Informed Consent

Buttock Lift Surgery

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INSTRUCTIONS

This is a document to help teach you about Buttock Lift Surgery, its risks, and other treatments.

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

A buttock lift is surgery to take off extra skin and fat from hips, outer thighs, back, and buttocks. Your surgeon may at the same time do liposuction and/or fat transfer on parts of the buttocks. In a liposuction, fat is pulled out from the body using a cannula. In fat transfer, fat from other parts of the body is injected into the buttocks. These techniques give the buttocks better shape or volume.

A buttock lift is not a weight loss treatment. Overweight persons who intend to lose weight should postpone all body shaping surgeries till they reach a stable weight.

OTHER TREATMENTS

You can choose not to treat loose skin and fat deposits with surgery. Liposuction may be a surgical option if you have good skin tone, normal weight, and have abdominal fat in some areas. Diet and exercise can help reduce overall body fat and improve shape. All surgeries have risks and potential problems.

RISKS OF BUTTOCK LIFT SURGERY

Every surgery has risks. It is important that you understand the risks and the possible problems that can result from them. All procedures have limits. Choosing to have a surgery means comparing the risks and benefits. Most patients do not face problems, but you should talk about them with your plastic surgeon. Make sure you understand all possible outcomes of buttock lift surgery.

SPECIFIC RISKS OF BUTTOCK LIFT SURGERY

Pubic Distortion:

It is possible, though rare, for this surgery to distort the pubic area. If this happens, you may need more treatments, including surgery.

Fat/Air Embolism:

Rarely, during or after liposuction or fat transfer, fat particles or air can enter the blood and travel to the heart, lungs, or brain. This can cause major problems, even death.

Seroma:

A rare problem is a seroma—a buildup of fluid between the skin and the tissues under it. Drains are usually used to prevent seromas. After surgery, if you see local swelling or a shape change, tell your surgeon. You may need to have it drained.

Use of Drains:

Your surgeon may need to put in one or more drains during your surgery. A drain is a small tube that lets fluid flow from the surgery site. A small separate cut may be needed to place the drain. If you still have a drain after the surgery, you will be told how to use it. The drain will be taken out when your doctor feels you no longer need it. The drain site may be closed at that time, often with special surgical tape or sometimes with a stitch. The doctor may also leave the site open to drain any fluid under the wound.

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Fat Necrosis:

This can happen after surgery. It can lead to hard, lumps that can be felt and may even be seen. This can improve through massage. In some cases, it may lead to swelling and form red masses with oily fluid and dead fat. These areas can also become infected and need more treatment. Based on the case, you may need to visit a clinic or need more surgery.

Delayed Healing:

Wound healing can be delayed or disrupted. Some areas of the abdomen, flank, back, or buttocks may not heal normally or may take a long time. Skin may die or peel off. You may need frequent dressing changes or more surgery to take off unhealed tissue. If past surgeries or radiation therapy have lessened the blood supply to the tissue, there is greater risk of healing problems and a poor outcome. Smokers have a greater risk of skin loss and healing problems.

Skin Discoloration/Swelling:

Bruising and swelling are normal after surgery. The skin in or near the surgery site can appear lighter or darker than the rest of the skin. Rarely, swelling or discoloration may last a long time. This effect may not go away.

Change in Sensation:

Many people have less or no feeling in the skin after surgery. This reduced feeling may go away as you start healing, but in some cases may remain. It is unlikely, but you can get a motor nerve injury. This can damage how a part of your body works or moves.

Scars:

All surgeries leave scars. Some scars are seen more clearly than others. Wounds are likely to heal after surgery, but can leave long, visible scars that will not go away. Unusual scars may occur in the skin and in the tissues below. Scars may look bad and be a different color than your other skin. The same scar may look different on the right and left side of your body. The stitches may leave a mark on your skin. These scars may be raised and red in the first few weeks or months. They usually fade over time. However, some patients can have “hypertrophic” or “keloid” scars, which means you can clearly see and feel them. They may be red, and they do not go away. You may need more treatments, like medication and/or surgery to fix this.

Re-loosening of Skin:

Most people with will notice their skin loosen again with time. This is your body’s way of reacting to movement and stretching. Those who have lost a lot of weight have a higher risk of having their skin loosen again. No matter how tight the surgeon makes your skin during the operation, it will loosen up again, to some degree. Everyone has a different degree of skin loosening.

Flattening of the Buttocks:

A surgery like this may result in flattening of the buttocks. This is due to the tightening of the lower back skin. The surgeon may minimize this effect. These procedures may be performed during the original surgery or later, depending on the case.

Anaplastic Large Cell Lymphoma:

Breast implant-associated anaplastic large cell lymphoma (BIA-ALCL), an uncommon type of cancer, may occur in the scar capsule of saline or silicone breast implants. In a buttock lift, the implants are mostly made of solid silicone. BIA-ALCL is linked to textured silicone implants. Scientists are studying how this disease may also be linked with breast implants. Lymphoma can occur anywhere in the body. The FDA has identified more than 573 cases of BIA-ALCL. Most BIA-ALCL patients have textured implants. However,

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researchers don't have exact data to identify the risks of textured and non-textured implants. Data currently estimate that the lifetime risk of BIA-ALCL ranges from 1 in 2,207 to 1 in 86,029 in women with textured breast implants. Researchers are currently studying BIA-ALCL risk. The data for BIA-ALCL in buttock lift is limited. This procedure is less commonly done in than breast implants. BIA-ALCL usually involves the breast swelling about 8 to 10 years after the first breast implant operation. Most cases were successfully treated by removing the implant and the scar surrounding it. Some rare cases require chemotherapy and/or radiation therapy.

You should stay in touch with your surgeon after your breast or buttock implant operation. If you have symptoms such as pain, lumps, swelling, or unevenness, you should seek medical care. It's important to do regular breast self-exams. It is also important to follow your doctor's recommendations for care, like undergoing mammography, ultrasound, or MRI. If you have unusual test results or implant-related symptoms, you may need to pay for tests and/or procedures to properly diagnose and treat your condition. These tests and procedures could include but are not limited to getting breast fluid or tissue to run various tests, having surgery to remove the scar around the breast implant, removing your implants, or replacing your implants.

Skin Shape Irregularities:

After surgery, you may see contour and shape changes in your skin. You may see or feel wrinkles. The skin at the ends of any cuts or "dog ears" may change due to excessive skin. This may get better with time, or you may need more surgery to fix it.

Asymmetry:

Your body may not be perfectly even (symmetrical) after surgery. It is normal for the left and right sides of the body to vary slightly due to skin tone, fat deposits, bone structure, and muscle tone. Most patients have visible differences between the right and left side of their bodies even before surgery. You may need more surgery if you want to make these differences harder to see.

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.

 _____ **Patient Initials**

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CONSENT FOR PROCEDURE OR TREATMENT

1. I permit Dr. Thomas Jeneby and the doctor's assistants to do the procedure **Buttock Lift Surgery.**
2. I got the information sheet on Buttock Lift Surgery.
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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