Informed Consent

Medial Thigh Lift Surgery

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INSTRUCTIONS

This is an informed consent document meant to help you learn more about medial thigh lift surgery. You'll learn about the surgery, its risks, and other treatment(s) you might choose.

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

In a medial (inner) thigh lift surgery, excess skin and fat from your inner thighs is removed. This is not an operation to fix being overweight. If you are obese and plan to lose weight, you should put off any surgery that will change your body shape till you have reached your weight loss goal.

Plastic surgeons use many different techniques for inner thigh lifts. This surgery can be combined with other forms of body-shaping surgery, like suction-assisted lipectomy (liposuction), and can be done at the same time as other operations you may opt to have. Your surgery may need more treatments, like blood transfusions, but this may vary as per your case.

ALTERNATIVE TREATMENTS

Having an inner medial thigh lift surgery is your choice. There may be other ways to get the results you want, including not having surgery at all. Liposuction may be one option instead of an inner thigh lift. This surgery may work for you if you have normal weight, good skin tone, and have fat only in certain areas. It may help to change your diet and exercise habits. This can help you lose weight overall. Other types of treatment may have their own risks.

RISKS OF MEDIAL THIGH LIFT SURGERY

All surgeries involve some risks. It is important that you understand these risks. You must also understand other issues that might come up during or after surgery. Every procedure has its limits. You must decide whether the possible benefits of having this surgery are better than the possible risks. Most people do not face problems, but you should talk about them with your plastic surgeon. Make sure you understand all possible outcomes of your inner thigh lift surgery.

SPECIFIC RISKS OF MEDIAL (INNER) THIGH LIFT SURGERY

Delayed Healing:

Some areas of your inner thigh may not heal normally. They may also take a long time to heal. Some areas of skin may die or peel off. You may need frequent bandage changes or more surgery to take care of the tissue that isn't healing well. If you have less blood supply due to past operations or radiation therapy, you may have a hard time healing. The results of your surgery may not be as good. Smokers have a greater risk of losing skin and have more trouble healing.

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.

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Pain:
You will have pain after surgery. The pain may vary in how strong it is and how long it lasts. In rare cases, some people experience ongoing (chronic) pain. This may happen if some nerves are trapped in the scar tissue after surgery (neuromas).

Change in Sensation:
After surgery, your sense of touch may change in the area that was operated on. You may be less sensitive to touch or lose feeling completely. These changes usually go away with time. However, changes in your sense of touch or a loss of feeling may not get completely better. There is a very small risk of motor nerve injury, which can affect how your legs and lower body work.

Seromas (Fluid Build-Up):
In rare cases, fluid may build up between your skin and the tissue underneath it after surgery, trauma, or heavy exercise. If this happens, you may need other treatment to drain the fluid. To solve this, your surgeon may put in a surgical drain.

Use of Drains:
During your surgery, your doctor may need to place a drain(s). A drain is a small tube that removes fluid from the area that was operated on. You will be told how to use your drain. Placing the drain may need a small separate cut. The drain will be taken out when your doctor decides you don't need it anymore. The drain site may be closed when the drain is taken out. This might be done with special surgical tape or with a stitch. Your doctor may also leave the area open to drain any residual fluid under the wound.

Damage to Structures:
It's possible that some parts of your body may be injured in the operation. This might include blood vessels or nerves, bowel and bladder, abdominal organs, or other parts of your body.

Sensation of Thigh Tightness:
After an inner thigh lift, the skin of your inner thigh might feel tight. This usually goes away with time. If it bothers you, you may need more surgery to fix the problem.

Pubic Distortion:
In rare cases, you may notice changes to your labia or pubic area after surgery. If this happens, you may need more treatment, including surgery. You may have difficulty having sex. You may also notice changes in the urine stream and in defecation.

Re-Loosening of Skin:
Most people with an inner thigh lift 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's skin loosens differently.

Skin Contour 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.

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Skin Discoloration/Swelling:

It's normal to have bruising and swelling after surgery. The skin near the surgery site may look lighter or darker than the rest of the skin. Although it's rare, swelling and changes in skin color might last for a long time. In some cases, these changes might be permanent.

Asymmetry:

Your body may not be perfectly even (symmetrical) after your surgery. It's normal for the left and right sides of your body to be slightly different, due to your unique 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 **Medial Thigh Lift Surgery.**
2. I got the information sheet on Medial Thigh 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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