

Informed Consent Abdominoplasty Surgery (Tummy Tuck)

INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you about abdominoplasty surgery, its 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

Abdominoplasty is a surgical procedure to remove excess skin and fatty tissue from the middle and lower abdomen and to tighten muscles of the abdominal wall. Abdominoplasty is not a surgical treatment for being overweight. Obese individuals who intend to lose weight should postpone all forms of body contouring surgery until they have reached a stable weight.

There are a variety of different techniques used by plastic surgeons for abdominoplasty. Abdominoplasty can be combined with other forms of body-contouring surgery, including liposuction, or performed at the same time with other elective surgeries.

ALTERNATIVE TREATMENTS

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

INHERENT RISKS OF ABDOMINOPLASTY SURGERY

Every surgical procedure involves a certain amount 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 the comparison of the risk to potential benefit. 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 abdominoplasty.

SPECIFIC RISKS OF ABDOMINOPLASTY SURGERY

Change in Skin Sensation:

It is common to experience diminished (or loss of) skin sensation in areas that have had surgery. For most patients the changes in sensation improve with time. However, diminished (or loss of) skin sensation may not totally resolve after an abdominoplasty.

Skin Contour Irregularities:

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

Major Wound Separation:

Wounds may separate after surgery. Should this occur, additional treatment including surgery **and even hospitalization** may be necessary.

Umbilicus:

Malposition, scarring, unacceptable appearance or loss of the umbilicus (navel) may occur. It is possible, though unusual, for women to develop distortion of their labia and pubic area. Should this occur, additional treatment including surgery may be necessary.

Use of Platelet Gel or Fibrin Sealants “Tissue Glue”:

Platelet Gel (from your blood) and Fibrin sealants (from heat-treated human blood components to inactivate virus transmission) may be used to hold tissue layers together at surgery and to diminish postoperative bruising following an abdominoplasty. Sealants have been carefully produced from screened donor blood plasma for hepatitis, syphilis, and human immunodeficiency virus (HIV). These products have been used safely for many years as sealants in cardiovascular and general surgery. These products are thought to diminish surgical bleeding and improve adherence of tissue layers.

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.

Scars:

All surgery leaves 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 scars 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 the possibility of visible marks in the skin from sutures. These scars may become raised, 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.

Injury to Deep Vital Structures:

There is an inherent risk of injuring deeper vital structures including but not limited to bowel, muscles, nerves, vessels, and other intra-abdominal structures. This can result in severe infections, bleeding, breathing difficulties, organ failure and possibly death. These injuries may require additional surgical procedures and hospitalizations to treat.

GENERAL RISKS OF SURGERY**Seroma:**

Fluid may accumulate between the skin and the underlying tissues following surgery, trauma or vigorous exercise which is referred to as a seroma. A seroma can be the most common complication following an Abdominoplasty. You may notice a increase in your abdominal girth, localized swelling or a shape change that should alert you that a seroma may have occurred in your post-operative period. Seroma's should be addressed to prevent an unfavorable outcome. Should this problem occur, notify your surgeon and additional procedures for drainage of fluid may be required.

Bleeding:

It is possible, though unusual, to experience a bleeding episode during or after surgery. Should postoperative 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 surgery. 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 additional surgery may be necessary. It is important to tell your surgeon of any other infections, such as a history of 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 to revision surgery.

Ileus:

The return of bowel function following surgery is important. An ileus are disruptions in bowel function caused by the failure of peristalsis or hypomobility of your bowels/ gut resulting in a lack of defecation and possibly repeated vomiting. Medications like pain medications given to you at the time of surgery can contribute to the development of an ileus in the post-operative period. An ileus can result in abdominal distention, vomiting, inability to absorb oral medications and possibly hospitalization. Repeated vomiting could result in an aspiration pneumonia and respiratory failure. It can be essential to have regular bowel function after your abdominoplasty.

Healing Issues:

Certain medical conditions, dietary supplements and medications may delay and interfere with healing. Patients with massive weight loss may have a healing delay that could result in the incisions coming apart (partial wound dehiscence), infection, and tissue changes resulting in the need for additional medical care, surgery, and prolonged hospitalizations. Patients with diabetes or those taking medications such as 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 surgery. There are general risks associated with healing such as swelling, bleeding, possibility of additional surgery, prolonged recovery, color changes, shape changes, infection, not meeting patient goals and expectations, and added expense to the patient. There may also be a longer recovery due to the length of surgery and anesthesia. Patients with significant skin laxity (patients seeking facelifts, breast lifts, abdominoplasty, and body lifts) will continue to have the same lax skin after surgery. The quality or elasticity of 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 involved with healing scars from surgery such as suction-assisted lipectomy, abdominoplasty, facelifts, body lifts, and extremity surgery. While there may not be a major nerve injury, the small nerve endings during the healing period may become too active producing a painful or oversensitive area due to the small sensory nerve involved with scar tissue. Often, massage and early non-surgical intervention resolves this. It is important to discuss post-surgical pain with your surgeon.

