



AMERICAN SOCIETY OF
PLASTIC SURGEONS®

Informed Consent

Body Contouring Surgery/Liposuction/Fat Transfer

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Informed Consent – Body Contouring Procedure

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INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you about all types of body contouring surgery, liposuction, and fat transfer, including their risks, as well as alternative treatment(s).

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page, and sign the consent for surgery as proposed by your plastic surgeon and agreed upon by you.

GENERAL INFORMATION

Body contouring removes excess skin and fat tissue from the abdomen, hips, outer thighs, back, arms, thighs and buttocks, and to tighten muscles of the abdominal wall. These procedures are not a surgical treatment for being overweight. Obese individuals who intend to lose weight should postpone all forms of surgical body contouring until they have reached a stable weight.

There is a variety of different techniques used by plastic surgeons for a body contouring. The procedures may be combined with other procedures and techniques, including suction-assisted lipectomy (liposuction) and fat transfer, or be performed at the same time as other elective surgeries. Your surgery may require additional treatments, such as blood transfusions, but this varies on a case-by-case basis.

A mini - abdominoplasty is a surgical procedure to remove excess skin and fatty tissue from the lower abdomen and possibly to tighten muscles of the abdominal wall, although this is not always done routinely. It is different than a full abdominoplasty, which is a more extensive procedure and generally involves muscle tightening.

Liposuction is a surgical technique to remove unwanted deposits of fat from specific areas of the body, including the face and neck, upper arms, trunk, abdomen, buttocks, hips and thighs, and the knees, calves, and ankles. This is not a substitute for weight reduction, but a method for removing localized deposits of fatty tissue that do not respond to diet or exercise. Liposuction may be performed as a primary procedure for body contouring or in combination with other surgical techniques such as facelift, abdominoplasty, or thigh lift procedures to tighten loose skin and supporting structures.

The best candidates for liposuction are individuals of relatively normal weight who have excess fat in particular body areas. Having firm, elastic skin will result in a better final contour after liposuction. Skin that has diminished tone due to stretch marks, weight loss, or natural aging will not reshape itself to the new contours and may require additional surgical techniques to remove and tighten excess skin. Body-contour irregularities due to structures other than fat cannot be improved by this technique. Liposuction by itself will not improve areas of dimpled skin known as “cellulite.”

Liposuction, also called Suction-assisted lipectomy, is a surgical procedure performed by using a hollow metal surgical instrument known as a cannula that is inserted through small skin incision(s) and is passed back and forth through the area of fatty deposit. The cannula is attached to a vacuum source, which provides the suction needed to remove the fatty tissue.

In some situations, a special cannula may be used that emits ultrasonic energy, laser energy, or a jet of water to break down fatty deposits. Depending on your needs, your surgeon may recommend suction-assisted lipectomy alone, or in combination with another technique.

A variety of different techniques are used by plastic surgeons for the liposuction procedure and care following surgery. Liposuction may be performed under local, sedation, or general anesthesia. Tumescent liposuction technique involves the infiltration of fluid containing dilute local anesthetic and epinephrine into areas of fatty deposits. This technique can reduce discomfort at the time of surgery, blood loss, and postoperative bruising.

Compression support garments and dressings are worn to control swelling and promote healing.

Labiaplasty is offered to women with excessive, redundant labia who suffer from unsightly contour lines and physical discomfort. Such women report pinching or chafing when sitting or walking, hindrance during intercourse, and difficulty maintaining hygiene during menses or after defecation.

The term labiaplasty refers to the reduction in size of the labia minora. The labia minora are the bands of tissue on either side of the vagina that are directly inside the labia majora. These two flaps of skin extend down from the clitoris. Hormonal changes in the body brought on by pregnancy, puberty, menopause, and age, enlarge and darken the color of these tissues. Many women find these changes particularly disturbing as they may be obvious to them and their sexual partners. In some cases, the labia minora can become so large that they will interfere with sexual intercourse.

Labiaplasty is one of the most common genital rejuvenation procedures performed. The procedure involves cutting away the excess tissue and closing the incision. The aim of the surgery is to reduce the labia minora and not to totally remove them.

Gynecomastia surgery is a procedure to remove excess fat, glandular tissue, and/or skin from overdeveloped or enlarged male breasts. In severe cases of gynecomastia, the weight of excess breast tissue may cause the breasts to sag and stretch the areola (the dark skin surrounding the nipple). In these cases, the position and size of the areola can be surgically improved and excess skin may need to be reduced, leading to additional scarring. Gynecomastia may result from hormonal changes, heredity, disease, or the use of certain drugs; it can present unilaterally (one breast) or bilaterally (both breasts).

There is a variety of techniques used by plastic surgeons to treat gynecomastia. There is often a more solid breast tissue under the areola, which may require excision and biopsy, as well as additional fatty tissue around the chest (often better removed with liposuction techniques). Breast cancer can occur in males, although less frequently than in females, and the solid tissue removed may require pathologic evaluation. Gynecomastia surgery can be combined with other forms of body-contouring surgery, including liposuction, or performed at the same time with other elective surgeries.

