

Torsoplasty - Body Lift

Patient _____ Date _____

I hereby request Dr. Isabel Chow and Dr. David Sion and their operating room team to perform upon me a surgical operation known as Torsoplasty, *also known as a body lift* (upper _____ lower _____).

This surgery has been explained to me and I understand the nature and consequences of the surgery. The following points have been particularly stressed to me:

- The purpose of a lower body lift is to remove some of the loose skin and tissue of the abdomen, flanks, and lower back.
- The purpose of an upper body lift is to remove some of the loose skin and tissue of the breast, upper abdomen, chest wall and upper back.
- At times it is also appropriate to correct a separation between the two main vertical muscles. This separation is known as diastasis recti. I have been told this is _____ / is not _____ part of my surgery.
- Complications and bad results are uncommon from this type of operation, but they do sometimes occur. It is even possible that the appearance of my torso will be less pleasing after the operation that it is now. We can make no guarantee as to the result that might be obtained from this operation. However, for the vast majority of patients, the results desired from the surgery are achieved.
- There are scars following this surgery and they are permanent. The redness of the scars usually persists for 1-2 years and may be permanent. No guarantee has been made as to the width, hardness, colour, or symmetry of these scars. The location of these scars has been explained to me. I understand it may not be feasible to use these locations and I authorize alternative locations as Dr. Chow and Dr. Sion see fit.
- I know that a subsequent pregnancy or significant weight loss or weight gain will impair whatever improvement the torsoplasty yields.

Possible Complications

When a torsoplasty is performed by a qualified plastic surgeon, complications are infrequent and usually minor. Still, individuals vary greatly in their anatomy, their physical reactions, and their healing abilities, and the outcome is never completely predictable.

The most common complications following torsoplasty include the following:

- Fluid collection (seroma): This is a collection of serum in small pockets beneath the skin. Generally, the seroma will spontaneously resorb. Occasionally, needle aspiration is necessary.
- Infection: Infection following a torsioplasty is rare. The incidence is less than 1% and severe infections are extremely uncommon. However, any surgical wound can become infected. An infection usually will become apparent a few days after the surgery. The signs are: pain, redness, heat and swelling. Antibiotics and dressing changes will often control it. On rare occasions, hospitalization and formal drainage in the operating room may be needed to control more significant infections. You will be given a prophylactic antibiotic when undergoing your torsioplasty. In addition you will be sent home with a prescription for antibiotics for 4-5 days.
- Bleeding under the tissues of the trunk (haematoma): You should expect a small amount of bleeding from your incision line during the first 24 to 36 hours after your surgery.

Any type of surgery may result in excessive bleeding in the operated area. This may be due to a temporary increase in blood pressure, for example due to coughing. It can also occur from the effects of medication like aspirin or anti-inflammatory drugs. Bleeding is usually manifested by acute swelling of the area, discolouration of the skin, pain and a feeling of tension. External compression of the wound usually stops it. In rare cases, if it continues, we may have to stop it after reopening the incision. Massive bleeding may require hospitalization and transfusion.

If the accumulation of blood is small, it may be allowed to absorb by itself or aspiration may be indicated as with a seroma. However, if it is large, formal drainage in an operating room may be necessary.

- Death (necrosis) of tissue resulting in delayed healing: When blood circulation is inadequate to bring sufficient oxygen to the tissues, some of the tissue furthest away from the blood supply may be lost. The skin will become discoloured and form a dark dry crust which will eventually separate off. The underlying normal tissues heal by themselves. This may leave a wide scar. Skin necrosis is not infrequent in patients who smoke but it is uncommon in non-smokers. Significant necrosis may necessitate further operative procedures to remove the unhealthy skin. Skin grafting may be warranted. If large areas are involved, future scar revisions can sometimes be performed to improve this appearance.
- Prominent, unsightly scars (thick, red, ropy, itchy, and painful): The normal healing of wounds is a physiological process which continues to take place in the depths of the tissues for many months before final resolution. At first, the surgical scar is almost invisible. Then it becomes red and somewhat elevated

for about 3 months. It then becomes paler, softer and flatter and reaches its resolved state in 6 to 12 months. Aesthetic surgery has its limitations. Any time the skin is opened a scar of some kind results. This may be a good scar (fine white line) or a conspicuous one, but there is always a scar of some sort.

Each individual's healing is different. Some form fine white lines while others will form heavier ones. The surgeon has no influence on the actual formation of a scar. Factors that can influence the quality of healing include smoking, obesity, infection and bleeding. The complete mechanisms of wound healing are not yet fully understood. Thus, the factors that may lead to formation of a conspicuous scar are not yet known.