Skin Loss:

Partial or full thickness skin loss or tissue necrosis can occur following an Abdominoplasty. This can be most common in what are referred to as "water shed areas" where blood perfusion can be less than optimal. In an abdominoplasty this is the area below the umbilicus. Medical conditions and medications can also compromise blood flow. Should you develop tissue necrosis or skin loss additional surgical procedures are likely to be required for debridement and to close the wound. Once healed revisional surgery may be required.

Delayed Healing:

Wound disruption or delayed wound healing is possible. Some areas of the skin may not heal normally and may take a long time to heal. Areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue. Individuals who have decreased blood supply to tissue from past surgery or radiation therapy may be at increased risk for wound healing and poor surgical outcome. Smokers have a greater risk of skin loss and wound healing complications.

Major Wound Separation:

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

Scarring:

All surgery leaves 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 scars 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 the 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 treatment including surgery may be necessary.

Fat Necrosis:

Fatty 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 the possibility of contour irregularities in the skin that may result from fat necrosis.

Revision Surgery:

Every effort is made for you to have a favorable outcome but, unforeseen events can occur that may require revisional surgery. Patients with multiple medical problems, massive weight loss patients, smokers, patients that develop infections in the post-operative period and other high risk patients have a greater propensity to require revisional surgery. Issues that could need to be addressed in the postoperative period include but are not limited to dog ears, asymmetry, contour irregularities, folds, wrinkles, loose skin, umbilical malposition or loss, and pubic distortion.

Venous Thrombosis (Clot) and Sequelae:

Thrombosed veins, which resemble cords, occasionally develop around IV sites, and usually resolve without medical or surgical treatment. Abdominoplasty can be associated with an increased risk for Deep Venous Thrombosis (DVT) and Pulmonary Embolus (PE). Often a screening process is conducted to determine if you are at increased risk for DVT/ PE. Measures can be taken at the time of your abdominoplasty to prevent such events from occurring. It is important to discuss with your surgeon if you or your family have a history of DVT/ PE. Certain high estrogen pills, obesity, history of cancer, history of inflammatory bowel disease, etc. may increase your risk of thrombosed veins and the development of DVT/ PE.

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 complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pains, or unusual heart beats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment.

Possible Hernia Repair:

At the time of your abdominoplasty your surgeon may identify a hernia (i.e. incisional, groin, umbilical, etc.) It is your best interest that your hernia be repaired at the time of your abdominoplasty if possible.

Skin Sensitivity:

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

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, lymphatics, 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.

Surgical Anesthesia:

Both local and general anesthesia involves risk. There is the possibility of complications, injury, 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 would 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 pre operatively to assist you in the management of your pain disorder in the postoperative period. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue or due to tissue stretching.

There are nerve endings that may become involved with healing scars from surgery. While there may not be a major nerve injury, the small nerve endings during the healing period may become too active producing a painful or oversensitive area due to the small sensory nerve involved with scar tissue. Often, massage and early non-surgical intervention resolves this. It is important to discuss post-surgical pain with your surgeon.

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 and prescription medicines. Allergic reactions may require additional treatment. 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 you have had with any medication or allergies to medication, 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 the 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 systemic reaction to these medications. Additional treatment including hospitalization may be necessary.

Fat/Air Embolism:

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

Persistent Swelling (Lymphedema):

Persistent swelling can occur following surgery.

Unsatisfactory Result:

Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. The body is not symmetric and almost everyone has some degree of unevenness which may not be recognized in advance. One side of the face may be slightly larger, one side of the face droopier. The breast and trunk area exhibits the same possibilities. Many of such issues cannot be fully corrected with surgery. The more realistic your expectations as to results, the better your results will appear to you. Some patients never achieve their desired goals or results, at no fault of the surgeon or surgery. 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 surgery 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 forming 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 medications to thin your blood and prevent clotting such as Plavix, Warfarin, 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. Stopping these medications abruptly may result in a heart attack, stroke, or death. Be sure to check with your physician about any drug interactions that may exist with medications which 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, do not operate complex equipment, do not make any important decisions and do not drink any 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 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 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:

Any surgery holds the risk of complications that may delay healing and your return to normal life. Please let the surgeon know of any travel plans, important commitments already scheduled or planned, or time demands that are important to you, so that appropriate timing of surgery can occur. There are no guarantees that you will be able to resume all activities in the desired time frame. Allow at least 10-14 days to travel 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 as the result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause or 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 surgery your anesthesia provider may require access to your finger nails for monitoring. Make sure to have at least two finger nails 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, necklaces, etc. should be removed and placed in a safe place. Do not bring your jewelry with you for your surgery.

Future Pregnancy and Breast Feeding:

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

Female Patient Information:

It is important to inform your plastic surgeon if you use birth control pills, 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:

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

Mental Health Disorders and Elective Surgery:

It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery and often are stressful. Please openly discuss with your surgeon, prior to surgery, any history that you may have 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 variable conditions that may influence the long-term result of 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 expressed or implied, 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 surgery be advised. There may be additional costs and expenses for such additional procedures, including surgical fees, facility and anesthesia fees, pathology and lab testing.