Fat Transfer to the Breasts:

Fat transfer has been used to improve the appearance of breasts reconstructed after cancer treatment, to improve the appearance of breast deformities, and to enlarge breasts for cosmetic purposes. While there is limited information regarding the long-term implications of such procedures, there are some potential concerns, especially with regard to breast cancer detection. Since the transferred fat may become firm and cause lumps, it may be necessary to undergo radiological studies (mammogram, ultrasound, or MRI) to confirm that these lumps are not due to cancer. It is also possible that the firmness may make it more difficult for you or your doctor to examine the breasts. It is also possible that a biopsy may be needed if there is concern about any abnormal findings in your breasts. However, there is no reason to believe at this time that fat transfer procedures may cause breast cancer.

Fat transfer to the breast for cosmetic augmentation may require additional surgical procedures to obtain your desired breast size. A limited amount of fat can be injected during each surgical procedure to maintain viability. Sometimes, adjuvant devices (Brava) are recommended to assist in this process.

Fat Transfer to the Buttock:

Also known as “Brazilian Butt Lift”, buttock enhancement surgery potentially improves the buttock shape and increases the volume of the buttock. Large volumes of fat transfer are often required. However, the transferred fat may become firm and cause lumps, in addition to other risks such as infection, bleeding, seroma, and fat necrosis. As discussed, fat resorption can also occur. Fat embolism is a known risk factor that can lead to death.

ALTERNATIVE TREATMENTS

Alternative forms of clinical management include not treating the areas of loose skin and fat deposits with surgery. Liposuction alone may be a surgical alternative to skin removal if there is good skin tone and localized fat deposits in an individual of normal weight. Diet and exercise programs may be of benefit for overall reduction of excess body fat and body contour improvements. Risks and potential complications are also associated with alternative surgical forms of treatment.

INHERENT RISKS OF BODY CONTOURING SURGERY

Every surgical procedure involves a certain level of risk, and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. An individual's choice to undergo a surgical procedure is based on risk-to-potential benefit ratio for that individual. Although the majority of patients do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you understand all possible consequences of body contouring surgery.

SPECIFIC RISKS OF LIPOSUCTION SURGERY

Patient Selection:

Individuals with poor skin tone, medical problems, obesity, or unrealistic expectations may not be candidates for liposuction.

Liposuction in General:

There is a possibility that large volumes of fluid containing dilute local anesthetic drugs and epinephrine that is injected into fatty deposits during surgery may contribute to fluid overload or a systemic reaction to these medications. Additional treatment including hospitalization may be necessary.

Ultrasound-, VASER-, & Laser-Assisted Lipectomy:

Risks associated with these techniques include the above-mentioned risks and the following specific risks:

Burns:

Energy may produce burns and tissue damage either at the location where the cannula is inserted into the skin or in other areas if the cannula touches the undersurface of the skin for prolonged periods of time. If burns occur, additional treatment and surgery may be necessary.

Cannula Fragmentation:

Ultrasonic energy produced within the cannula may cause disintegration (fragmentation) of the surgical instrument. The occurrence and effect of this is unpredictable. Should this occur, additional treatment including surgery may be necessary.

Unknown Risks:

The long-term effect on tissue and organs to exposure to short-duration, high-intensity ultrasonic energy is unknown. There is a possibility that additional risk factors of ultrasound-assisted liposuction may be discovered.

SPECIFIC RISKS OF BODY CONTOURING SURGERY

Pubic Distortion:

It is possible, though unusual, for patients to develop distortion of their pubic areas. Should this occur, additional treatments, including surgeries, may be necessary. You may also develop changes in your urinary stream.

Delayed Healing:

Wound disruption or delayed wound healing is possible. Some areas of the abdomen, flank, back, or

buttocks may not heal normally and may take a long time to heal. Some areas of the skin may die or slough off. This may require frequent dressing changes or further surgeries to remove non-healed tissues. Individuals who have decreased blood supply to tissues from past surgeries or radiation therapies may be at increased risk for wound healing and poor surgical outcome. Smokers have a greater risk of skin loss and wound healing complications.

Skin Discoloration/Swelling:

Bruising and swelling normally occurs following surgery. The skin in or near the surgical site can appear either lighter or darker than the surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time, and in rare situations, may be permanent.

Pain:

You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after surgery. Chronic pain may occur very infrequently due to nerves becoming trapped in the scar tissue after surgery (neuromas), or due to tissue stretching.

Umbilicus (Bellybutton):

Malposition, scarring, and unacceptable appearance or loss of the umbilicus (navel) may occur. This may require either dressing changes or further surgeries to correct.

Possible Hernia Repair:

At the time of your abdominal surgery your surgeon may identify a hernia (i.e., incisional, groin, umbilical, etc.) and try to repair this. If this involves the belly button, there is a risk of necrosis and if this is identified during the consultation, this would be discussed. You have the option to have this fixed laparoscopically before and that may be recommended if identified to reduce risk of necrosis with simultaneous repair.

Scars:

All surgeries leave scars, some more visible than others. Although good wound healing after a surgical procedure is expected, this surgery will result in long, prominent scars that are permanent. Abnormal scarring may occur within the skin and deeper tissues. Scars may be unattractive and of different color than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There is a possibility of visible marks in the skin from sutures. These scars may become raised and red in the first few weeks/months, but usually settle down over time. However, some patients are prone to “hypertrophic” or “keloid” scars, i.e. prominent, raised, red scars that do not settle. Further treatments with medications and/or surgery may be required.

