



Informed Consent

Surgical Treatment of Fluid Collection



INSTRUCTIONS

This document is about informed consent. It will tell you about a procedure to drain fluid inside your abdomen. You will learn about the risks of this surgery and treatment options.

It is important that you read the whole document carefully. Please initial each page. Doing so means that 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

After a tummy tuck surgery, in rare instances a pocket of fluid may form in the abdomen. There is a higher risk of this happening after having it occur previously. If you have a fluid collection that has formed inside the abdomen, the original incision must be reopened, the capsule and the fluid removed, drains placed, and the incision closed.

ALTERNATIVE TREATMENTS

A surgical procedure is your choice. There are many other choices you can make. These include not having surgery.

RISKS OF SURGICAL TREATMENT OF FLUID COLLECTION

All surgeries have some risk. It is important that you know these risks. You must also understand other issues that might come up during or after surgery. Every procedure has its 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 to know all possible risks of drainage of a fluid collection in your breast(s).

SPECIFIC RISKS OF TREATMENT OF FLUID COLLECTION

Infection:

Infection is a risk of this procedure. You must take antibiotics as directed after this procedure. You must take precautions to avoid contaminated environments while healing, including work at day cares, fitness centers, and hospitals. Do not come into contact with common household hazards such as pet waste or soiled diapers while healing.

Future Fluid Collection:

It is possible to have another fluid collection after the current fluid collection has been drained. Drain(s) can be placed to decrease this risk.

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.



CONSENT FOR PROCEDURE OR TREATMENT

1. I permit Dr. Matthew C Camp and the doctor’s assistants to do the procedure **Surgical Treatment of Fluid Collection**.
2. I got the information sheet on Surgical Treatment of Fluid Collection.
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 associated with this procedure or treatment. I also understand that there may be additional charges if additional procedures or treatments are necessary or advisable, and 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 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