Very heavy (hypertrophic) scars or keloids (scars which escape the confines of the original wound) are uncommon. They are found most frequently on the front of the chest, abdomen, and shoulder area. Dark skinned peoples (particularly those of African, Asian or Mediterranean descent) are more susceptible to the development of hypertrophic scars. Methods of treatment for unsightly scars include local pressure, cortisone injection, topical creams, and surgical revision.

This operation requires the use of external compression and the tape and dressings used to do this may cause blistering of the skin.

Sun exposure of a new scar should be avoided for the first year following your operation. An immature scar exposed to sun may become more visible and pigmented. If sun exposure is not avoidable, a strong sunblock should be used.

- Blood clots in the legs (venous thrombosis) and lungs (pulmonary embolism): These complications, though rare, are among the most serious from this type of surgery. Conditions predisposing a patient to these complications would include obesity, smoking, and a history of cardiac and pulmonary disease or blood clotting disorders, length of surgery and prolonged post operative immobility.
- The following complications are extremely rare in healthy individuals:
 - Myocardial infarction (heart attack)
 - Pneumonia
 - Stroke
 - Death.

Suction Assisted Lipectomy

Suction assisted lipectomy (SAL) is the most frequent concomitant aesthetic surgery to be combined with body lift. Liposuction is a surgical technique for removing fat deposits. Localized fat deposits are removed using a vacuum suction cannula in SAL. The goal is to attain an improved body contour by removal of unwanted fat. Although permanent problems infrequently occur, complications which have been noted with this surgery include:

- Thickened or unattractive scars at the site of the small incisions used to introduce the suction cannula
- Excessive blood loss
- Haematoma, seroma: Accumulation of blood or serum under the skin requiring removal
- Skin pigmentation
- Irregularity of contour of the area treated, (ripples, divots)
- Persistent swelling (edema)
- Bruising, discolouration
- Wrinkling or sagging of the skin
- Numbness in the area treated
- Skin loss in the area treated (necrosis)
- Thrombosis - clotting of blood in the veins of the legs. This may lead to pulmonary embolism (blockage of veins in the lungs due to blood clots traveling from the legs or pelvis)
- Rare: Fat embolism-clots of fat potentially traveling to the brain, lung and heart.
- Extremely Rare: Necrotizing fasciitis (flesh eating disease)
- Extremely Rare: injury to internal organs.

I have been told that liposuction is _____ / is not _____ part of my torsoplasty.

The complications outlined above occur more often in those patients who are obese, smoke, and have a history of lung disease or underlying chronic medical conditions.

This operation requires the use of external compression and the tape and dressings used to do this may cause blistering of the skin.

Some of the complications of these operations can cause the need for further surgery. Some of the complications can cause prolonged illness, poorly healing wounds, scarring and permanent disability.

I request and give permission for the operation to be performed as an outpatient in an accredited facility.

I consent to the performance of operations and surgeries in addition to or different from those now contemplated, arising from presently unforeseen conditions which the doctors may consider necessary or advisable in the course of the operation.

I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me as to the results of the operation.

I am not known to be allergic to anything except:_____ I have informed the doctors of all medications I am currently taking including prescriptions, over the counter remedies, herbal therapies, and any other.

I understand that smoking can increase the risk of infection, poor wound healing and poor scarring. I am _____ am not _____ a smoker.

It is important to realize that, although aesthetic surgery is designed to improve the appearance, it cannot accomplish miracles. Aesthetic plastic surgery has its limits and cannot ensure social, professional, or matrimonial success. Those who seek the benefit of aesthetic plastic surgery should do so for their own personal satisfaction, not to please someone else.

I have read or had read to me the contents of this form. I understand the risks involved in this surgery. I have had the opportunity to ask questions and all of my questions have been answered.

The cost of any surgical revisions for technical reasons will be as follows: All fees from the surgeons will be waived. The patient will be responsible for costs associated with anaesthesia and use of the surgical facility.

I consent to be photographed before, during, and after the treatment. No external use of these photographs will be made without my permission.

For patients who reside outside Ontario:

I agree to the following:

- The Surgery is to be performed in Ontario and the Courts in the Province of Ontario shall have exclusive jurisdiction to adjudicate any complaint, demand, claim or course of action including but not limited to claim for breach of contract or alleged negligence arising from the surgery and that any such legal proceedings will commence in the Province of Ontario only, and hereby submits to the jurisdiction of the courts of the Province of Ontario.
- That the relationship between Dr. Isabel Chow and Dr. David Sion and me shall be governed by and construed in accordance with the laws of the Province of Ontario.

PATIENT SIGNATURE_____

DATE_____

WITNESS_____