Seromas (Fluid Collection):

In rare cases, fluid may accumulate between the skin and the underlying tissues following the surgery, and during trauma or vigorous exercises. Should this problem occur, it may require additional procedures for drainage of fluid. To help prevent this, surgical drains are usually employed.

Fat/Air Embolism:

In rare cases, during or after liposuction and/or fat grafting, fat particles or air can enter the vascular system and can travel to the heart, lungs, or the brain. This can result in significant complications, including death.

Use of Drains:

During your surgery, your doctor may find it necessary to place a drain(s). A drain is a small tube that drains fluid out from the area that was operated on. You will be instructed on the use of your drain. Placement of the drain may require a small separate incision. The drain will be removed when your doctor feels it is no longer necessary. The drain site may be closed at the time of drain removal. Closing the drain site may require special surgical tape or sometimes a suture. Your doctor may leave the site open to drain any residual fluid under the wound.

Re-loosening of Skin:

Almost all patients who have had this procedure will notice re-loosening of the skin over time. This occurs due to the body’s inherent response to stretch. Patients who have lost massive amounts of weight are prone

to this phenomenon. No matter how tight the surgeon makes your skin at the time of surgery, it will loosen with time to a certain degree. Everyone loosens to a different degree and this is not an error of the surgery.

Flattening of the Buttocks:

Body lift surgeries may result in flattening of the buttock region. The upward tightening of the lower back skin results in this outcome. The surgeon may perform certain procedures to minimize this effect. These procedures may be performed during the original surgery or secondarily, depending on the patient and the surgeon's preference.

Change in Sensation:

It is common to experience diminished (or loss of) skin sensation in areas that have had surgery. It is rare to experience permanent changes in sensation. Diminished (or complete loss of) skin sensation may not totally resolve after surgery. There is a very small risk of motor nerve injury, which may result in impairment of lower extremity functions.

Skin Contour Irregularities:

Contour and shape irregularities may occur. Visible and palpable wrinkling of the skin may occur. Residual skin irregularities at the ends of the incisions or "dog ears" are always a possibility when there is excessive skin. This may improve with time, or it can be surgically corrected.

Asymmetry:

Symmetrical body appearance may not result after surgery. Factors such as skin tone, fat deposits, skeletal prominence, and muscle tone may contribute to normal asymmetry in body features. Most patients show differences between the right and left side of their bodies before any surgery is performed. Additional surgery may be necessary to attempt to diminish asymmetry.

Unsatisfactory Result:

Although good results are expected, there is no guarantee or warranty, expressed or implied, on the results that may be obtained. Asymmetry, loss of function, wound disruption, poor healing, and loss of sensation may occur after surgery. Unsatisfactory surgical scar location or visible deformities at the ends of the incisions (dog ears) may occur. Thickened scars and keloids along incisions are possible.. It may be necessary to perform additional surgery to attempt to improve your results. Unsatisfactory results may NOT improve with each additional treatment.

SPECIFIC RISKS OF FAT TRANSFER PROCEDURES (ANY AREA)

Change in Appearance:

Typically, the transferred fat loses some of its volume over time and then becomes stable. It is possible that more treatments may be needed to maintain the desired volume of the transferred fat and resulting appearance. Less commonly, if you experience significant weight gain, the transferred fat may increase in volume and cause an undesirable appearance. It is important to understand that more than one treatment may be needed and to discuss with your surgeon the costs associated with repeat treatments.

Firmness and Lumpiness:

While most transferred fat results in a natural feel, it is possible that some or all of the fat may become firm, hard, or lumpy. If some of the fat does not survive the transfer, it may result in fat necrosis (death of transferred fat tissue), causing firmness and discomfort or pain. Cysts may also form at the site of the transferred fat. Surgery may be required to improve such conditions. Mammograms and other breast imaging may change as a result and require biopsy or surgery.

Stretch Marks

Stretch marks may sometimes occur in the area treated because of stretching of the skin, and they may be permanent.

Cellulite or Skin Irregularities

Cellulite or skin irregularities could develop from superficial or localized deposition of the injected fat. You should discuss treatment of this with your surgeon.

Under- or Over-Correction:

The transfer of fat may not achieve the desired outcome. The amount of correction may be inadequate or excessive. It may not be possible to control the process of fat transfer due to factors attributable to each patient's situation. If under-correction occurs, you may be advised to consider an additional fat transfer procedure. If over-correction occurs, other surgical procedures such as liposuction or excision of the fat may be required.

Asymmetry:

Symmetrical body appearance may not result from a fat transfer procedure. Factors such as skin tone, fatty deposits, bony prominence, and muscle tone may contribute to normal asymmetry in body features. It may not be possible to achieve or maintain exact symmetry following fat transfer.

Long-Term Effects:

Subsequent changes in the shape or appearance of the area where the fat was removed or placed may occur as the result of aging, weight loss or gain, or other circumstances not related to the fat transfer procedure.

Combined Procedures:

Fat grafting is safe to be performed with other surgical procedures such as breast augmentation, revision breast surgery, and breast reconstruction. There are many other surgical procedures where fat transfer may be incorporated, including facelifts, abdominoplasty, liposuction, the treatment of open wounds, scleroderma, ulcers, and scars, to name just a few.

