INFORMED-CONSENT ABDOMINOPLASTY SURGERY

INSTRUCTIONS
This is an informed-consent document that has been prepared to help your plastic surgeon 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 your plastic surgeon.

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 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 abdominoplasty. Abdominoplasty can be combined with other forms of body-contouring surgery, including suction-assisted lipectomy, or performed at the same time with other elective surgeries.

ALTERNATIVE TREATMENTS
Alternatives 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 ABDOMINOPLASTY SURGERY
Every surgical procedure involves a certain amount of risk 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 possible consequences of abdominoplasty.

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 or blood transfusion. Do not take any aspirin or anti-inflammatory medications to ten days before surgery, as this may increase the risk of bleeding.

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 not totally resolve after abdominoplasty.
Risk of Abdominoplasty surgery, continued

Skin contour irregularities – Contour irregularities and depressions may occur after abdominoplasty. Visible and palpable wrinkling of skin can occur.

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 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 abodminoplasty. Factors such as skin tone, fatty deposits, bony 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 normally and may 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, local allergies to tape, suture material, or topical preparations have been reported. Systemic reaction which are more serious may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

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

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

Umbilicus – Malposition, scarring, unacceptable appearance 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 – Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue after abdominoplasty.

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

**ADDITIONAL SURGERY INCESSARY**
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. 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 operation 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 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 no 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). This documents is based on a through 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. Your plastic surgeon 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.**
ADDITIONAL ADVISORIES:

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 your physician 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.

Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray): Patients who are currently smoking, use tobacco products, or nicotine products (patch, gum or nasal spray) 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, smokers 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 6 weeks before surgery and until your physician states it is safe to return, if desired.

Female Patient Information: It is important to inform your plastic surgeon 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 coagulating of blood vessels and increased activity of any kind may open these vessels leading to a bleed, or hematoma. Increased activity that increased your pulse or heart rate may cause additional bruising, swelling and the need for return to surgery and control of bleeding. It is wise to refrain from sexual activity until your physician states it is safe.

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 your physician 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 plastic surgeon for further instructions. If the reaction is severe, go immediately to the nearest emergency room. 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.

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 bruising, swelling, fluid accumulation around implants 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.
CONSENT FOR SURGERY / PROCEDURE OF TREATMENT

1. I hereby authorize Dr. Danny Oh, M.D. and such assistants as may be selected to Perform the following procedure or treatment:

________________________________________________________________________

I have received the following information sheet:

INFORMED CONSENT for 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 judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not know 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 that may be removed.

8. I authorize the release of my identity card 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/Name IC No

Date _________________________ Witness _____________________________________

Signature / Name
PREOPERATIVE INSTRUCTIONS FOR ABDOMINOPLASTY

1. PRIOR to liposuction:
   • Make sure that you have your compression garment.
   • You will need to pick up your prescriptions for medications to be taken before and after your liposuction.

2. Have ready and BRING TO OFFICE the day of surgery:
   • 2 bath towels
   • 1 wash cloth
   • 1 box of regular sanitary napkins (regular – not ultra)

3. On the day of surgery:
   • Do eat a light meal
   • Do NOT drink anything with caffeine (this will nullify the effects of the presedation)
   • Please try to restrict the amount of liquids you drink. You will be injected with large amounts of fluids and will be unable to go to the restroom for several hours.
   • Bring a trash bag (split open) to cover the seat of your car. We try to pad you enough so that you do not leak, but it is a possibility. You can cover the plastic with a towel or old blanket to make it more comfortable.
   • You should protect your bed with a trash bag that has been split open and then covered with a towel or blanket and then your sheet, at least for the first night.

• Kindly remove all your jewelry, leave them at home or give to your family to take back. The hospital or the clinic will not responsible for any lost of it.
POSTOPERATIVE INSTRUCTIONS FOR ABDOMINPLASTY

1. Change absorbent pads over drains and the pubic area when they are soaked.

2. Apply antibiotic ointment over incisions including the belly button and cover with gauze daily until no more seeping is detected.

3. Sleep in a semi-sitting position or on your side curled up to loosen up the tight stomach.

4. Take antibiotic as directed.

5. Take pain medications as needed.

6. See the doctor on __________________ at __________________a.m/p.m.

7. Call the doctor if there are any questions.

    Office : 04-2281554 or 04-2227761/2227762

    Cell phone: 012-4295856

Patient Name: ______________________________________

Patient Signature: ___________________________________
Things to have them available at home before your surgery.

- Surgical tape 1” / 0.5” - it is to hold your dressing before you put on your tide garment

- Sanitary pads (maxi / regular 20 pcs) - It is to absorb excess fluid coming out from the incision wound

- Handy plaster (1 box) - It is to protect the incision wound before you put on the sanitary pads or your clothing.

Things to bring on your surgery day.

- Sanitary pads 10 pieces
- Tight Garment
- Bring or wear Loose garment (easy for you to put on shirt after surgery)