PATIENT COMPLIANCE

Follow all physician 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 activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases 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, return for aftercare, and 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 of skin loss and 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 type of complications. Please indicate your current status regarding these 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.
your surgery, scheduling fee, and other prepaid amounts may be forfeited. Honestly disclose smoking to your surgeon.

___ 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 surgery and 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 time frame, 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 just before surgery may be done which will prove the presence of Nicotine. If positive, your surgery may be cancelled and your surgery, scheduling fee, and other prepaid amounts may be forfeited. Honestly disclose smoking to your surgeon.

Sleep Apnea / CPAP:

Individuals who have breathing disorders such as "Obstructive Sleep Apnea" and 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 followingsurgery. 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 monitoring afterwards 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, Deep Vein Thrombosis (DVT) and Pulmonary Embolus (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. There may also be leg stockings, squeezing active leg devices, and possibly medicines to help lower your risk.

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 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 therapy as discussed with my surgeon. The methods of preventative therapy include:

Early ambulation when allowed

Compression devices (SCD/ICD)

___Anticoagulation Protocols when Allowed

For high risk patients, the risks of VTE are still high, even in the setting of appropriate chemoprophylaxis. If your surgery is elective and you're a high risk patient, it's best to consider with not proceeding 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 communicating are by 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 after hours or on weekends on the office answering machine if any urgent or emergent situation exists, as there is a delay in retrieving such messages. All attempts will be made to preserve your privacy in accordance with HIPAA rules.

Please confirm below all acceptable ways of communicating with you:

_____ Telephone

_____ Home ()

_____ Work ()

____ Cell ()

_____Text

____Pager – Answering Service if available

____ Email – with up to date email address (_____ @ _____)

 Regular Mail and Delivery

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 on the basis of all of the facts involved in an individual 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 on the next page.

CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby authorize Dr. Kamran Efendioglu and such assistants as may be selected to perform **Abdominoplasty Surgery (Tummy Tuck)**
2. I have received the following information sheet: **Abdominoplasty Surgery (Tummy Tuck)**
3. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. 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 is begun.
4. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
5. I understand what my surgeon can and cannot do, and understand 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.
6. 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.
7. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
8. I consent to the disposal of any tissue, medical devices or body parts that may be removed.
9. 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.
10. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
11. 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.
12. I realize that not having the operation is an option. I opt out of having this procedure _____.
13. 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 or Person Authorized to Sign for Patient

Informed Consent Fat Transfer Procedures, Fat Grafts and Injections

INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you about fat transfer (fat grafts or fat injection) procedures, its 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

A person's own fat may be used to improve the appearance of the body by moving it from an area where it is less needed (usually the thighs or abdomen) to an area that has lost tissue volume due to aging, trauma, surgery, birth defects, or other causes. Typically, the transferred fat results in an increase in volume of the body site being treated. Before the procedure, the areas from where the fat is being removed may be injected with a fluid to minimize bruising and discomfort. The fat may be removed from the body by a narrow surgical instrument (cannula) through a small incision or may be excised (cut out) directly through a larger incision. In some cases, the fat may be prepared in a specific way before being replaced back in the body. This preparation may include washing, filtering, and centrifugation (spinning) of the fat. The fat is then placed into the desired area using either a smaller cannula or needle, or it may be placed directly through an incision or puncture holes. Since some of the fat that is transferred does not maintain its volume over time, your surgeon may inject more than is needed at the time to achieve the desired end result. Over a few weeks, the amount of transferred fat will decrease. At times, more fat may need to be transferred to maintain the desired results. Fat transfer procedures may be done using a local anesthetic, sedation, or general anesthesia depending on the extent of the procedure.

ALTERNATIVE TREATMENTS

Alternative forms of nonsurgical and surgical management consist of injections of man-made substances to improve tissue volume (such as hyaluronic acid, polylactic acid, etc.), use of man-made implants, or other surgical procedures that transfer fat from the body (flaps). Risks and potential complications are associated with alternative forms of treatment.

INHERENT RISKS OF FAT TRANSFER PROCEDURES

Every surgical procedure involves a certain amount 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 the comparison of the risk to potential benefit. 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 fat transfer procedures.

SPECIFIC RISKS OF FAT TRANSFER PROCEDURES

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 therefore 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.

Under / 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 additional fat transfer procedure. If over correction occurs other surgical procedures such as liposuction or excision of the fat could 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.

Tissue Loss:

In rare cases, the transferred fat may cause the skin over the treated area to be injured resulting in loss of the skin and surrounding tissue. This may leave scars and disfigurement and require surgery for treatment.

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 regards to breast cancer detection. Since the transferred fat may become firm and cause lumps, it may be necessary to have radiological studies (mammogram, ultrasound, or MRI) performed to be sure 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 currently to believe 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:

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 Transfer to the Face:

Fat can be placed throughout the face to give a more youthful appearance. Common areas of fat transfer include the temples, the folds around the mouth, cheeks & chin. This is an alternative to traditional fillers such as hyaluronic acid or hydroxyapatite. Because the fat is living, it is a more permanent solution. Fat transfer to the face may cause complications such as lumps, puffiness, infection, and bleeding. Vision abnormalities, including blindness, may occur in rare instances. In rare cases, fat transfer to the face can block oxygen supply to the brain, resulting in a stroke.

