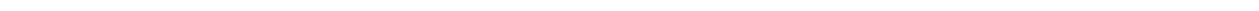




Informed Consent

Abdominoplasty Revision Surgery (Tummy Tuck)



INSTRUCTIONS

This document is about informed consent. It will tell you about Abdominoplasty Surgery Revision. 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

In this surgery we are going to attempt to correct the deep scar tissue and deformation caused by your previous surgery. We will perform lysis of adhesions, liposuction, and fat grafting to improve your abdominal contour.

Our technique of abdominoplasty includes removal of excess skin and fat, liposculpture via liposuction, correction of muscle separation, and preservation of the umbilicus. The technique we use is called “lipoabdominoplasty” as made famous by the acclaimed plastic surgeon Osvaldo Saldanha from Brazil.

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 REVISION 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. We use “tissue glues” to help tissues stick together. The adhesives come off in three weeks. Compression garment is worn 24/7 for two weeks, then 12 hrs/day for the next two weeks.

Unhappy with Appearance:

You may have scarring around your tummy, or it may not look right. You may not like the way it looks after the operation. You may not be happy with the way your stomach, belly button, or pubic area look. The pubic area may have swelling for a couple months if liposuction is performed there to reduce the prominence of the area. The fat is removed, but it takes time for the fluid to be reabsorbed. Areas where liposuction is performed may not appear symmetric after surgery. Liposuction can only address subcutaneous fat (the fat directly underneath the skin). Liposuction cannot address visceral fat (the fat under the muscles that surrounds the organs). The only way to address this fat is through diet and exercise. Patients with additional visceral fat may not be happy with the contour of the abdomen and are advised to lose weight through diet and exercise prior to this surgery.

There is a chance of fluid collection under the skin of the operated area. Drain tubes are placed to prevent this from happening. These drain tubes exit from the mons area, and are kept in place for one week. The drains are not comfortable, and can fall out if they are tugged. The drain tubes are a redundant system: only one tube needs to work, but two are placed in case one tube fails or falls out before 7 days. If the drains are removed too early, a pool of fluid may form that requires drainage with a needle. This is very rare.

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.

Infection:

You may develop an infection. It is important to take your antibiotics as directed after surgery. A serious infection may require additional medication and hospitalization which are not covered by the cost of your procedure.

Wound Healing:

You may experience poor wound healing. Smoking, diabetes, and other conditions can exacerbate poor wound healing. Poor wound healing may require treatment by a wound care specialist and this is not covered by the procedure fee.

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 **Abdominoplasty Revision Surgery (Tummy Tuck)**.
2. I got the information sheet on: Abdominoplasty Revision 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 as outlined on my Procedure Estimate sheet. 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

Matthew C Camp, MD

Date/Time