

ABDOMINOPLASTY

Abdominoplasty, or “tummy tuck,” is a major surgical procedure designed to remove excess skin and fat from the lower abdomen and may involve tightening of muscles of the belly wall. This procedure inevitably involves large and sometimes unsightly scars. These are inevitable and their final appearance depends on your own genetic healing characteristics that have little to do with the surgery. Occasionally, other complications may also occur.

Patient's
Initials

- _____ The details of the procedure including the anticipated benefits and material risks have been explained to me in terms I understand.
- _____ Alternative methods and therapies, their benefits, material risks and disadvantages have been explained to me.
- _____ I understand and accept that the most likely material risks and complications of abdominoplasty have been discussed with me and may include but are not limited to:
- *allergic reactions*
 - *asymmetries of contour*
 - *bleeding*
 - *change in sensation or numbness of abdominal skin*
 - *changes in shape or appearance of pubic hair*
 - *delayed healing*
 - *disappointment*
 - *“dog ears” (skin excess at scar end)*
 - *extended hospital stay*
 - *failure to alleviate symptoms of rash and back pain*
 - *genital region numbness*
 - *hematoma (blood clots under skin)*
 - *infection*
 - *loss of skin from insufficient circulation (requiring further surgery and skin graft)*
 - *loss of umbilicus (belly button) or displacement to the side*
 - *need for more surgery for secondary surgical corrections*
 - *pain (may be prolonged)*
 - *permanent scars that may be unsightly*
 - *pulmonary embolism (blood clots in the lung)*
 - *seroma (fluid collection under the skin)*
- _____ I understand and accept that there are complications, including the remote risk of death or serious disability, that exist with any surgical procedure.
- _____ I understand and accept the risks of blood transfusion(s) that may be necessary.
- _____ I understand that tissue cannot heal without scarring and that how one scars is dependent on individual genetic characteristics. The physician will do his/her best to minimize scarring but cannot control its ultimate appearance.
- _____ I understand that skin and tissue relaxation may follow plastic surgery after weight loss. This natural loosening or stretching of skin after surgery is unpredictable, and may require additional surgery.
- _____ I am aware that smoking during the three to four week pre- and postoperative periods is prohibited as smoking could dramatically increase chances of complications.
- _____ I have informed the doctor of all my known allergies.
- _____ I have informed the doctor of all medications I am currently taking, including prescriptions, over-the-counter remedies, herbal therapies and supplements, aspirin, and any other recreational drug or alcohol use.
- _____ I have been advised whether I should avoid taking any or all of these medications on the days surrounding the procedure.
- _____ I am aware and accept that no guarantees about the results of the procedure have been made or implied. Additionally, I understand that abdominoplasty (panniculectomy) done to relieve symptoms of skin irritation and/or back pain is not a cosmetic operation.
- _____ I have been advised of the probable consequences of declining recommended or alternative therapies.

Continued