Fat Transfer to the Hand:

Fat can be transferred to the hands to re-contour them, give a more youthful appearance, and hide some of the underlying structures that become more apparent with age. Besides the complications related to fat grafting in general, fat transfer to the hands may cause swelling and bruising that may last for a prolonged period of time.

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 included 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 a increase in fat graft area, localized swelling or a shape change that should alert you that a seroma may have occurred in your post operative period. Seroma's should be addressed to prevent an unfavorable outcome. Should this problem occur, notify your surgeon and additional procedures for drainage of fluid may be required.

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. These are typically patients who have previously had a 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 the possibility of contour irregularities in the skin that may result from fat necrosis.

Accidental Intra-Arterial Injection:

It is extremely rare that during the course of injection, fat could be accidentally injected into arterial structures and produce a blockage of blood flow. This may produce skin necrosis in structures or damage blood flow to the eye, resulting in loss of vision. The risk and consequences of accidental intravascular injection of fillers is unknown and not predictable.

Serious Complications:

Although serious complications have been reported to be associated with fat transfer procedures, these are very 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 embolus; PE) where they may cause serious breathing problems.

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, you may require hospitalization and additional treatment. 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.

GENERAL RISKS OF SURGERY**Healing Issues:**

Certain medical conditions, dietary supplements and medications may delay and interfere with healing. Patients with massive weight loss may have a healing delay that could result in the incisions coming apart (partial wound dehiscence), infection, and tissue changes resulting in the need for additional medical care, surgery, and prolonged hospitalizations. Patients with diabetes or those taking medications such as 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 surgery. There are general risks associated with healing such as swelling, bleeding, possibility of additional surgery, prolonged recovery, color changes, shape changes, infection, not meeting patient goals and expectations, and added expense to the patient. There may also be a longer recovery due to the length of surgery and anesthesia. Patients with significant skin laxity (patients seeking facelifts, breast lifts, abdominoplasty, and body lifts) will continue to have the same lax skin after surgery. The quality or elasticity of 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 involved with healing scars from surgery such as suction-assisted lipectomy, abdominoplasty, facelifts, body lifts, and extremity surgery. While there may not be a major nerve injury, the small nerve endings during the healing period may become too active producing a painful or oversensitive area due to the small sensory nerve involved with scar tissue. Often, massage and ear early non-surgical intervention resolves 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 surgery. Should postoperative 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 surgery. 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. You could require a blood transfusion. If blood transfusions are necessary to treat blood loss, there is the risk of blood-related infections such as hepatitis and HIV (AIDS). It can be common for your surgeon to provide medications after your fat transfer to the buttock to prevent blood clots. Medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets.

Infection:

Although infection following injection of fat transfer is unusual, bacterial, fungal, and viral infections can occur. Herpes simplex virus infections around the mouth can occur following fat transfer around the mouth. This applies to both individuals with a past history of herpes simplex virus infections and individuals with no known history of herpes simplex virus infections in the mouth area. Specific medications must be prescribed and taken both prior to and following the treatment procedure in order to suppress an infection from this virus. Should any type of skin infection occur, additional treatment including antibiotics may be necessary.

Infection, although uncommon, can occur after surgery. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary. It is important to tell your surgeon of any other infections, such as a history of MRSA infections, an open wound, recent upper respiratory infection/ pneumonia, 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 scarring which may require revision surgery at a later date. There can be an expense associated with these revision surgeries.

Ileus:

The return of bowel function following surgery is important. An ileus are disruptions in bowel function caused by the failure of peristalsis or hypomobility of your bowels/ gut resulting in a lack of defecation and possibly repeated vomiting. Medications like pain medications given to you at the time of surgery can contribute to the development of an ileus in the post-operative period. An ileus can result in abdominal distention, vomiting, inability to absorb oral medications and possibly hospitalization. Repeated vomiting could result in an aspiration pneumonia and respiratory failure. It can be essential to have regular bowel function after your fat grafting.

Scarring:

All surgery leaves 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 the possibility of visible marks in the skin from sutures. In some cases, scars may require surgical revision or treatment.

Firmness:

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

Skin Sensitivity:

Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this 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.

Delayed Healing:

Wound disruption or delayed wound healing is possible. Some areas of the skin may not heal normally and may take a long time to heal. Areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue. Individuals who have decreased blood supply to tissue from past surgery or radiation therapy may be at increased risk for wound healing and poor surgical outcome. Smokers have a greater risk of skin loss and wound healing complications.

Revision Surgery:

Every effort is made for you to have a favorable outcome but, unforeseen events can occur that may require revisional surgery. Patients with multiple medical problems, massive weight loss patients, smokers, patients that develop infections in the post-operative period and other high risk patients have a greater propensity to require revisional surgery. Issues that could need to be addressed in the postoperative period include but are not limited to dog ears, asymmetry, contour irregularities, folds, wrinkles, loose skin, over correction and under correction.

