concerns so that arrangements can be made for the Doctor to discuss them with you.

Patients or Legal Guardian's Signature

Date

Witness' Signature

Date

Doctor's Signature

Date

MEDICATIONS:

GENERAL INFORMATION:

- The doctor and nursing staff have given you prescriptions for your comfort and care. It is important that you use the medications as directed unless you experience abnormal symptoms that might be related to medication usage.
- Symptoms such as itching, development of a rash, wheezing, and tightness in the throat would probably be due to an allergy. Should these occur, discontinue all medications and call the office for instructions immediately.

INSTRUCTIONS:

- **PAIN:** Acetaminophen 500mg/Hydrocodone Bitartrate 7.5mg (Lortab). You have been given Lortab for pain. Take 1-2 tablets every 4-6 hours for pain. You will want to switch to Tylenol for pain relief as soon as possible so that you are not under the influence of a narcotic and will be able to return to your daily activities sooner.
- **POST-OP ANTIBIOTICS - Cephalexin (Keflex)** – if not allergic. You have been given 500mg of Keflex. Take one capsule four times daily for 7 days. Antibiotics reduce the likelihood of any postoperative infection.
- **Women** - I have advised my doctor about my use of birth control pills. I understand that certain antibiotics and other medications are known to neutralize their effect and that conception and pregnancy can occur. I agree to consult with my family physician to initiate other forms of birth control during the period of my treatment for abdominoplasty and until I am advised by my physician that I can return to the exclusive use of birth control pills.

I have read and understand the above paragraphs and realize that abdominoplasty surgery carries with it certain serious risks. All my questions regarding this consent have been answered fully and to my satisfaction, and I fully understand the risks involved. I also state that I read, speak, and write English.

Patients or Legal Guardian's Signature

Date

Witness' Signature

Date

Doctor's Signature

Date