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CONSENT FOR ABDOMINOPLASTY

Abdominoplasty or “Tummy Tuck” surgery is performed for cosmetic reasons to improve the appearance of the abdominal wall by removing excess skin and fat from the lower abdomen and tightening the muscle layer. It can also be performed for functional or reconstructive reasons such as documented severe skin fold rashes which are resistant to all types of medical therapy. This surgery is considered an “elective” procedure, meaning that it is being performed by choice rather than necessity

Alternative forms of management consist of not treating the areas of loose skin and fatty deposits. Liposuction 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 and contour improvement.

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 reached a stable weight.

We often describe patients as being “good” or “poor” candidates for a particular procedure. This decision is made after taking into consideration physical findings (e.g. body weight, skin quality, previous scars, age, degree of deformity, chance of future pregnancy), medical health, history of smoking, emotional state, level of expectation, and whether in our hands we can achieve a result that will meet your expectations. If you are told that you are not currently a good candidate for this particular procedure, be sure to find out what, if anything can be done to change this.

Although there are benefits to having an Abdominoplasty, there are also risks that must be weighed before deciding to proceed with surgery. In addition, every procedure has limitations. 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 complications, you should discuss each of the possible complications with your plastic surgeon to make sure you completely understand all the possible consequences of abdominoplasty.

Should complications occur, additional surgery or other treatments may be necessary. Even though complications occur infrequently, the risks cited below are particularly associated with abdominoplasty. Other complications can occur but are even more uncommon. The more common risks associated with **Abdominoplasty Surgery** are:

- **Bleeding:** There is usually not a significant amount of bleeding when this procedure is being performed by itself. Often times, liposuction or other procedures are performed simultaneously, which can further increase blood loss. Avoiding any medications that can thin your blood is required before and after surgery. Do not take any aspirin or anti-inflammatory medications such as ibuprofen/Motrin/Aleve/Advil for two weeks before or after surgery, as this may increase the risk of bleeding. Non-prescription “herbs” and dietary supplements such as Vitamin E should also be avoided as they can increase the risk of surgical bleeding. The need for blood transfusion is very slight, but if you refuse blood products for religious reasons please let us know.
 - Heparin medications that are used at the time of your surgery to prevent deep venous thrombosis/blood clots can produce bleeding; thus, it is important to avoid the medications listed above to reduce the risk of bleeding.
- **Medications:** When taking the prescribed pain medications after surgery, realize that they can affect your thought process and coordination. 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. 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.

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- **Infection:** Infection is unusual after surgery. Should an infection occur, treatment including antibiotics, hospitalization, or additional surgery may be necessary. Antibiotics will be given through the I.V. before surgery to minimize the risk of infection, and after surgery you will be switched to an oral form if appropriate.
- **Necrosis:** The techniques used for this type of surgery involve extensive undermining (or lifting) of the skin and tension on the skin at the time of closure. This can injure the blood supply and lead to sloughing or scabbing of the skin and may take weeks to months before the incision completely heals. The belly button is also at risk for necrosis (or “dying”). It is well established that smokers are at increased risk for healing problems, so you should avoid smoking for as long as possible (1-3 months) before and after surgery. Pre-existing surgical scars in the upper abdomen also increase the risk of necrosis.
- **Seroma:** This is the medical term for a fluid collection under the skin following surgery. To avoid this complication, drains are often placed at the time of the operation, and are usually removed within the first two weeks post-op. We prefer to remove the drains when their output has dropped to about 20-30ml over a 24-hour period. If this fluid re-accumulates after the drains have been removed, it can be aspirated with a needle in the office.
- **Changes in Skin Sensation:** It is common to experience diminished (or loss) of skin sensation in areas that have had surgery. Nerves, which give sensation to the skin on the lower portion of the abdomen, are cut during this procedure leaving the skin in this area numb. There will be gradual return of sensation, but possibly not as much as before surgery. Itching, tenderness, or altered responses to hot or cold temperatures may occur after surgery. Usually this resolves during healing, but in rare situations it may be chronic. Do **NOT** use ice or heating elements as the sensation is not good and you can cause injury.
- **Recurrent Laxity:** Lots of people have had multiple pregnancies, c-sections, and large weight loss *without* needing an abdominoplasty, so why do you? One possibility is that your tissue just stretches more due to your genetics. We pull your tissue as tight as we feel is safe and appropriate at the time of surgery, but there will be some recurrent laxity. This may result in a slight fullness above your scar over time. Patients who have had massive weight loss after gastric bypass are particularly at risk. If your muscles are pulled together in the midline, straining, lifting, or exertion may weaken the sutures before healing is complete resulting in recurrent muscle laxity. We recommend stool softeners (Colace and fiber) before and after surgery, and wearing an abdominal binder or girdle for support during the first 6 weeks post-op. You should avoid lifting anything more than 15 pounds for the first 4-6 weeks post-op. You can start cardio work-outs at about 6 weeks as tolerated but be sure to always hold your muscles tight. Abdominal work-outs can start at 3 months. Remember, if it hurts, you are doing too much.
- **Skin Contour Irregularities-** Contour and shape irregularities and depressions may occur after abdominoplasty. Visible and palpable wrinkling of skin can occur. Residual skin irregularities at the ends of the incisions or “dog ears” are always a possibility, as is skin pleating when there is excessive redundant skin. This may improve with time, or if it is still a problem after one year, this can be revised in the office by lengthening your scar to remove the “dog ears”.
- **Poor Appearing Scars:** All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different color than surrounding skin. Scars may be asymmetrical (appear different between right and left sides of the body). The incision across your lower abdomen is closed under tension, which can lead to spreading or thickening of the scar. The final appearance of the scar has a lot to do with your individual healing characteristics and how you take care

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of the scar during the first several months of healing. There is a full sheet of scar-care instructions in your pre-op packet. In some cases, scars may require surgical revision or treatment.