Damage to Deeper Structures:

There is the potential for injury to deeper structures including nerves, blood vessels, lymphatics, 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.

Surgical Anesthesia:

Both local and general anesthesia involves risk. There is the possibility of complications, injury, 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 would 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 pre operatively to assist you in the management of your pain disorder in the postoperative period. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue or due to tissue stretching.

There are nerve endings that may become involved with healing scars from surgery. While there may not be a major nerve injury, the small nerve endings during the healing period may become too active producing a painful or oversensitive area due to the small sensory nerve involved with scar tissue. Often, massage and early non-surgical intervention resolves this. 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 complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pains, or unusual heart beats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment.

Venous Thrombosis (Clot) and Sequelae:

Thrombosed veins, which resemble cords, occasionally develop around IV sites, and usually resolve without medical or surgical treatment. Abdominoplasty with fat transfer can be associated with an increased risk for Deep Venous Thrombosis (DVT (DVT) and Pulmonary Embolus (PE)). Often a screening process is conducted to determine if you are at increased risk for DVT/ PE. Measures can be taken at the time of your Fat Transfer to prevent such events from occurring. It is important to discuss with your surgeon if you or your family have a history of DVT/ PE. Certain high estrogen pills, obesity, history of cancer, history of inflammatory bowel disease, etc. may increase your risk of thrombosed veins and the development of DVT/ PE.

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 and prescription medicines. Allergic reactions may require additional treatment. 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 you have had with any medication or allergies to medication, 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 the 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 systemic reaction to these medications. Additional treatment including hospitalization may be necessary.

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 brain. This can result in significant complications including death.

Persistent Swelling (Lymphedema):

Persistent swelling can occur following surgery.

Unsatisfactory Result:

Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. The body is not symmetric and almost everyone has some degree of unevenness which may not be recognized in advance. One side of the face may be slightly larger, one side of the face droopier. The breast and trunk area exhibits the same possibilities. Many of such issues cannot be fully corrected with surgery. The more realistic your expectations as to results, the better your results will appear to you. Some patients never achieve their desired goals or results, at no fault of the surgeon or surgery. 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 surgery 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 forming 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 medications to thin your blood and prevent clotting such as Plavix, Warfarin, 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. Stopping these medications abruptly may result in a heart attack, stroke, or death. Be sure to check with your physician about any drug interactions that may exist with medications which 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, do not operate complex equipment, do not make any important decisions and do not drink any 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 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 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:

Any surgery holds the risk of complications that may delay healing and your return to normal life. Please let the surgeon know of any travel plans, important commitments already scheduled or planned, or time demands that are important to you, so that appropriate timing of surgery can occur. There are no guarantees that you will be able to resume all activities in the desired time frame. Allow at least 10-14 days to travel 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 as the result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause or other circumstances not related to your surgery.

Interference with Sentinel Lymph Node Mapping Procedures:

Breast surgery procedures that involve cutting through **or grafting** breast tissue, similar to a breast biopsy, can potentially interfere with diagnostic procedures to determine lymph node drainage of breast tissue to stage breast cancer.

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 surgery your anesthesia provider may require access to your finger nails for monitoring. Make sure to have at least two finger nails 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, necklaces, etc. should be removed and placed in a safe place. Do not bring your jewelry with you for your surgery.

Future Pregnancy and Breast Feeding:

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

Female Patient Information:

It is important to inform your plastic surgeon if you use birth control pills, 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:

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

Mental Health Disorders and Elective Surgery:

It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery and often are stressful. Please openly discuss with your surgeon, prior to surgery, any history that you may have 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 variable conditions that may influence the long-term result of 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 expressed or implied, 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 surgery be advised. There may be additional costs and expenses for such additional procedures, including surgical fees, facility and anesthesia fees, pathology and lab testing.

PATIENT COMPLIANCE:

Follow all physician 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 activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases 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, return for aftercare, and 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 of skin loss and 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 type of complications. Please indicate your current status regarding these 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 surgery and 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 time frame, 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 just before surgery may be done which will prove the presence of Nicotine. If positive, your surgery may be cancelled and your surgery, scheduling fee, and other prepaid amounts may be forfeited. Honestly disclose smoking to your surgeon.

Sleep Apnea / CPAP:

Individuals who have breathing disorders such as "Obstructive Sleep Apnea" and 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 monitoring afterwards 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

Page 8 *Patient Initials* _____

Page 9 Patient Initials

CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby authorize Dr. Kamran Efendioglu and such assistants as may be selected to perform **Fat Transfer Procedures, Fat Grafts and Injections**
2. I have received the following information sheet: **Fat Transfer Procedures, Fat Grafts and Injections**
3. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. 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 is begun.
4. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
5. I understand what my surgeon can and cannot do, and understand 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.
6. 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.
7. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
8. I consent to the disposal of any tissue, medical devices or body parts that may be removed.
9. 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.
10. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
11. 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.
12. I realize that not having the operation is an option. I opt out of having this procedure _____.
13. 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 or Person Authorized to Sign for Patient

Informed Consent of Gynecomastia Surgery

INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you about gynecomastia (male breast reduction) surgery, its 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

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, and can present unilaterally (one breast) or bilaterally (both breasts). There are a variety of different techniques used by plastic surgeons to treat gynecomastia. There is often a more solid breast tissue under the areola that 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.