Seroma:

Fluid may accumulate between the skin and the underlying tissues following surgery, trauma, or vigorous exercise, which is referred to as a seroma. You may notice an increase in the fat graft area, localized swelling, or a shape change that should alert you that a seroma may have occurred in your postoperative period. Seromas should be addressed to prevent an unfavorable outcome. Should this problem occur, notify your surgeon and additional procedures for the drainage of fluid may be required.

Infection:

Infection, although uncommon, can occur after surgery. If an infection occurs, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary. It is important to tell your surgeon about any other infections, such as a history of methicillin-resistant *Staphylococcus aureus* (MRSA) infections, an open wound, recent upper respiratory infection/pneumonia, ingrown toenail, insect bite, tooth abscess, or urinary tract infection. Infections in other parts of the body may lead to an infection in the surgical area. Postoperative infections often result in more extensive scarring and predispose the patient to revision surgery.

Hematoma:

Hematoma may occur after surgery. A hematoma is a localized collection of blood outside the blood vessels due to either disease or trauma, including injury or surgery, that may involve blood continuing to seep from broken capillaries. A hematoma is initially in liquid form and spreads among the tissues, including the sacs between tissues, where it may coagulate and solidify before the blood is reabsorbed into the blood vessels.

Donor Sites:

The removal of fat in the process of fat transfer is often advantageous. The common complications from liposuction can occur at your donor site. Folds, wrinkles, or creases could occur. Some patients may have inadequate donor sites for fat grafting. Typically, these are patients who have had a previous liposuction procedure.

Fat Necrosis:

Fat that is transferred may not survive. Fatty tissue found deep in the skin might die. Fat necrosis may produce areas of firmness within the skin, hard lumps, localized tenderness/pain, or skin contracture. Calcifications and oil cysts may occur. Additional surgery to remove areas of fat necrosis may be necessary. There is a possibility that contour irregularities in the skin may result from fat necrosis.

Accidental Intra-Arterial Injection:

Extremely rarely, fat may be accidentally injected into arterial structures during the course of injection and produce a blockage of blood flow. The risks and consequences of accidental intravascular injection of fillers are unknown and not predictable.

Serious Complications:

Although serious complications have been reported to be associated with fat transfer procedures, these are rare. Such conditions include, but are not limited to, fat embolism (a piece of fat may find its way into the blood stream and result in a serious or life threatening condition), stroke, meningitis (inflammation of the brain), serious infection, blindness or loss of vision, or death.

Blood Clots:

Blood clots (deep vein thrombosis; DVT) in the veins of the arms, legs, or pelvis may result from fat transfer if it is done as a surgical procedure. These clots may cause problems with the veins or may break off and flow to the lungs (pulmonary embolism; PE) where they may cause serious breathing problems.

Fat Embolism

Fat embolism involves the injection of fat into the bloodstream that damages the lungs or other organs). In rare instances, fat can enter the bloodstream, possibly through the large veins in the gluteal region and travel to the lungs. This could result in difficulty in breathing and even death. If you develop troubled breathing following surgery, you should notify your surgeon immediately and go to the nearest emergency room for evaluation.

Pulmonary Complications:

Pulmonary (lung and breathing) complications may occur from both blood clots (pulmonary emboli) and partial collapse of the lungs after general anesthesia. Should either of these complications occur, hospitalization and additional treatment may be required. Pulmonary emboli can be life threatening or fatal in some circumstances. Fat embolism syndrome occurs when fat droplets are trapped in the lungs. This is a very rare and possibly fatal complication of fat transfer procedures.

SPECIFIC RISKS OF LABIAPLASTY SURGERY

Scarring:

All surgeries leave scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of a different color than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There is a possibility of visible marks in the skin from sutures. Scarring in this area may result in painful intercourse, other sexual dysfunction, or changes to the urinary stream; in some cases, it may require surgical revision or treatment.

Pain:

You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after surgery. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue (neuroma) or due to tissue stretching. Scarring in this area may result in painful intercourse, and in some cases may require surgical revision or treatment. This may lead to functional problems with sexual intercourse or urination/defecation. Requests for significant tissue removal can lead to increased risk of pain.

SPECIFIC RISKS OF GYNECOMASTIA SURGERY

Asymmetry:

Some breast asymmetry naturally occurs in most people. Differences in terms of breast and nipple shape, size, or symmetry may also occur after surgery. Additional surgery may be necessary to revise asymmetry after a gynecomastia surgery.

Change in Nipple and Skin Sensation:

You may experience diminished (or loss of) sensitivity of the nipples and the skin of your breast. With some techniques, and after several months, many patients have normal sensation. Nipple graft techniques remove the nipple and replace it as a skin graft. Sensation will be lost with this technique. Partial or complete loss can occur of the graft as well as pigmentation loss which may not return. The location of the nipple graft may be asymmetric or different than prior.

