



# Informed Consent

## Excision of Axillary Tail

**INSTRUCTIONS**

This is an informed consent document to help you learn about excision of axillary tail, which is sometimes called wedge excision of axillary tail because a wedge of tissue is removed from the side of each breast. It will outline the 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**

It is common to fix areas of excess skin through surgery. Scars form as a result of surgery. They can't be avoided. To get the results you want, you may need to have more treatment. You can use creams or gels on your skin.

**OTHER TREATMENTS**

You don't have to have surgery to treat your excess skin. There are other treatments that might work for you. You can also choose to have no treatment at all.

**RISKS OF EXCISION OF AXILLARY TAIL**

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 excision of axillary tail.

**SPECIFIC RISKS RELATED TO EXCISION OF AXILLARY TAIL****Bleeding:**

You may have bruising or bleeding after your procedure. How much you bleed, or bruise can vary. You might have mild bruising that heals easily. You might also have serious blood loss that requires medical attention. You may need blood transfusions or other procedures to stop the bleeding and drain any collected blood. Each procedure has its own risks. In very rare cases, a blood transfusion may give you a known or unknown infection. Be sure to tell your surgeon about every medication and non-prescription herb or supplement you are taking. Some such medications may increase the risk of bleeding during or after surgery.

**Infection:**

You may get an infection after any procedure. Sometimes these infections aren't directly linked to the part of the body that was operated on, like pneumonia or a urinary infection. The infection can be minor or even life-threatening. If you get an infection, you may need more treatment like antibiotics, hospitalization, or surgery. It is important to tell your surgeon about any current or previous infections you may have had, even if they are minor. Tell your doctor about any serious infections, such as methicillin-resistant *Staphylococcus aureus* (MRSA) infections. You should also tell your doctor about less serious infections or injuries like an open wound, a recent upper respiratory infection or pneumonia, ingrown toenails, insect bites, tooth problems, or urinary infection. Talk about any infection or health issue you've had recently. Infections in other parts of the body may lead to an infection in the area where you've had surgery.

**Pain:**

Having pain after surgery is normal. Your surgeon may prescribe medication to reduce your discomfort. If you take medication, you must follow the instructions carefully. These medications can have serious side effects. They may be dangerous if you take too much. Using these medications may lead to addiction (especially in the case of opioids). Talk to your doctor if you have a history of trouble with any pain medication. Tell your doctor about your history with addiction of any kind. If you have any questions about medication, discuss it with your doctor.

**Scars:**

All surgeries leave scars and some are more visible than others. Everyone heals differently. Your scar may be more visible than for other people. Some scars may be raised, thick, and wide. Some may be discolored, uneven, painful, and may look bad. With some surgeries, scar tissue may form around deeper structures. This may cause other issues in the area that's been operated on. Further separate scar revision treatment may be required.

**Loss of Function:**

In an excision of axillary tail, you may experience changes with movement and feeling in the area. You may also experience swelling and pain. If you have any problems like this, tell your doctor at once.

**Poor Results:**

Although most people have good results from this surgery, there is no guarantee. Everybody is different and no one's body is perfectly symmetrical or even. Your surgeon may not know about some of these natural issues. Many issues with unevenness cannot be fully fixed with surgery. The more realistic your expectations are, the better your results will be. Some patients never get their desired results. This is not the fault of the surgeon or procedure. You may not be happy with the results of your surgery. You may see different results after surgery. These can sometimes include unevenness, unexpected shape and size, and loss of function. You may also have wounds, poor healing, scars, changes in appearance, or loss of feeling. In some cases, the issue for which you had surgery could come back. You may choose to have more surgery to get a result you are happy with.

It can be stressful to see results you don't like. Before surgery, talk to your surgeon about any doubts you have. Tell your doctor if you have a history of depression or mental health disorders. Although many people are happy after surgery, it's impossible to predict what effect surgery may have on your mental health.

**NEED FOR MORE SURGERY (RE-OPERATION)**

Many things may affect the results of your surgery. This can be after surgery or in the future. You may need to have more surgeries to get the results you want. This can include tightening, moving, shifting, or removing things. The results from surgery are often not permanent. They are likely to change over time. In the future, you may want to make more changes to the appearance or function of your body for various reasons. It could also include other factors not related to your surgery.

There may be additional costs for further procedures like this. This could include surgical fees, facility and anesthesia fees, and pathology and lab testing. Talk to your surgeon about who is responsible for paying for any additional procedures.

**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. This document is made after a full review of scientific literature and clinical practices. They describe a range of common risks and other forms of management of a disease.

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 **excision of axillary tail**.
2. I got the information sheet on **excision of axillary tail**.
3. I understand that, during the procedure, an unexpected situation may require a different medical procedure than the procedure listed above. I permit the doctor listed above, the assistants, and/or designees to provide any treatment(s) that my doctor thinks are needed or helpful. My permission includes all treatments that my doctor does not plan to do at the start of the procedure.
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 procedure. I have explained my goals. I understand which outcomes are realistic and which are not. All my questions have been answered. I understand the procedure's risks. I am aware of other risks and possible issues, benefits, and options. I understand and choose to have the procedure.
5. I agree to the anesthetics and medications 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 this procedure. I also agree to any additional surgeries or treatments that are needed or helpful.
8. I agree to have parts of my body photographed or televised appropriately before, during, and after the procedure 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 procedure is an option and that I can opt out of having the procedure.
13. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
  - a. THE ABOVE PROCEDURE OR TREATMENT TO BE PERFORMED
  - b. THERE MAY BE OTHER PROCEDURES OR TREATMENTS
  - c. THERE ARE RISKS TO THIS PROCEDURE OR TREATMENT

I CONSENT TO THE PROCEDURE OR TREATMENT AND THE ABOVE LISTED ITEMS (1-13).  
I AM SATISFIED WITH THE EXPLANATION AND HAVE NO ADDITIONAL QUESTIONS.

\_\_\_\_\_  
Patient or Person Authorized to Sign for Patient      Date/Time

\_\_\_\_\_  
Witness      Date/Time