- **Skin Discoloration/Swelling-** Bruising and swelling are a normal occurrence following abdominoplasty. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.
- **Sutures-** Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible or produce irritation that requires removal.
- **Fat Necrosis-** Fatty tissue found deep in the skin might die. This may produce areas of firmness within the skin. Additional surgery to remove areas of fat necrosis may be necessary. There is the possibility of contour irregularities in the skin that may result from fat necrosis. Most fat necrosis will resolve on its own over 6-12 months.
- **Umbilicus-** The belly button (“umbilicus”) is often slightly off-center in people with abdominal laxity, both before and after surgery. Sloughing of the umbilicus may lead to an unacceptable appearance after surgery.
- **Pubic Distortion-** The pubic area is often lifted during surgery and can be a site for future weight gain after surgery. Special attention is paid to this area in the OR to help prevent distortion. Should this occur, additional treatment including surgery may be necessary.
- **Deep Venous Thrombosis, Cardiac and Pulmonary Complications-** Surgery, especially longer procedures, may be associated with the formation of blood clots in the venous system. A blood clot can form in your leg after surgery because of the increased pressure of tightening your abdominal muscles. This is referred to as a DVT or deep venous thrombosis. DVTs can also form due to inactivity or being sedentary after surgery (so walk early and often). Pulmonary complications may occur secondarily to blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. These complications can be life-threatening or fatal in some circumstances. It is important to discuss with your physician any past history of blood clots, swollen legs or the use of estrogen or birth control pills that may contribute to this condition. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. Should any of these complications occur, you may require hospitalization and additional treatment. If you experience shortness of breath, chest pains, or unusual heart beats, seek medical attention immediately.
- **Reduced Breast Reconstruction Options:** The lower abdominal skin and fat can be used to reconstruct a breast following mastectomy (TRAM flap), and once an abdominoplasty has been performed this tissue is no longer available. There are still other options for breast reconstruction surgery.
- **Injury to Deeper Organs:** I have never seen or heard of this happening, but it is a theoretical risk.
- **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 or sedation
- **Allergic Reactions-** In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including anaphylaxis may occur to drugs used during surgery and prescription medications. Allergic reactions may require additional treatment.
- **Unsatisfactory Result-** Although good results are expected, you may be disappointed with the results of abdominoplasty surgery. This would include problems such as asymmetry, unsatisfactory or highly visible surgical scar location, unacceptable visible deformities, bunching and rippling in the skin near the suture lines or at the ends of the incisions (dog ears), poor healing, wound disruption, and loss of sensation. It may not be possible to correct or improve the effects of surgical scars. In some situations, it may not be possible to achieve optimal results with a single surgical procedure. Secondary surgery

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may be necessary to improve results or obtain optimal results.

ADDITIONAL ADVISORIES

COVID-19 Infection:

If you were to become symptomatic with a COVID-19 infection during your recovery, it could increase your morbidity/mortality and complication rate. There are still many unknowns, and recommendations about COVID-19 do change rapidly. Please follow the updated local health recommendations regarding COVID-19 to protect yourselves and others on: www.denvergov.org/Government/COVID-19-Information.

By signing this consent, I understand I am opting for an elective treatment/procedure/surgery that is not urgent and may not be medically necessary. I understand that possible exposure to COVID-19 before/during/after my treatment/procedure/surgery may result in: a positive COVID-19 diagnosis, extended quarantine/self-isolation, additional tests, emergency room visits or hospitalization that may require medical therapy, Intensive Care treatment, possible need for short or long-term intubation/ventilator support, risk of death, and possible additional risks which may not currently be known at this time.

Long-Term Results- There are many variable conditions that may influence the long-term result of surgery. Subsequent alterations in the appearance of your body may occur as the result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause or other circumstances not related to your surgery. Gaining weight after surgery can decrease the quality of the overall result. As with any body contouring procedure, weight redistribution can occur if a stable weight is not maintained post-operatively.

Female Patient Information- It is important to inform your plastic surgeon if you use birth control pills, estrogen replacement, or if you suspect 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 blood vessels and increased activity of any kind may open these vessels leading to a bleed, or hematoma. Increased activity that increases your pulse or heart rate may cause additional bruising, swelling, and the need for return to surgery for the control of bleeding. It is wise to refrain from sexual activity for 2 to 3 weeks until it is safe to elevate your heart rate and blood pressure.

Mental Health and Elective Surgery- It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery, and often are stressful. Please openly discuss with your surgeon, prior to surgery, any history that you may have of significant emotional depression or mental health issues. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray)-

Patients who are currently smoking, use tobacco 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:

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_____ 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.

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 activities such as lifting and straining need to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative results depend on both surgery and subsequent care. 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), including no surgery. 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 current 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 this consent.

Medicine is not an exact science, so no guarantees can be made regarding complications or outcome. Although good results are expected, there is no guarantee or warranty expressed or implied, as to the results that may be obtained. We will do everything possible to ensure your safety, and strive for the best result in every case. We hope that you will also do your part by following your post-op instructions, using good judgment, and letting us know about any problems.

Please ask any questions you may have regarding the surgery prior to signing this form. Your signature means that you have had a chance to read and discuss the common risks associated with **Abdominoplasty Surgery**, and that you agree to proceed. A separate consent form from the hospital will also need to be signed for the medical record.

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I CONSENT TO THE TREATMENT OF ABDOMINOPLASTY AND I HAVE READ THE ABOVE LISTED ITEMS. I AM SATISFIED WITH THE INFORMED CONSENT PROCESS.

Patient or Person Authorized to Sign for Patient

Date

Witness

Date