ALTERNATIVE TREATMENTS

Alternative forms of management consist of not undergoing the surgical procedure or wearing undergarments to help mask the appearance of large breasts. In selected patients, liposuction has been used to reduce the size of large breasts. Risks and potential complications are also associated with alternative forms of treatments.

INHERENT RISKS OF GYNECOMASTIA SURGERY

Every surgical procedure involves a certain amount 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 the comparison of the risk to potential benefit. 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 gynecomastia surgery.

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 a 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.

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 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 a person 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.

GENERAL RISKS OF SURGERY

Healing Issues:

Certain medical conditions, dietary supplements and medications may delay and interfere with healing. Patients with massive weight loss may have a healing delay that could result in the incisions coming apart, infection, and tissue changes resulting in the need for additional medical care, surgery, and prolonged hospitalizations. Patients with diabetes or those taking medications such as 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 surgery. There are general risks associated with healing such as swelling, bleeding, possibility of additional surgery, prolonged recovery, color changes, shape changes, infection, not meeting patient goals and expectations, and added expense to the patient. There may also be a longer recovery due to the length of surgery and anesthesia. Patients with significant skin laxity (patients seeking facelifts, breast lifts, abdominoplasty, and body lifts) will continue to have the same lax skin after surgery. The quality or elasticity of 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 involved with healing scars from surgery. While there may not be a major nerve injury, the small nerve endings during the healing period may become too active producing a painful or oversensitive area due to the small sensory nerve involved with scar tissue. Often, massage and early non-surgical intervention resolves this. It is important to discuss post-surgical pain with your surgeon.

Nipple and Areolar Necrosis:

While very rare, it is possible for the area areola (area around the nipple) and nipple to not have good blood flow after surgery which may result in the tissue dying. This will result in a wound and delayed healing. The nipple and areola may then be gone but may be reconstructed.

Bleeding:

It is possible, though unusual, to experience a bleeding episode during or after surgery. Should postoperative 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 surgery. 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 additional surgery may be necessary. It is important to tell your surgeon of any other infections, such as a history of 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 to revision surgery.

Scarring:

All surgery leaves 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 the possibility of visible marks in the skin from sutures. In some cases, scars may require surgical revision or treatment.

Firmness:

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

Skin Sensitivity:

Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this 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, lymphatics, 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:

Fatty 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 the possibility of contour irregularities in the skin that may result from fat necrosis.

Surgical Anesthesia:

Both local and general anesthesia involves risk. There is the possibility of complications, injury, 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 would 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 pre operatively to assist you in the management of your pain disorder in the postoperative period. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue or due to tissue stretching.

There are nerve endings that may become involved with healing scars from surgery. While there may not be a major nerve injury, the small nerve endings during the healing period may become too active producing a painful or oversensitive area due to the small sensory nerve involved with scar tissue. Often, massage and early non-surgical intervention resolves this. 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 complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pains, or unusual heart beats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment.

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 treatment. 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 and prescription medicines. Allergic reactions may require additional treatment. 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 you have had with any medication or allergies to medication, 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 the 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 systemic reaction to these medications. Additional treatment including hospitalization may be necessary.

Fat/Air Embolism:

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

Persistent Swelling (Lymphedema):

Persistent swelling can occur following surgery.

Unsatisfactory Result:

Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. The body is not symmetric and almost everyone has some degree of unevenness which may not be recognized in advance. One side breast may be slightly larger; one breast may be droopier. Many of such issues cannot be fully corrected with surgery. The more realistic your expectations as to results, the better your results will appear to you. Some patients never achieve their desired goals or results, at no fault of the surgeon or surgery. 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 surgery 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 forming 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 medications to thin your blood and prevent clotting such as Plavix, Warfarin, 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. Stopping these medications abruptly may result in a heart attack, stroke, or death. Be sure to check with your physician about any drug interactions that may exist with medications which 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, do not operate complex equipment, do not make any important decisions and do not drink any 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 incision areas to 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 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:

Any surgery holds the risk of complications that may delay healing and your return to normal life. Please let the surgeon know of any travel plans, important commitments already scheduled or planned, or time demands that are important to you, so that appropriate timing of surgery can occur. There are no guarantees that you will be able to resume all activities in the desired time frame. Allow at least 10-14 days to travel 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 as the result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause or 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 surgery your anesthesia provider may require access to your finger nails for monitoring. Make sure to have at least two finger nails 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, necklaces, etc. should be removed and placed in a safe place. Do not bring your jewelry with you for your surgery.

