

## Abdominoplasty

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 Abdominoplasty, commonly known as a *tummy tuck*.

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

- The purpose of an abdominoplasty is to remove some of the loose skin and tissue of the abdominal wall.
- 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 abdominoplasty.
- 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 abdomen 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 procedure 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 abdominoplasty yields.

### Possible Complications

When an abdominoplasty 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 abdominoplasty include the following:

- Fluid collection (seroma): This is a collection of serum in small pockets

beneath the skin flaps. Generally, the seroma will spontaneously resorb. Occasionally, needle aspiration is necessary.

- Infection: Infection following abdominoplasty 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 abdominoplasty. In addition you will be sent home with a prescription for antibiotics for 4-5 days.

- Bleeding under the abdominal tissue (haematoma): Any type of surgery may result in 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. In rare cases, 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.

- Partial or complete loss of navel, asymmetry of the navel, narrowing of the navel.
- Death (necrosis) of tissue resulting in prolonged 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 become black and 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 non-viable skin and revise the scar in the future.
- 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 nutrition. 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 (for example those of African, Asian or Mediterranean descent) are more susceptible to the development of hypertrophic scars. Methods of treatment for bad scars include local pressure, cortisone injection, topical creams, and surgical revision.

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.

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

- A subsequent pregnancy or significant weight loss or weight gain will impair whatever improvement the abdominoplasty yields.
- Blood clots in the legs (venous thrombosis) and lungs (pulmonary embolism): These complications are among the most serious from this type of surgery. This is a rare complication occurring in a very small number of patients, with a higher risk seen with obese patients. Other conditions predisposing a patient to this complication would include smoking, and a history of cardiac and pulmonary disease or blood clotting disorders.
- The following complications are extremely rare in healthy individuals:
  - Myocardial infarction (heart attack)
  - Pneumonia
  - Stroke
  - Death

### **Suction Assisted Lipectomy**

Suction assisted lipectomy (SAL or Liposuction) is the most frequent concomitant aesthetic procedure to be combined with abdominoplasty. 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 procedure 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 abdominoplasty.

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

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 may necessitate 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 procedures 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.

It is important to realize that, although aesthetic surgery is designed to improve my 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 procedure. 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. I 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\_\_\_\_\_