

Dr. James B. Lowe – Plastic Surgery
BODY CONTOURING SURGERY INFORMATION SHEET AND
INFORMED CONSENT

Instructions

This is an informed consent document that has been prepared to assist your plastic surgeon to inform you concerning body contouring surgery, its risks, and alternative treatment.

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

Body contouring surgery is an operation frequently performed by plastic surgeons. Body contouring procedures involve operations that change the general shape of a patient's body: pannus removal (panniculectomy), tummy tuck (abdominoplasty), buttock lift, thigh lift, arm lift, and liposuction. These procedures are performed for a variety of reason such as massive weight loss, skin excess, or local fat deposits. Body contouring procedures are often combined with other procedures to enhance overall appearance or to improve function.

Pannus removal may be covered by your insurance company because of functional limitations or rash. A cosmetic procedure such as a tummy tuck not only addresses the abdominal fat but also tightens the abdominal wall, improves the belly button, and removes a great deal of skin. Cosmetic surgery procedures such as a tummy tuck, liposuction, flank reduction (flankplasty), or other body lifts are not covered by your insurance and require a separate fee.

The best candidates for this type of surgery are individuals who are looking for improvement, not perfection, in the appearance of their body. These procedures are not performed as a weight loss program, but can help jump start a healthy life style. Many areas of fat and skin excess are resistant to diet and exercise and will respond best to surgical treatments. It is important to note that body contouring procedures are not without risks. There is almost always a trade off with these procedures such as scarring, contour irregularities, and numbness that is often permanent. Realistic expectations, good health, and psychological stability are important qualities for a patient considering body contouring surgery. Dr. Lowe will do his best to explain the procedures that work the best for you.

ALTERNATIVE TREATMENT

Alternative forms of management consist of not undergoing the body contouring surgery. These procedures may improve body contour but often leave visible scars. Risks and potential complications associated with alternative forms of treatment should be discussed with Dr. Lowe as well.

RISKS OF BODY CONTOURING SURGERY

With any type of activity there is inherent risk. 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 the risks, potential complications, and consequences of body contouring.

Bleeding – It is possible, though unusual, that you may have problems with bleeding during or after surgery. Should postoperative bleeding occur, it may require emergency treatment to stop the bleeding or a trip back to the operating room. Certain body contouring procedures such as extended abdominoplasties (tummy tucks that goes around the back) or massive panniculectomies are more prone to bleeding. When a large amount of tissue is removed particularly when procedures are combined there may be a need for blood transfusion. Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this contributes to a greater risk of bleeding. Hypertension (high blood pressure) that is not under good medical control may cause bleeding during or after surgery. Accumulations of blood under the skin may delay healing and cause scarring.

Blood clots / deep vein thrombosis – Body contouring operations may require a great deal of time. Although any operations can be associated with a blood clot in the legs, it is more likely following more lengthy operations. It is important to note that birth control pills and other medications can increase your risk of this problem. When discussing the length of the operation with Dr. Lowe remember that more is not always better. After surgery patients must make every effort to be active and ambulate while in the hospital and at home. Deep vein thrombosis can be a potentially life threatening complication that may require further medical care and expense.

Fluid collections – Fluid collections can form in the period following body contouring procedures. These collections are called seromas and may be prevented by the use of compression dressings or drains. If the patient develops a fluid collection it may require multiple tapping, medical treatment, a new drain, or a trip back to the operating room.

Infection – Infection is quite unusual after most body contouring surgery. Should an infection occur, additional treatment including antibiotics may be necessary. Infection can cause surgical wound to open and result in scarring. Infection is not uncommon in patients undergoing large pannus or skin removals.

Scarring – Although good wound healing after a surgery is expected, abnormal scars may occur both within the skin and deeper tissues. Scars may be unattractive and of different color than surrounding skin. There is the possibility of visible marks from sutures. Additional treatments including surgery may be needed to treat scarring.

Scar length – The length of your scars with body contouring procedures is related to the area of redundancy. Limiting the scars will often limit the success of the surgery by accentuating other deformities. A good example of this is seen with abdominoplasty procedures. If redundancy is present in the flanks prior to a tummy tuck it will only be made worse by removing skin in the front. Sometimes this problem can be addressed with liposuction alone, but it may be better to extend the scar to the flanks to address significant tissue redundancy.

Skin compromise – Certain body contouring procedures that require significant undermining such as abdominoplasty or thigh lifts can be associated with separation of the wound. This wound separation will require local wound care and scar revision. Wound separation may be the result of skin death or infection and certain areas are more prone to this problem than others (i.e. belly button, lower abdomen, and inner thighs). Liposuction can result in skin compromise but it is very rare. Smoking will compromise the skin so patients can not smoke for 2 months prior to surgery and at least one month after surgery. Avoid the sun for 6 months after surgery.

