CIRCUMFERENTIAL BODY LIFT

A body lift is a surgical procedure to remove excess skin and fatty tissue from the middle and lower abdomen, hips, outer thighs, back, and buttocks and to tighten muscles of the abdominal wall. A body 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 reached a stable weight.

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 circumferential body lift 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
- residual skin irregularities at the ends of incisions
- extended hospital stay
- failure to alleviate symptoms of rash and back pain
- genital region numbness
- hematoma (blood clots under skin)
- infection
- persistent swelling in the legs
- 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 scarring that may be of a different color, contour, or “bunching” due to the amount of excessive skin, asymmetrical, or have visible suture marks
- pulmonary embolism (blood clots in the lung)
- seroma (fluid collection under the skin)
- wound non-closure
- skin discoloration and swelling
- fatty tissue found deep in the skin might die resulting in areas of firmness within the skin and contour irregularities in the skin
- damage to deeper structures
- suture migration

_____ 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.

I have been advised of the probable consequences of declining the recommended or alternative therapies.

I have been informed of what to expect postoperatively, including but not limited to: estimated recovery time, anticipated activity level, and the possibility of additional procedures.

I understand that any tissue/specimen removed during the surgery may be sent to pathology for evaluation.

The doctor has answered all of my questions regarding this procedure.

This will certify that I have read this treatment agreement and that all blanks were filled in prior to my signature.

I authorize and direct __________________________, MD, with associates or assistants of his or her choice, to perform circumferential body lift on __________________________ at __________________________.

I further authorize the physician(s) and assistants to do any other procedure that in their judgment may be necessary or advisable should unforeseen circumstances arise during the procedure.

I certify that I have explained the nature, purpose, anticipated benefits, material risks, complications, and alternatives to the proposed treatment and the risks and consequences of not proceeding, have offered to answer any questions, and have fully answered all such questions. I believe that the patient/legal representative (circle one) fully understands what I have explained.

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