**INFORMED CONSENT**

**ABDOMINOPLASTY SURGERY (TUMMY TUCK)**

**INSTRUCTIONS**

This is an informed consent document that has been prepared to help your Dr. Cashio inform you of 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 Dr. Richard Cashio.

**INTRODUCTION**

Abdominoplasty is a surgical procedure to remove excess skin and fatty tissue from the middle and lower abdomen and to tighten muscles of the abdominal wall. Abdominoplasty is not a surgical 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 (liposuction) may be a surgical alternative to abdominoplasty if there is adequate 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 OF ABDOMINOPLASTY SURGERY**

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

**BLEEDING:** It is possible, although unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood or blood transfusion. Do not take any aspirin or anti-inflammatory medication for 10 days before surgery, as this may increase risk of bleeding. Many herbal supplements such as garlic, ginkgo biloba, omega 3 fatty acids, and others may also increase bleeding and should be discontinued as well.

**INFECTION:** Infection is unusual after this type of surgery. 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 take upwards of a year, or not totally resolve after abdominoplasty.

**SKIN CONTOUR IRREGULARITIES:** Contour irregularities and depressions may occur after abdominoplasty. Visible and palpable wrinkling of the skin can occur.

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**RISKS OF ABDOMINOPLASTY SURGERY (Continued)**

**SURGICAL ANESTHESIA:** Both local and general anesthesia involve risk. There is a possibility of complications, injury, and even death from all forms of surgical anesthesia and sedation.

**ASYMMETRY:** Symmetrical body appearance may not result from abdominoplasty. Factors such as skin tone, fatty deposits, bony prominences, 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 normally and make take a long time to heal. 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, allergies to tape, suture material or topical preparations have been reported. Systemic reactions which are more serious may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

**DEEP VENOUS THROMBOSIS, CARDIAC AND PULMONARY COMPLICATIONS:** Surgery, 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 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 travelling to the lungs causing a major blood clot that may result in death. It is important to discuss with Dr. Cashio any past history of blood clots or swollen legs that may contribute to this condition. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pain or unusual heartbeats, seek medical attention immediately. Should any of these complications occur, you might require hospitalization and additional treatment.

**SEROMA:** Fluid accumulations may occur in between the skin and the abdominal wall. Should this problem occur, it may require additional procedure for drainage of fluid.

**UMBILICUS:** 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 the abdominoplasty.

**PAIN:** Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue after abdominoplasty.

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**RISKS OF ABDOMINOPLASTY SURGERY (Continued)**

**OTHER:** You may be disappointed with results of surgery. Infrequently, it is necessary to perform additional surgery to improve your results.

**MEDICATIONS**: There are many adverse reactions that occur as the result of taking over the counter, herbal, and/or prescription medications. Be sure to check with Dr. Cashio about any drug interactions that may exist with medications that you are already taking. If you have an adverse reaction, stop the drugs immediately and call your Dr. Cashio for further instructions. If the reaction is severe, go immediately to the nearest emergency room or dial 911. When taking the prescribed pain medications after surgery, realize that they can affect your thought process. Do not drive, do not operate complex equipment, do not make any important decisions and do not drink any alcohol while taking these medications. Be sure to take your prescribed medication only as directed.

**RISKS SPECIFIC TO YOUR SURGERY:**

(These are specific to your condition that were discussed, but should not be considered an all-inclusive list.)

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**SMOKING, SECOND-HAND SMOKE EXPOSURE, NICOTINE PRODUCTS (PATCH, GUM, NASAL SPRAY)**Patients who currently smoke, use tobacco products, or nicotine products (patch, gum, nasal spray, etc.) are at a greater risk for significant surgical complications of skin dying, delayed healing and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication. Please indicate your current status regarding these items below:

\_\_\_\_\_\_\_ I am a non-smoker and do not use nicotine products. I understand the risk of second-hand smoke exposure causing surgical complications.

\_\_\_\_\_\_\_ I am a smoker or use tobacco/nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products. It is important to refrain from smoking at least 4-6 weeks before surgery and until Dr. Cashio states it is safe to return, if desired.

**FEMALE PATIENT INFORMATION**- It is important to inform Dr. Cashio if you use birth control pills, estrogen replacement, or if you believe you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

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**RISKS OF ABDOMINOPLASTY SURGERY (Continued)**

**INTIMATE RELATIONS AFTER SURGERY**- Surgery involves the coagulating of blood vessels and increased activity of any kind may open these vessels leading to bleeding. Increased activity that increases your pulse or heart rate may cause additional bruising, swelling and the need for a return to surgery and control of bleeding. It is wise to refrain from sexual activity until Dr. Cashio states it is safe.

**ADDITIONAL SURGERY NECESSARY** Should complications occur, additional surgery or other treatments might be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with abdominoplasty surgery. 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 abdominoplasty or any complications that might occur from surgery. Please carefully review your health insurance subscriber-information pamphlet.

**FINANCIAL RESPONSIBILITIES:** The cost of surgery involves several charges for the services provided. The total includes fees 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 copayments, deductibles, and charges not covered. Additional cost 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 treatments. The 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 facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve. This informed-consent document reflects the state of knowledge current at the time of publication. **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.**

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**INFORMED CONSENT FOR ABDOMINOPLASTY SURGERY (TUMMY TUCK)**

1. I hereby authorize Dr. Richard V. Cashio Jr., M.D. and such assistants as may be selected to perform the following procedure or treatment:

**Abdominoplasty Surgery (Tummy Tuck)**

and I have received the following information sheet: **Informed Consent Abdominoplasty Surgery.**

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 judgement 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 AND ALL OF MY QUESTIONS WERE ANSWERED TO MY SATISFACTION**.

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Patient or Person Authorized to Sign for Patient Date

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Witness Date