Unsatisfactory Result:

Although good results are expected, there is no guarantee or warranty, expressed or implied, on the results that may be obtained. You may be disappointed with the results of gynecomastia surgery. Asymmetry in nipple location, unanticipated breast shape and size, loss of function, wound disruption, poor healing, and loss of sensation may occur after surgery. Healing may result in a lost nipple, thus requiring further surgery and reconstruction. Breast size may be incorrect. Unsatisfactory surgical scar location or visible deformities at the ends of the incisions (dog ears) may occur. Thickened scars and keloids along incisions are possible. Liposuction may be necessary to thin breast tissue that is outside of the normal surgical location for gynecomastia surgery. It may be necessary to perform additional surgery to attempt to improve your results. Unsatisfactory results may NOT improve with each additional treatment.

Breast Disease:

Breast disease and breast cancer can occur independently of gynecomastia surgery. Individuals with a personal history or family history of breast cancer may be at a higher risk of developing breast cancer than an individual with no family history of this disease. It is recommended that you seek professional care should a breast lump be detected. In the event that suspicious tissue is identified prior to, or during breast surgery, additional tests and therapy with corresponding expenses may be warranted.

SPECIFIC RISKS OF BRACHIOPLASTY SURGERY

Change in Sensation:

It is common to experience diminished (or loss of) skin sensation in areas that have had the surgery (upper arm, armpit). It is rare to experience permanent changes in sensation in the hands and forearms after brachioplasty, but it is possible. Diminished (or complete loss of) skin sensation may not totally resolve after brachioplasty. There is a small risk of motor nerve injury, which may result in impairment of upper extremity/hand function.

Sensation of Arm Tightness:

After lifting the arm skin, there can be a tight sensation in the arm and/or armpit skin. There could potentially be loss of range of motion of the shoulder. This usually subsides over time. Additional surgery may be required to correct this problem.

Persistent Swelling (Lymphedema):

Persistent swelling can occur following surgery.

SPECIFIC RISKS OF MEDIAL (INNER) THIGH LIFT SURGERY

Pubic Region Distortion:

It is possible, though unusual, for women to develop distortion of their labia or pubic area. Should this occur, additional treatment, including surgery, may be necessary. There may be difficulty with sexual intercourse or changes to the urinary stream/defecation after this procedure as well.

GENERAL RISKS OF SURGERY

Healing Issues:

Certain medical conditions, dietary supplements, and medication may delay and interfere with healing. Patients with massive weight loss may have a healing delay that could result in the incisions coming apart, infections, and tissue changes that would require additional medical care, surgeries, and prolonged hospitalizations. Patients with diabetes, or those taking medications (e.g., steroids) on an extended basis may have prolonged healing issues. Smoking will cause a delay in the healing process, often resulting in the need for additional surgeries. There are general risks associated with healing such as swelling, bleeding, possibility of additional surgeries, prolonged recovery, color and shape changes, infections, failure to meet the patient's goals and expectations, and added expense to the patient. There may also be a longer recovery period due to the length of surgery and the anesthesia administered. Patients with significant skin laxity (like in a body lift procedure) will continue to have the same lax skin after surgery. The quality or elasticity of the skin will not change, and recurrence of skin looseness will occur at some time in the future, quicker for some than others. There are nerve endings that may become affected by healing scars from the surgery. While there may not be a major nerve injury, the small nerve endings may become too active during the healing period, producing a painful or oversensitive area due to their associations with the scar tissue. Often, massage and early non-surgical interventions can resolve this. It is important to discuss post-surgical pain with your surgeon.

Bleeding:

It is possible, though unusual, to experience a bleeding episode during or after the surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood, or you may require a blood transfusion, though such occurrences are rare. The collection of blood that can occur under your skin following surgery is referred to as a hematoma. Increased activity too soon after surgery can lead to increased chance of bleeding and additional surgeries. It is important to follow postoperative instructions and limit exercise and strenuous activity for the instructed time. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. Hematoma can occur at any time, usually in the first three weeks following injury to the operative area. If blood transfusions are necessary to treat blood loss, there is the risk of blood-related infections such as hepatitis and HIV (AIDS). Your surgeon may provide medications after your surgery to prevent blood clots. Medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets.

Infection:

Infection, although uncommon, can occur after surgery. Should an infection occur, additional treatment, including antibiotics, hospitalization, or even surgery, may be necessary. It is important to tell your surgeon of any other infections, such as a history of methicillin-resistant *Staphylococcus aureus* (MRSA) infections, an open wound, recent upper respiratory infection/pneumonia, ingrown toenail, insect bite, tooth abscess, or urinary tract infection. Infections in other parts of the body may lead to an infection in the operated area. Post-operative infections often result in more extensive scarring and predispose the patient to revision surgery.

Scarring:

All surgeries leave scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scarring may occur within the skin and deeper tissues. Scars may be unattractive, and of a different color than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There is a possibility of visible marks in the skin from sutures. These scars may become raised, red, or discolored in the first few weeks/months, but usually settle down over time. However, some patients are prone to "hypertrophic" or "keloid" scars, i.e., prominent, raised, red scars that do not settle. Further treatments with medications and/or surgery may be required.

Firmness:

Excessive firmness can occur after surgery due to internal scarring. The occurrence of this is not predictable. Additional treatments including surgery may be necessary.

Skin Sensitivity:

Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. This usually resolves during healing, but in rare situations, it may be chronic.

Major Wound Separation:

Wounds may separate after surgery. Should this occur, additional treatment, including surgery, may be necessary.

