

## **INFORMED-CONSENT-MINI-ABDOMINOPLASTY SURGERY**

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# **INFORMED-CONSENT-MINI-ABDOMINOPLASTY SURGERY**

## **INSTRUCTIONS**

This is an informed-consent document that has been prepared to help inform you of mini-abdominoplasty surgery, its risks, as well as 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.

## **INTRODUCTION**

The mini-abdominoplasty is a surgical procedure to remove excess skin and fatty tissue from the lower abdomen and to tighten muscles of the abdominal wall. There are a variety of different techniques used by plastic surgeons for mini-abdominoplasty. The mini-abdominoplasty can be combined with other forms of body-contouring surgery, including suction-assisted lipectomy, or other elective surgeries.

Abdominoplasty surgery is not a treatment for being overweight. Obese individuals who intend to lose weight should postpone all forms of body-contouring surgery until they have been able to maintain their weight loss.

## **ALTERNATIVE TREATMENTS**

Alternative forms of management consist of not treating the areas of loose skin and fatty deposits. Suction-assisted lipectomy surgery may be a surgical alternative to abdominoplasty if there is good skin tone and localized abdominal fatty deposits in an individual of normal weight. Diet and exercise programs may be of benefit in the overall reduction of excess body fat.

Risks and potential complications are associated with alternative forms of treatment that involve surgery.

## **RISKS of MINI-ABDOMINOPLASTY SURGERY**

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with mini-abdominoplasty. 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 all possible consequences of mini-abdominoplasty.

**Bleeding-** It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood (hematoma). Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may increase the risk of bleeding.

**Infection-** Infection is unusual after this type of surgery. There is a greater risk of infection when body contouring procedures are performed in conjunction with abdominal surgical procedures. Should an infection occur, treatment including antibiotics or additional surgery may be necessary.

**Change in skin sensation-** Diminished (or loss) of skin sensation in the lower abdominal area may not totally resolve after abdominoplasty.

**Skin contour irregularities-** Contour irregularities and depressions may occur after mini-abdominoplasty. Visible and palpable wrinkling of skin may additionally occur.

**Pulmonary complications-** Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli) or partial collapse of the lungs after general anesthesia. Should either of these complications occur, you may require hospitalization and additional treatment. Pulmonary emboli can be life-threatening or fatal in some circumstances.

## **Risks of Mini-Abdominoplasty surgery, continued**

**Skin scarring**- Excessive scarring is uncommon. In rare cases, abnormal 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 involve 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 mini-abdominoplasty. Factors such as skin tone, fatty deposits, skeletal prominence, and muscle tone may contribute to normal asymmetry in body features.

**Delayed healing**- Wound disruption or delayed wound healing is possible. Some areas of the abdomen may not heal abnormally or slowly. 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.**

**Allergic reactions**- In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions which are more serious may result from drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

**Seroma**- Fluid accumulations infrequently occur in between the skin and the abdominal wall. Should this problem occur, it may require additional procedures for drainage of fluid.

**Umbilicus (navel)**- 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**- Very infrequently, chronic pain may occur from nerves becoming trapped in scar tissue after abdominoplasty.

**Unsatisfactory result**- You may be disappointed with the results of surgery. Infrequently, it is necessary to perform additional surgery to improve your results.

### **ADDITIONAL SURGERY NECESSARY**

Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with mini-abdominoplasty. 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.

### **HEALTH INSURANCE**

Most health insurance companies exclude coverage for cosmetic surgical operations such as mini-abdominoplasty or any complications that might occur from surgery. Please carefully review your health insurance subscriber-information pamphlet.

## **Risks of Mini-Abdominoplasty surgery, continued**

### **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, anesthesia, laboratory tests, 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-payments, deductibles, and charges not covered. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revisionary surgery 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). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, every patient is unique and informed-consent documents should not be considered all inclusive in defining other methods of care and risks encountered when medical care is reasonable and directed at obtaining appropriate results. 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 / PROCEDURE or TREATMENT

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

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I have received the following information sheet:

## INFORMED-CONSENT MINI-ABDOMINOPLASTY SURGERY

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2. 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.
3. 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.
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

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

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

Date \_\_\_\_\_ Witness \_\_\_\_\_