INFORMED CONSENT BRACHI0PLASTY

(UPPER ARM LIFT) SURGERY

**INSTRUCTIONS** This is an informed-consent document that has been prepared to help Dr. Cashio inform you of upper arm lift 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** Upper arm lift is a surgical procedure to remove excess skin and fatty tissue from the upper arm. An upper arm lift 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.

There are a variety of different techniques used by plastic surgeons for upper arm lift. An upper arm lift can be combined with other forms of body-contouring surgery, such as liposuction, or performed at the same time as other elective surgeries.

**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 upper arm lift if there is good skin tone and localized arm 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.

**RISKS OF UPPER ARM LIFT SURGERY** Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with upper arm lift. 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 Dr. Cashio to make sure you understand all possible consequences of an upper arm lift.

**Bleeding** – It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it might require emergency treatment to drain accumulated blood (hematoma) or blood transfusions. Do not take any aspirin or anti-inflammatory medications 7 to ten days before surgery, as this may increase the 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 upper arm & forearm area may not totally resolve after upper arm lift.

**Skin Contour Irregularities** – Contour irregularities and depressions may occur after upper arm lift. Visible and palpable wrinkling of the skin can occur.

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**Risk of Upper Arm Lift Surgery, Continued**

**Skin Scarring** – Scarring occurs in every type of surgery. In some cases, abnormal scars may result. Scars may be unattractive, raised, thick, 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 involves risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia of sedation.

**Asymmetry** – Symmetrical body appearance may not result from upper arm lift. Factors such as skin tone, fatty deposits, bony prominences, and muscle tone may contribute to normal asymmetry in body features.

**Irregularities** - Irregularities in the skin contour may occur as a result of surgery. Delayed healing is possible. These may be due to an accumulation of fluid under the skin that has to be drained until the problem is resolved.

**Allergic Reactions** – in rare cases, local 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 infrequently occur in between the skin and the arm musculature. Should this problem occur, it might require additional procedures for drainage of the fluid.

**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 upper arm lift.

**Pain** – Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue after upper arm lift.

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

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**Risk of Upper Arm Lift Surgery, Continued**

**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.

**SMOKING, SECOND-HAND SMOKE EXPOSURE, NICOTINE PRODUCTS (PATCH, GUM, NASAL SPRAY, etc.)**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.

**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 Upper arm lift. 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.

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**Risk of Upper Arm Lift Surgery, Continued**

**HEALTH INSURANCE** Most health insurance companies exclude coverage for cosmetic surgical operations such as upper arm lift or any complications that might occur from surgery. Please, carefully review your health insurance subscriber-information pamphlet in regard to this.

**FINANCIAL RESPONSIBILITIES** The cost of surgery involves several charges for the services provided. This may include fees charged by your doctor, the cost of surgical supplies, laboratory test, anesthesia, and 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.

**PATIENT COMPLIANCE** Follow all physician instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bleeding, bruising, swelling, fluid accumulation, and the need for the return to surgery. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

**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 documents is based on a thorough evaluation of scientific literature and relevant clinic practice to describe a range of generally acceptable risks and alternative forms of management of a particular disease or condition. 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. Dr. Cashio may provide you with additional or different information that 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. This informed-consent document reflects the state of knowledge current at the time of publication.

**It is important that you have 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 – BRACHIOPLASTY (UPPER ARM LIFT) SURGERY**

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:

**Brachioplasty Surgery (Upper arm Lift)**

and I have received the following information sheet: **Informed Consent Brachioplasty 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