Damage to deeper structures – Deeper structures such as nerves, blood vessels, and muscles may be damaged during the course of surgery. The potential for this to occur varies with the type of body contouring procedure. Injury to deeper structures may be temporary or permanent. Liposuction is often

associated with post operative pain or numbness which usually resolves within several months. Any procedure requiring a great deal of skin or soft tissue removal will result in numbness and pain.

Unsatisfactory result – There is the possibility of an unsatisfactory result from the body contouring procedure. The surgery may result in unacceptable visible or tactile deformities, loss of function, or structural mal-position. You may be disappointed that the results of surgery do not meet your expectations. Additional surgery may be necessary should the result be unsatisfactory.

Numbness – There is the potential for permanent numbness following body contouring procedures. The occurrence of this is not predictable. It is rare to have numbness past 6 months, but numbness may not totally resolve in some cases. As nerves recover they may become hypersensitive or even painful.

Asymmetry – The human body is normally asymmetrical. There can be a variation from one side to the other in the results obtained body contouring. If a surgical scar is required it is unlikely to ever be completely symmetric.

Chronic pain – Chronic pain may occur very infrequently after body contouring procedures.

Skin irregularity – Skin irregularities, bumps, and areas of stiffness usually occur after body contouring procedures. Most of these areas resolve with time but some irregularities may be permanent or require revision. External massage techniques may be helpful in some situations.

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 and prescription medicines. Allergic reactions may require additional treatment.

Delayed healing – Wound disruption or delayed wound healing is possible. Some areas of the abdomen may not heal normally and may take a long time to heal. Skin compromise may require frequent dressing changes or further surgery to remove the non-healed tissue.

Long term effects – It is important to remember to avoid sun exposure for 6 months after body contouring procedures. Sun tanning can result in tissue loss and scarring even when a bathing suit covers the area. Scars tend to fade with time but will be significantly harmed by sun exposure. Patients should try their best to lose as much weight as possible before surgery to maximize the result. Large weight gains after surgery will result in significant deformity in some cases. Future surgery or other treatments may be necessary to maintain the results of body contouring procedures.

Need for revision – Certain body contouring procedures are more likely to require revision surgery. Patients with a great deal of tissue or skin excess often require a second operation at one year. It is only possible to remove and tighten tissue a certain amount on one occasion. Skin will often accommodate stretch over time and become redundant. Revision surgery is common in patients who have lost a lot of weight following gastric bypass or stapling. Patient's skin does not always retract well following liposuction procedures and redundancy may result requiring skin excision.

Functional alterations – Changes may occur after a body contouring procedures that may limit a patient's function. Often tightening the abdominal wall may result in difficulty standing fully erect for a limited period of time. Patients may recovery at different rates following body contouring surgery, but the more surgery you have done the more difficult the recovery. Typically, patients are able to return to work 2 weeks after a tummy tuck and at 3-4 weeks following an extended abdominoplasty. Patients who are planning a future pregnancy should consider not undergoing certain body contouring procedures on the abdomen.

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. If you are over 45 years of age, have a known medical condition, or you are in any way concerned, a pre-operative evaluation from your primary care physician or cardiologist is recommended prior to surgery.

HEALTH INSURANCE

Most health insurance companies exclude coverage for cosmetic surgical operations or most complications that might occur from cosmetic surgery. If the procedure corrects a significant functional limitation or medically condition then a portion or all of the procedure may be covered. Please, carefully review your health insurance subscriber-information pamphlet and discuss any questions with Dr. Lowe.

ADDITIONAL SURGERY NECESSARY

There are many variable conditions in addition to risks and potential surgical complications that may influence the long term result from body contouring surgery. Even though risks and complications occur infrequently, the risks cited are particularly associated with body contouring procedures. Other complications and risks can occur but are even more uncommon. Should complications occur, additional surgery or other treatments may be necessary. 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. Infrequently, it is necessary to perform additional surgery to improve your results.

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, laboratory tests, anesthesia, 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-payment, deductibles, and charges not covered. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day surgery charges involved with revision 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). This 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 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 below.

CONSENT FOR SURGERY/PROCEDURE or TREATMENT

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

I have received the following information sheet:

INFORMED CONSENT FOR BODY CONTOURING SURGERY

2. I recognize that during the course of the operations 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 involve 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 including those listed above.
 - D. I have read, understood, and have had the opportunity to ask questions concerning the above, as well as the Informed Consent Body Contouring Surgery information sheet.
 - E. I am satisfied with the explanation.

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

Patient or Person Authorized To Sign for Patient.

Date

Witness