

THE PLASTIC SURGERY CLINIC

Dr Luke Stradwick MBBS (Hons), BMedSci (Hons), FRACS

CONSENT FOR ABDOMINOPLASTY (Tummy Tuck)

1. I hereby request the above named surgeon(s) and/or their associates to perform a surgical procedure known as abdominoplasty or "tummy tuck".
2. I understand that every surgical procedure involves certain risks and possibilities of complications such as bleeding, infection, poor healing, tissue damage, nerve injury and, in rare cases, death or other serious bodily injury. These and other complications may follow even when the surgeon(s) uses the utmost care, judgement and skill. These risks have been explained to me and I accept them. The following points have been explained in detail:
 - a. There are always rather long scars following this procedure. They surround the navel, may extend vertically in the mid-line to the navel, and will extend horizontally above the pubis to the hip bones or above the hip bone towards the waist. Occasionally, wide, thick or otherwise unfavourable scars result which may preclude wearing a brief bathing suit bottom.
 - b. That there may be swelling around the operated area which can persist for several weeks and, in rare cases, longer following the procedure.
 - c. There may be discolouration of the skin (bruising) for several weeks.
 - d. There may be scattered areas of numbness over the operated area following surgery which may persist for an indefinite period of time.
 - e. Scars which are permanent require an indefinite period of time to soften, fade, and look their best, usually six months to one year. All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within both the skin and deeper tissues. Scars may be unattractive and of darker colour than surrounding skin tone. There is the possibility of visible marks from sutures used to close the wound. There is the possibility that scars may limit motion and function. Additional treatments, including surgery, may be needed to treat scarring.
 - f. Delayed healing at times occurs along the margins of the incisions and occasionally there is some loss along the skin edges requiring prolonged dressings or additional surgery for correction. Additional surgical procedures will involve additional charges or fees. Smokers have a greater risk of skin loss and wound healing complications.
 - g. It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood or blood transfusion. I will not take any Aspirin or anti-inflammatory medications for ten days before surgery, as this may increase the risk of bleeding.
 - h. Infection is unusual after this type of surgery. Should an infection occur, treatment including antibiotics or additional surgery may be necessary.
 - i. Deeper structures such as nerves, blood vessels and muscles may be damaged during the course of the surgery. The potential for this to occur varies with where in the body surgery is being performed. Injury to deeper structures may be temporary or permanent.

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- j. I understand that I may be unable to stand fully erect for up to six weeks due to the tightness of the abdominal skin with resultant excessive pull on the surgical scar. I will not exercise and will follow the post-operative instructions that I have received.
- k. I understand that during the initial healing phase I must remain on my back, in bed with my knees flexed and my back elevated. Bandages on my abdomen will likely be present, and drains (tubing) will probably protrude from or near my horizontal incision for perhaps up to one week. I will not put pressure on the surgical site by heavy lifting or exercise until Dr Stradwick gives permission.
- l. Some patients may develop hypertrophic scars or keloids which may require additional treatment and incur extra costs payable by myself, the patient. I realise this can happen even though the surgery has been performed correctly without complication.
- m. I am aware that “dog ears” or swellings around the incisions may occur and require excision or revision at a later stage.
- n. I am aware that staples, mesh and permanent sutures may be required to repair the underlying damaged tissues and this will be decided by Dr Stradwick during surgery.
- 3. I have an understanding of the operation which includes but is not limited to the above items. I understand that secondary revisions may be required in some cases. I also understand that charges will be made for the use of the operating room, whether in the day surgery or in the hospital, and for any materials required. I agree to be responsible for these charges.
- 4. Any special conditions I may have, such as high blood pressure, etc., means my risk of undesirable side effects is greater than normal and I have considered that factor for added risk in my decision of whether or not to proceed with the surgery.
- 5. I recognise that, during the course of the operation, unforeseen conditions may necessitate additional or different procedures than those outlined. I, therefore, further authorise and request that the above-named surgeon or his/her assistants perform such procedures as are, in his or her professional judgment, necessary and desirable.
- 6. I consent to the administration of local or general anaesthetic agents by or under the direction and supervision of the above doctor(s) and anaesthetist working with them.
- 7. I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me as to the results of the operation or procedure; nor are there any guarantees against unfavourable results.
- 8. I consent to be photographed before, during and after the surgery; that these photographs shall be the property of the above doctors and may be used as they deem proper for scientific and educational purposes. I agree that these might be used in Internet patient education.

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9. I agree to keep the above doctor(s) informed of any change of address, and I agree to cooperate with them in my care after surgery until completely discharged. I am aware that I must not smoke or take recreational drugs in the pre-operative or post-operative periods.
10. I understand that the doctors' fees are separate from the anaesthesia and hospital charge and the doctors' fees are agreeable to me. There may be a fee if a secondary procedure is required. I agree to be financially responsible for any further surgery I may require. I am satisfied that I have liaised with Dr Stradwick and he has understood my expectations of surgery. Some operations require secondary or multiple procedures to obtain a better result. If a complication does occur from the surgery performed, in the process of the treatment of the complication, I understand that I may lose time from work and that there could be unforeseeable social or family disruption.
11. I understand that secondary surgical procedures are much more difficult than primary procedures. The operations for repair are much more complex than the primary operations because of scarring and more bleeding and bruising. The possibility of nerve damage, poor healing and infection is greater and most importantly, the results are unpredictable. It is important for me to realise that the results of secondary surgery will never be as predictable as those of primary surgery. If a secondary procedure is necessary, further expenditure will be required, namely surgeon's fees, the use of the operating room, anaesthesia and possibly hospitalisation. Before embarking on secondary surgery, I am aware of possible future commitments to multiple procedures in order to gain an acceptable result for myself.

Healing and Complications

12. With any procedure involving surgery, normal healing is essential to obtain a good result from your operation. Normal healing is a prolonged process involving maturation of scar tissue and resolution of swelling. This process may be unpredictably prolonged and painful varying from individual to individual.

I understand this and will cooperate with my doctors and their staff during the healing phase of my surgery. I will keep my post-operative appointments.

I understand that if intervention is needed by the doctor or his staff to help with the healing, that this could involve extra costs and I agree to be responsible for these costs if applied.

Complications can occur from any surgical procedure and they do, no matter how much care the doctors and staff take before, during and after the surgery.

I will not smoke cigarettes or take recreational or hard drugs, or self-administer medications before or after the surgery in an effort to decrease the chance of some of the complications occurring.

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Weight gain, weight loss, pregnancy, hormonal medication, menopause can alter the surgical result in an unpredictable way.

Complications such as haemorrhage and infection, abnormal healing and wound breakdown may occur and may make my condition worse. Should this occur, I understand that I will be responsible for the additional costs as well as any other related commitments such as healing time which could result in additional time off work or inability to meet previously scheduled work, social or familial commitments.

I have read all the post-operative instructions relating to my surgery and I agree to follow these instructions carefully.

- 13. I will be required to attend a post-operative appointment one to two days after surgery when a post-operative nurse will examine me and educate me regarding the care of my dressings. Subsequent appointments will be allocated to me during this immediate post-operative period.
- 14. I have read a copy of the foregoing consent for the operation, understand it, accept these facts, and hereby authorise the above doctor(s) to perform this surgical procedure on me.

Date

Patient's Name (Please Print)

Date

Patient's Signature

_____ Witness

IF THE PATIENT IS A MINOR, COMPLETE THE FOLLOWING

The patient is a minor of _____ years of age; and we the undersigned, are the parents or legal guardian of the patient and do hereby consent for the patient.

Parent or Legal Guardian

_____ Witness