Intimate Relations After Surgery:

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

Mental Health Disorders and Elective Surgery:

It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery and often are stressful. Please openly discuss with your surgeon, prior to surgery, any history that you may have 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 variable conditions that may influence the long-term result of 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 expressed or implied, 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 surgery be advised. There may be additional costs and expenses for such additional procedures, including surgical fees, facility and anesthesia fees, pathology and lab testing.

PATIENT COMPLIANCE:

Follow all physician 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 activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases 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, return for aftercare, and 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 of skin loss and 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 type of complications. Please indicate your current status regarding these 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 surgery and 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 time frame, 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 just before surgery may be done which will prove the presence of Nicotine. If positive, your surgery may be cancelled and your surgery, scheduling fee, and other prepaid amounts may be forfeited. Honestly disclose smoking to your surgeon.

Sleep Apnea / CPAP:

Individuals who have breathing disorders such as "Obstructive Sleep Apnea" and 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 monitoring afterwards 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, Deep Vein Thrombosis (DVT) and Pulmonary Embolus (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. There may also be leg stockings, squeezing active leg devices, and possibly medicines to help lower your risk.

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:

CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby authorize Dr. Kamran Efendioglu and such assistants as may be selected to perform
Gynecomastia Surgery
2. I have received the following information sheet: **Gynecomastia Surgery**
3. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. 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 is begun.
4. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
5. I understand what my surgeon can and cannot do, and understand 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.
6. 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.
7. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
8. I consent to the disposal of any tissue, medical devices or body parts that may be removed.
9. 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.
10. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
11. 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.
12. I realize that not having the operation is an option. I opt out of having this procedure _____.
13. 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 or Person Authorized to Sign for Patient

Informed Consent :

LIPOSUCTION

ULTRASOUND ASSISTED LIPOSUCTION (UAL)

WATER ASSISTED LIPOSUCTION (WAL)

POWER ASSISTED LIPOSUCTION (PAL)

LASER ASSISTED LIPOSUCTION (LAL)

VASER LIPOSUCTION

INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you about liposuction surgery, its 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

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 combined 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. Bodycontour 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 suctionassisted lipectomy alone, or in combination with another technique.

There are a variety of different techniques used by plastic surgeons for liposuction and care following surgery. Liposuction may be performed under local, sedation, or general anesthesia. Tumescant 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.

ALTERNATIVE TREATMENTS

Alternative forms of management consist of not treating the areas of fatty deposits. Diet and exercise regimens may be of benefit in the overall reduction of excess body fat. Direct removal of excess skin and fatty tissue may be necessary in addition to liposuction in some patients. Nonsurgical external heating or cooling treatments may also be considered to reduce fat. Treatment with deoxycholic acid can also be considered. Risks and potential complications are associated with alternative surgical forms of treatment.

INHERENT RISKS OF LIPOSUCTION SURGERY

Every surgical procedure involves a certain amount 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 the comparison of the risk to potential benefit. 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 liposuction.

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 the 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 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 the possibility that additional risk factors of ultrasound-assisted liposuction may be discovered.

GENERAL RISKS OF SURGERY

Healing Issues:

Certain medical conditions, dietary supplements and medications may delay and interfere with healing. Patients with diabetes or those taking medications such as 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 surgery. There are general risks associated with healing such as swelling, bleeding, possibility of additional surgery, prolonged recovery, color changes, shape changes, infection, not meeting patient goals and expectations, and added expense to the patient. There may also be a longer recovery due to the length of surgery and anesthesia. Patients with significant skin laxity will continue to have the same lax skin after surgery. The quality or elasticity of 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 involved with healing scars from surgery. While there may not be a major nerve injury, the small nerve endings during the healing period may become too active producing a painful or oversensitive area due to the small sensory nerve involved with scar tissue; the pain could be permanent. Often, massage and early non-surgical intervention resolves 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 surgery. Should postoperative 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 surgery. 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 additional surgery may be necessary. It is important to tell your surgeon of any other infections, such as a history of 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 to revision surgery.

Scarring:

All surgery leaves 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 scars 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 the 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 treatment including surgery may be necessary.

Incision Separation:

Incisions 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.

Delayed Healing:

Wound disruption or delayed wound healing is possible. Some areas of the skin may not heal normally and may take a long time to heal. Areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue. Individuals who have decreased blood supply to tissue from past surgery or radiation therapy may be at increased risk for wound healing and poor surgical outcome. Smokers have a greater risk of skin loss and wound healing complications.

Damage to Deeper Structures:

There is the potential for injury to deeper structures including nerves, blood vessels, lymphatics, muscles, internal organs such as intestines, liver, kidneys, spleen, 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 and may result in significant illness or death.

Fat Necrosis:

Fatty 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 the possibility of contour irregularities in the skin that may result from fat necrosis.

Seroma:

Infrequently, fluid may accumulate between the skin and the underlying tissues following surgery, trauma or vigorous exercise. Should this problem occur, it may require additional procedures for drainage of fluid.

Surgical Anesthesia:

Both local and general anesthesia involves risk. There is the possibility of complications, injury, 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 would 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 pre operatively to assist you in the management of your pain disorder in the postoperative period. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue or due to tissue stretching.