Sutures:

Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible, or produce irritation that requires suture removal.

Damage to Deeper Structures:

There is the potential for injury to deeper structures including nerves, blood vessels, muscles, and lungs (pneumothorax) during any surgical procedure. The potential for this to occur varies according to the type of procedure being performed. Injury to deeper structures may be temporary or permanent.

Fat Necrosis:

Fat tissue found deep in the skin might die. This may produce areas of firmness within the skin. Additional surgery to remove areas of fat necrosis may be necessary. There is a possibility of contour irregularities in the skin that may result from fat necrosis.

Surgical Anesthesia:

Both local and general anesthesia involve risks. There is a possibility of complications, injuries, and even death from all forms of surgical anesthesia or sedation.

Shock:

In rare circumstances, your surgical procedure can cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. If surgical shock occurs, hospitalization and additional treatment will be necessary.

Pain:

You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after surgery. If you are a chronic pain patient followed by a pain therapy practitioner, you may be asked to see this practitioner preoperatively to assist you in the management of your pain disorder during the post-operative period. Chronic pain may occur infrequently from nerves becoming trapped in scar tissues or due to tissue stretching.

There are nerve endings that may be affected by healing scars from the surgery. While there may not be a major nerve injury, small nerve endings may become too active during the healing period, producing a painful or oversensitive area when they are involved with scar tissues. Often, massages and early non-surgical interventions can resolve this issue. It is important to discuss post-surgical pain with your surgeon.

Cardiac and Pulmonary Complications:

Pulmonary complications may occur secondarily to blood clots (pulmonary emboli), fat deposits (fat emboli), pneumonia, or partial collapse of the lungs after general anesthesia. Pulmonary emboli can be life threatening or fatal in some circumstances. Inactivity and other conditions may increase the incidence of blood clots traveling to the lungs, causing a major blood clot that may result in death. It is important to discuss with your physician any past history of swelling in your legs or blood clots that may contribute to this condition. Cardiac complication is a common risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pains, or unusual heartbeats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatments.

Venous Thrombosis (Clot) and Sequelae:

Thrombosed veins, which resemble cords, occasionally develop in the area of the breast or around IV sites, and usually resolve without medical or surgical treatments. It is important to discuss with your surgeon any birth control pills you are taking. Certain high estrogen pills may increase your risk of thrombosed veins. Personal history of bleeding and clotting problems may also increase your risk of thrombosed veins.

Allergic Reactions:

In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur in response to drugs used during surgery as well as prescription medicines. Allergic reactions may require additional treatments. It is important to notify your physician of any previous allergic reactions.

Drug Reactions:

Unexpected drug allergies, lack of proper response to medication, or illness caused by the prescribed drug are possibilities. It is important for you to inform your physician of any problems or allergies to medications, prescribed or over-the-counter, as well as medications you now regularly take. Provide your surgeon with a list of medications and supplements you are currently taking.

Surgical Wetting Solutions:

There is a possibility that large volumes of fluid containing dilute local anesthetic drugs and epinephrine injected into the fat deposits during surgery may contribute to fluid overload or cause systemic reactions. Additional treatment including hospitalization may be necessary.

Persistent Swelling (Lymphedema):

Persistent swelling can occur following surgery.

Unsatisfactory Result:

Although good results are expected, there is no guarantee or warranty on the results that may be obtained. The body is not symmetrical, and almost everyone has some degree of unevenness, which may not be recognized in advance. One side of the face may be slightly larger, and one side of the face may be droopier. The breast and trunk areas exhibit the same possibilities. Many of such issues cannot be fully corrected with surgery. The more realistic your expectations are, the better your results will appear to you. Some patients never achieve their desired goals or results, at no fault of the surgeon or the surgery itself. You may be disappointed with the results of surgery. Asymmetry, unanticipated shape and size, loss of function, wound disruption, poor healing, and loss of sensation may occur after surgery. Size may be incorrect. Unsatisfactory surgical scar location or appearance may occur. It may be necessary to perform additional surgeries to improve your results. Unsatisfactory results may NOT improve with each additional treatment.

ADDITIONAL ADVISORIES

Medications and Herbal Dietary Supplements:

There are potential adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Aspirin and medications that contain aspirin interfere with formation of blood clots, and therefore may contribute to more bleeding issues. If you have a medical condition (such as heart arrhythmia, heart stent, blood vessels with blockages, or blood clots), and are taking anticoagulant medications, such as Plavix[®], Coumadin[®], Xarelto[®], Effient[®], or Pradaxa[®], discuss management of these medications around the time of surgery with your plastic surgeon. Your plastic surgeon may sometimes coordinate a plan for these medications with the doctor that prescribed them for your medical condition. If you have been prescribed drugs for a medical condition, do not stop them without discussing it first with your plastic surgeon. Abruptly stopping these medications may result in heart attacks, strokes, or death. Be sure to check with your physician about any drug interactions that may exist with medications that you are already taking. If you have an adverse reaction, stop the drugs immediately and call your plastic surgeon for further instructions. If the reaction is severe, go immediately to the nearest emergency room.

When taking the prescribed pain medications after surgery, realize that they can affect your thought process

and coordination. Do not drive, operate complex equipment, make any important decisions, or drink alcohol while taking these medications. Be sure to take your prescribed medication only as directed.

