



STANDARD ABDOMINOPLASTY CONSENT

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

Patient Name

Date

Please initial each paragraph after reading, if you have any questions ask Dr. Rochlin BEFORE initialing.

Permission includes the administration of medicines for local or general anesthesia and/or intravenous sedation or analgesia as deemed suitable or as become necessary. An informed consent requires that common complications be made known to you. Most of these are not expected to occur. All must be considered. The law requires that you be made informed.

You have the right to be informed about your condition and the recommend treatment plan so that you may make an educated decision as to whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to alarm you, but is rather an effort to provide information so that you may give or withhold your consent.

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 at (602) 653-0540.

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 return, 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.

I have been informed of the common complications listed on this page (initial) _____

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 breast or body may take a year or longer to fade completely.

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 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 reaction 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 aggressive treatment or even hospitalization.

INCREASED RISK 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.

Medical complications such as pulmonary embolism, severe allergic reactions to medication, cardiac arrhythmias, heart attack, and hyperthermia are rare but serious and life-threatening problems.

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 revisionary surgery.

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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, revisionary 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 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 unusually 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 of 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 wks usually solves the problem. Few patients require further surgery.

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Smoking: I have been advised to stop smoking 1 month prior to surgery and 1 month post-surgery due to possible complications: circulation; compromise tissue loss (necrosis); poor scarring; delayed healing; decreased longevity of results.

There may be a fee if a secondary procedure is required. Personal expectations vary; Some operations require secondary or multiple procedures to obtain a better result.

Secondary surgical procedures are much more difficult than primary procedures. The operations for repair are much more complex than the primary operations because of scarring and more bleeding and bruising. The possibility of never damage and poor healing is greater and most importantly, the results are unpredictable.

I am not known to be allergic to anything except: (please list below)

I agree to keep the Dr. Semone Rochlin informed of any changes of address in order to be notified of any late findings, and I agree to cooperate with my care after surgery until completely discharged.

I have read a copy of the foregoing consent for the operation, understand it accept these facts, and hereby authorize the above doctor to perform this surgical procedure on me.

I CERTIFY: I have read or had read to me the contents of this form; I understand the risks and alternatives involved in this procedure; I have had the opportunity to ask any question which I had and all of my questions have been answered

I confirm with my signature below that: the physician has discussed the above information with me, that I have had the chance to ask questions, that all my questions have been answered to my satisfaction, and that I thereby give informed consent. I voluntarily request treatment with by the physician, which has been explained to me, and my questions regarding such treatment, its alternatives, its complications and risk have been answered by the doctor, staff, and/or written information. My questions have been fully and completely answered for me and I have read this document and understand its contents. I hereby give my unrestricted informed consent for the procedure. In the event a dispute arises over the outcome of my procedure, I consent solely to arbitration as a legal means of settlement.

Patient Name: (Please Print) _____

Patient Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

Physician Only: I confirm with my signature that I have made time available to discuss with the above-named patient the risks, potential complications, and intended benefits of surgery The patient has had the opportunity to ask any questions, all questions have been answered, and the patient has expressed understanding. Thus informed, the patient has requested to perform surgery on him/her.

Physician signature: _____ **Date:** _____

Our patients are offered a copy of any form they sign