There are nerve endings that may become involved with healing scars from surgery. While there may not be a major nerve injury, the small nerve endings during the healing period may become too active producing a painful or oversensitive area due to the small sensory nerve involved with scar tissue. Often, massage and early non-surgical intervention resolves this. 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 complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pains, or unusual heart beats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment.

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 brain. This can result in significant complications including death.

Venous Thrombosis (Clot) and Sequelae:

Thrombosed veins, which resemble cords, occasionally develop around IV sites, and usually resolve without medical or surgical treatment. 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 and prescription medicines. Allergic reactions may require additional treatment. 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 you have had with any medication or allergies to medication, 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.

Asymmetry:

Symmetrical body appearance may not result after surgery. Factors such as skin tone, fatty deposits, skeletal prominence, and muscle tone may contribute to normal asymmetry in body features. Most patients have 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.

Surgical Wetting Solutions:

There is the 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 systemic reaction to these medications. 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 expressed or implied, on the results that may be obtained. The body is not symmetric and almost everyone has some degree of unevenness which may not be recognized in advance. One side of the face may be slightly larger, one side of the face droopier. The breast and trunk area exhibits the same possibilities. Many of such issues cannot be fully corrected with surgery. The more realistic your expectations as to results, the better your results will appear to you. Some patients never achieve their desired goals or results, at no fault of the surgeon or surgery. 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 surgery to improve your results. Unsatisfactory results may NOT improve with each additional treatment. When taking the prescribed pain medications after surgery, realize that they can affect your thought process and coordination. Do not drive, do not operate complex equipment, do not make any important decisions and do not drink any 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 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 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:

Any surgery holds the risk of complications that may delay healing and your return to normal life. Please let the surgeon know of any travel plans, important commitments already scheduled or planned, or time demands that are important to you, so that appropriate timing of surgery can occur. There are no guarantees that you will be able to resume all activities in the desired time frame. Allow at least 7 days to travel 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 as the result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause or 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 surgery your anesthesia provider may require access to your finger nails for monitoring. Make sure to have at least two finger nails 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.

Female Patient Information:

It is important to inform your plastic surgeon if you use birth control pills, 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:

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

Mental Health Disorders and Elective Surgery:

It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery and often are stressful. Please openly discuss with your surgeon, prior to surgery, any history that you may have 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 variable conditions that may influence the long-term result of 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 expressed or implied, 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 surgery be advised. There may be additional costs and expenses for such additional procedures, including surgical fees, facility and anesthesia fees, pathology and lab testing.

PATIENT COMPLIANCE

Follow all physician 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 activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases 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, return for aftercare, and 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 of skin loss and 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 type of complications. Please indicate your current status regarding these 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 surgery and 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 time frame, 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 just before surgery may be done which will prove the presence of Nicotine. If positive, your surgery may be cancelled and your surgery, scheduling fee, and other prepaid amounts may be forfeited. Honestly disclose smoking to your surgeon.

Sleep Apnea / CPAP:

Individuals who have breathing disorders such as "Obstructive Sleep Apnea" and 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 monitoring afterwards 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, Deep Vein Thrombosis (DVT) and Pulmonary Embolus (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. There may also be leg stockings, squeezing active leg devices, and possibly medicines to help lower your risk.

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 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 therapy as discussed with my surgeon. The methods of preventative therapy include:

- ☐ Early ambulation when allowed
- ☐ Compression devices (SCD/ICD)
- ☐ Anticoagulation Protocols when Allowed

For high risk patients, the risks of VTE are still high, even in the setting of appropriate chemoprophylaxis. If your surgery is elective and you're a high risk patient, it's best to consider with not proceeding 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 communicating are by 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 after hours or on weekends on the office answering machine if any urgent or emergent situation exists, as there is a delay in retrieving such messages. All attempts will be made to preserve your privacy in accordance with HIPAA rules.

Please confirm below all acceptable ways of communicating with you:

____ Telephone

_____ Home ()

_____ Work ()

_____ Cell ()

_____Text

____ Pager – Answering Service if available

____ Email – with up to date email address (_____ @ _____)

____ Regular Mail and Delivery

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 on the basis of all of the facts involved in an individual 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 on the next page.

CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby authorize Dr. Kamran Efendioglu and such assistants as may be selected to perform
LIPOSUCTION
ULTRASOUND ASSISTED LIPOSUCTION (UAL)
WATER ASSISTED LIPOSUCTION (WAL)
POWER ASSISTED LIPOSUCTION (PAL)
LASER ASSISTED LIPOSUCTION (LAL)
VASER LIPOSUCTION

2. I have received the following information sheet: **LIPOSUCTION, ULTRASOUND ASSISTED LIPOSUCTION (UAL)**

WATER ASSISTED LIPOSUCTION (WAL), POWER ASSISTED LIPOSUCTION (PAL), LASER ASSISTED LIPOSUCTION (LAL)
VASER LIPOSUCTION

I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. 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 is begun.

3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
4. I understand what my surgeon can and cannot do, and understand 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 or Person Authorized to Sign for Patient