Sun Exposure – Direct or Tanning Salon:

The effects of the sun are damaging to the skin. Exposing the treated areas to the sun may result in increased scarring, color changes, and poor healing. Patients who tan, either outdoors or in a salon, should inform their surgeon, and should either delay treatment, or avoid tanning until the surgeon says it is safe to resume. The damaging effect of sun exposure occurs even with the use sun block or clothing coverage.

Travel Plans:

Risk of complications that may delay healing and your return to normal life is associated with all surgeries. Please let the surgeon know of any travel plans, important commitments that were already scheduled or planned, or time demands that are important to you, so that the surgery can occur at appropriate times. There are no guarantees that you will be able to resume all activities in the desired timeframe. Allow at least 10-14 days prior to travelling via airplane. Medications may be required should you have a long flight/trip to prevent DVT/PE in the immediate post-operative period.

Long-term Results:

Subsequent alterations in the appearance of your body may occur due to aging, sun exposure, weight loss, weight gain, pregnancy, menopause, and other circumstances not related to your surgery.

Body Piercing:

Individuals who currently wear body-piercing jewelry in the surgical region are advised that an infection could develop from this activity. Body-piercing jewelry should be removed prior to your surgical procedure.

Nails:

To determine your vitals status during the surgery, your anesthesia provider may require access to your fingernails for monitoring. Make sure to have at least two fingernails free of nail polish or acrylic nails on the date of your surgery.

Jewelry:

Jewelry should not be brought with you at the time of your surgical procedure. Items, such as earrings, wedding rings, and necklaces should be removed and placed in a safe place.

Future Pregnancy and Breastfeeding:

This surgery is not known to interfere with pregnancy. If you are planning for a pregnancy, your breast skin may stretch and offset the results of surgery. You may have more difficulty breast-feeding after this operation.

Information for Female Patients:

It is important to inform your plastic surgeon if you use birth control pills or estrogen replacement, or if you suspect you may be pregnant. Many medications, including antibiotics, may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

Intimate Relations After Surgery:

Recovery from surgery involves coagulating of blood vessels, and increased activity of any kind may open these vessels, leading to a bleed, or hematoma. Activities that increase your pulse or heart rate may cause additional bruising, swelling, and the need to return to surgery to control bleeding. It is wise to refrain from intimate physical activities until your physician states it is safe to do so.

Mental Health Disorders and Elective Surgery:

It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvements rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgeries, and are often stressful. Please openly discuss with your surgeon, prior to the surgery, of any history of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

ADDITIONAL SURGERY NECESSARY (Re-Operations)

There are many variables that may influence the long-term result of the surgery. It is unknown how your tissue may respond or how wound healing will occur after surgery. Secondary surgery may be necessary to perform additional tightening or repositioning of body structures. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are associated with this surgery. Other complications and risks can occur but are less common. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty on the results that may be obtained. In some situations, it may not be possible to achieve optimal results with a single surgical procedure. You and your surgeon will discuss the options available should additional surgeries be advised. There may be additional costs and expenses for such additional procedures, including surgical fees, facility and anesthesia fees, as well as pathology and lab testing.

PATIENT COMPLIANCE

Follow all physicians' instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activities need to be restricted. Protective dressings and drains should not be removed unless instructed to do so by your plastic surgeon. Successful post-operative function depends on both the surgery and subsequent care. Physical activities that increase your pulse or heart rate may cause bruising, swelling, fluid accumulation, and the need for return to surgery. It is important that you participate in follow-up care and return for aftercare to promote your recovery after surgery.

ATTESTATIONS

Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray):

Patients who are currently smoking or use tobacco or nicotine products (patch, gum, or nasal spray) are at a greater risk for significant surgical complications, such as skin loss, and may experience delayed healing and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly, increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of these types of complications. Please indicate your current status regarding the items below:

I am a non-smoker and do not use nicotine products. I understand the potential risk of second-hand smoke exposure causing surgical complications.

I am a smoker or use tobacco/nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products.

I have smoked and stopped approximately _____ ago. I understand I may still have the effects and therefore risks from smoking in my system, if not enough time has lapsed.

I have been advised to stop smoking immediately, and have been informed of the risks, benefits, expectations, and alternatives to my surgery if I continue smoking.

It is important to refrain from smoking at least 6 weeks before the surgery, and not until your physician states it is safe to return, if desired. I acknowledge that I will inform my physician if I continue to smoke within this timeframe, and understand that for my safety, the surgery, if possible, may be delayed.

Smoking may have such a negative effect on your surgery that a urine or blood test may be done just before the surgery, which will determine the presence of nicotine. If positive, your surgery may be cancelled, and the fees associated with your surgery, scheduling, and other prepaid amounts may be forfeited. Please disclose your smoking status to your surgeon honestly.

Sleep Apnea/CPAP:

Individuals who have breathing disorders, such as "obstructive sleep apnea," and those who may rely upon

CPAP devices (continuous positive airway pressure) or utilize nighttime oxygen are advised that they are at a substantive risk for respiratory arrest and death when they take narcotic pain medications following surgery. This is an important consideration when evaluating the safety of surgical procedures in terms of very serious complications, including death, that relate to pre-existing medical conditions. Surgery may be considered only with post-surgery monitoring in a hospital setting in order to reduce risk of potential respiratory complications, and to safely manage pain following surgery.

