Informed Consent

Abdominoplasty Surgery (Tummy Tuck)

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INSTRUCTIONS

This document is about informed consent. It will tell you about Abdominoplasty Surgery (Tummy Tuck). It will outline the risks and other treatment options.

It is important that you read the whole document carefully. Please initial each page. Doing so means you have read the page. Signing the consent agreement means that you agree to the surgery that you have talked about with your plastic surgeon.

GENERAL INFORMATION

Abdominoplasty removes extra skin and fat from the tummy and tightens your abs. Abdominoplasty does not fix being overweight. Overweight people who plan to lose weight should put off all body shaping surgeries until they reach a stable weight.

Plastic surgeons have different techniques for an abdominoplasty. The abdominoplasty can be done with other body shaping surgery, like liposuction, or other elective surgeries.

ALTERNATIVE TREATMENTS

There are other ways of dealing with the extra skin and fat around the tummy. You can opt to not have the surgery to fix the loose skin and fat. Liposuction is an option, but it will not remove the loose skin around the belly or tighten loose abdomen muscles. Diet and exercise can help you lose weight. However, they will not remove the extra skin or tighten your abdomen. Other surgeries also have risks and possible problems.

SPECIFIC RISKS OF ABDOMINOPLASTY SURGERY

Uneven spots in the skin:

You may see uneven spots, shapes, and dents in your skin after the abdominoplasty. You may also see and feel wrinkles in your skin. You may get uneven spots in the skin at the end of cuts. Skin folds may occur where there is extra skin. This may get better with time or can be fixed with surgery. Uneven spots in the skin may also come from uneven fat under the skin. These can come from scarring or fat death (called “fat necrosis”). Uneven spots can get better over time. You can also go in for surgery to improve the way your tummy looks.

Cloths and Supplies:

Your surgeon may use compression cloths, pads, drains, and other supplies to help you heal. Sometimes surgeons use “tissue glues” to help tissues stick together. Some glues are made from the blood of other people, but they are tested for diseases like hepatitis and HIV before use.

Ileus:

An ileus means your intestine is blocked. It can constipate you or make it hard to pass gas. You may have nausea or vomiting. General anesthesia, pain medicine, and trauma cause this. For most people, it goes away soon. However, it may last. You may need to stay in the hospital to get food and water through an IV.

Unhappy with Appearance:

Your belly button may be in the wrong place. You may have scarring around your tummy, or it may not look right. You may not like the ways it looks after the operation. You may not be happy with the way your stomach, belly button, or pubic area look.

Possible Hernia Repair:

During the abdominoplasty, your surgeon may see a hernia. It can be seen at the cut, in your groin, or under your belly button. It is best that your surgeon fix the hernia during your abdominoplasty, if possible.

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Stitches:

You may see stitches after your surgery. The stitches may poke through your skin. They may even irritate your skin. You may need to have them removed.

Future Pregnancy:

If you are planning to get pregnant, your tummy skin and muscles may stretch and offset the tummy tuck. It is better to have abdominoplasty surgery after you have children.

DISCLAIMER

Informed consent documents give you information about a surgery you are considering. These documents explain the risks of that surgery. They also discuss other treatment options, including not having surgery. However, informed consent documents can't cover everything. Your plastic surgeon may give you more or different information. This may be based on the facts of your case.

Informed consent documents are not meant to define or serve as the standard of medical care. Standards of medical care are determined based on the facts involved in an individual case. They may change with advances in science and technology. They can also change with the way doctors practice medicine.

It is important that you read the above information carefully and get all your questions answered before signing the consent agreement on the next page.

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CONSENT FOR PROCEDURE OR TREATMENT

1. I permit Dr. Thomas Jeneby and the doctor's assistants to do the **Abdominoplasty Surgery (Tummy Tuck)**.
2. I got the information sheet on: Abdominoplasty Surgery (Tummy Tuck).
3. I understand that, during the surgery, an unexpected situation may require a different medical procedure than the surgery listed above. I permit the doctor listed above, the assistants and/or designees to provide any treatment that my doctor thinks is needed or helpful. My permission includes all treatments that my doctor does not plan to do at the start of the surgery.
4. I understand what my surgeon can and cannot do. I understand that no warranties or guarantees have been hinted at or stated outright about the outcome of the surgery. I have explained my goals. I understand which outcomes are realistic and which are not. All my questions have been answered. I understand the surgery's risks. I am aware of other risks and possible issues, benefits, and options. I understand and choose to have the surgery.
5. I agree to the anesthetics that are needed or helpful. I understand that all types of anesthesia have risks and may result in complications, injury, and even death.
6. I am aware of the serious risks to my health when blood products are used. I agree to my doctor using them if my doctor, assistants, and/or designees think they are needed or helpful.
7. I agree to the disposal of any tissue, medical devices, or body parts taken out during or after surgery. I also agree to any additional surgeries or treatment that is needed or helpful.
8. I agree to have parts of my body photographed or televised appropriately before, during, and after the surgery for medical, scientific, or educational reasons, if the pictures do not reveal my identity.
9. For medical education, I agree that onlookers can be in the operating room.
10. I permit my Social Security Number to be given to the right agencies for legal reasons and medical device registration, when necessary.
11. I agree to the charges for this surgery. I understand that the doctor's charges are separate from the charges for the hospital and the anesthesia. I understand that there may be more charges if more procedures or treatments are needed or helpful. I agree to those charges, if any.
12. I understand that not having the surgery is an option and that I can opt-out of having the surgery.
13. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
    a. THE ABOVE SURGERY TO BE PERFORMED
    b. THERE MAY BE OTHER SURGERIES OR TREATMENT OPTIONS
    c. THERE ARE RISKS TO THE SURGERY

I CONSENT TO THE SURGERY AND THE ITEMS THAT ARE LISTED ABOVE (1-13).
I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS.

_____

Patient or Person Authorized to Sign for Patient Date/Time

_____

Witness Date/Time

_____ Patient Initials

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