Please consider the following symptoms of sleep apnea:

- I am frequently tired upon waking, and throughout the day
- I have trouble staying asleep at night
- I have been told that I snore or stop breathing during sleep
- I wake up throughout the night, or constantly turn from side to side
- I have been told that my legs or arms jerk while I'm sleeping
- I make abrupt snorting noises during sleep
- I feel tired or fall asleep during the day

It is important for you to inform and discuss any of the above symptoms that you have experienced with your surgeon.

DVT/PE Risks and Advisory:

There is a risk of blood clots, DVT and PE with every surgical procedure. It varies with the risk factors below. The higher the risk factors, the greater the risk, and the more involved you must be in both understanding these risks and, when permitted by your physician, walking and moving your legs. Leg stockings, intermittent pneumatic compression devices, and medicines may be used to help lower your risks.

There are many conditions that may increase or affect risks of clotting. Inform your doctor about any past or present history of any of the following:

- Past history of blood clots
- Family history of blood clots
- Birth control pills
- Hormone stimulating drugs
- Swollen legs
- History of cancer
- Large dose of vitamins
- Varicose veins
- Past illnesses of the heart, liver, lung, or gastrointestinal tract
- History of multiple spontaneous abortions or miscarriages

_____ I understand the risks relating to DVT/PE and how important it is to comply with the therapy, as discussed with my surgeon. The methods of preventative therapy include:

- Early ambulation when allowed
- Compression devices (SCD/ICD)
- Anticoagulation protocols when necessary

For high risk patients, the risks of VTE are still high even with appropriate chemoprophylaxis. If your surgery is elective and you are a high risk patient, it is best to consider whether or not to proceed with such elective surgery.

COMMUNICATION ACKNOWLEDGEMENT – CONSENT

There are many ways to communicate with you. It is important to keep appointments and let us know if problems or issues arise. Methods of communication include telephone, text, pager, answering service if available, email, and regular mail. If an emergency arises, keep us alerted to your progress so we may aid in any necessary treatments. Please do not leave a message afterhours or on weekends on the office answering machine if any urgent or emergent situation arises, as there is a delay in retrieving such messages. All attempts will be made to preserve your privacy in accordance with HIPAA rules.

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition, along with disclosure of risks and alternative forms of treatment(s), including no surgery. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information, which is based on all the facts in your particular case and the current state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined based on all of the facts involved in an individual's case, and are subject to change as scientific knowledge and technology advance, and as practice patterns evolve.

It is important that you read the above information carefully and have all of your questions answered before signing the consent below.

CONSENT TO USE OF MESH FOR SUPPORT IN THE ABDOMEN

Use of P4HB Natural Scaffold (Galaflex) or OTHER MESH:

In some cases, Dr. Cabbabe recommends using a soft tissue support natural scaffold called Galaflex (poly-4 hydroxybutyrate (P4HB)). This scaffold adds support to the healing tissues. P4HB is FDA approved for soft reinforcement in plastic and reconstructive surgery procedures. P4HB does not have a specific indication, but muscle repair for abdominoplasty is a plastic and reconstructive procedures.

With any muscle repair, anatomic factors can affect the long – term result, including tissue quality, pregnancies, visceral fat and other related factors that affect the abdominal wall.

Using mesh does not guarantee any outcome. Mesh can fail or become infected or displaced and require removal. Scar tissue will form as a result of the mesh and this can be palpable or lead to pain or other tightness.

I have been advised of the option of mesh usage and associated risks/benefits.

Patient name: (please print)

Patient Signature

Date

CONSENT FOR SURGERY/PROCEDURE or TREATMENT

1. I hereby authorize Dr. Samer /Edmond Cabbabe and the selected assistants to perform **BODY CONTOURING/LIPOSUCTION/FAT TRANSFER SURGERY**

I have received the following information sheet: **BODY CONTOURING/LIPOSUCTION/FAT TRANSFER CONSENT FORM**
2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those outlined above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are deemed necessary and desirable according to his or her professional judgment. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure has begun.
3. I consent to the administration of such anesthetics as considered necessary or advisable. I understand that all forms of anesthesia involve risks, and include possibility of complications, injury, and sometimes death.
4. I understand what my surgeon can and cannot do, and understand that there are no warranties or guarantees, implied or specific, about my outcome. I have had the opportunity to explain my goals, and understand which desired outcomes are realistic and which are not. All of my questions have been answered, and I understand the inherent (specific) risks to the procedures I seek, as well as those additional risks and complications, benefits, and alternatives. Understanding all of this, I elect to proceed.
5. I consent to be photographed or televised before, during, and after the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific, or educational purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices, or body parts that may be removed.
8. I am aware that there are potential significant risks to my health with the utilization of blood products, and I consent to their utilization should they be deemed necessary by my surgeon and/or his/her appointees.
9. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
10. I understand that the surgeons' fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.
11. I realize that not having the operation is an option. I opt out of having this procedure _____.
12. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
 - a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
 - b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
 - c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-12).
I AM SATISFIED WITH THE EXPLANATION.

Patient Name (please print)

Patient Signature:

Date/Time _____