

Patient's Name:  
Date of Surgery:

Patient Educational Information: Provided by  
American Society of Plastic Surgeons

## **INFORMED-CONSENT UPPER ARM LIFT SURGERY**

### **INSTRUCTIONS**

This is an informed-consent document that has been prepared to help your plastic surgeon inform you of upper arm lift surgery, its risks, as well as alternative treatments.

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.

### **INTRODUCTION**

Upper arm lift is a surgical procedure to remove excess skin and fatty tissue from the upper arm. Upper arm lift is not surgical treatment for being overweight. Obese individuals who intend to lose weight should postpone all forms of body contouring surgery until they have been able to maintain their weight loss.

There are a variety of different techniques used by plastic surgeons for upper arm lift. Upper arm lift can be combined with other forms of body-contouring surgery, including suction-assisted lipectomy, or performed at the same time with other elective surgeries.

### **ALTERNATIVE TREATMENTS**

Alternatives forms of management consist of not treating the areas of loose skin and fatty deposits. Suction assisted lipectomy surgery may be a surgical alternative to upper arm lift if there is good skin tone and localized arm fatty deposits in an individual of normal weight. Diet and exercise programs may be of benefit in the overall reduction of excess body fat. Risks and potential complications are associated with alternative forms of treatment that involve surgery.

### **RISKS of UPPER ARM LIFT SURGERY**

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with upper arm lift. 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 the following complications, you should discuss each of them with your plastic surgeon to make sure you understand all possible consequences of upper arm lift.

**Bleeding** – It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it might require emergency treatment to drain accumulated blood or blood transfusion. Do not take any aspirin or anti-inflammatory medications to ten days before surgery, as this may increase the risk of bleeding.

**Infection** – Infection is unusual after this type of surgery. Should an infection occur, treatment including antibiotics or additional surgery may be necessary.

**Change in skin sensation** – Diminished (or loss of) skin sensation in the upper arm & forearm area may not totally resolve after upper arm lift.

**Skin contour irregularities** – Contour irregularities and depressions may occur after upper arm lift. Visible and palpable wrinkling of skin can occur.

**Skin scarring** – Scarring is uncommon, In rare cases, abnormal scars may result. Scars may be unattractive and of different color than surrounding skin. Additional treatments including surgery may be necessary to treat abnormal scarring.

**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 of sedation.

**Asymmetry** – Symmetrical body appearance may not result from upper arm lift. Factors such as skin tone, fatty deposits, bony prominence, and muscle tone may contribute to normal asymmetry in body features.

**Irregularities** - In the skin contour may occur as a result of surgery. Delayed healing is possible. These can be accumulation of liquid under the skin that has to be drained until the problem is resolved.

**Smokers have a greater risk of skin loss and wound healing complications.**

**Allergic reactions** – in rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions which are more serious may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

**Pulmonary complications** – Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli) and partial collapse of the lungs after general anesthesia. Should either of these complications occur, you might require hospitalization and additional treatment. Pulmonary emboli can be life threatening or fatal in some circumstances.

**Seroma** – Fluid accumulations infrequently occur in between the skin and the abdominal wall. Should this problem occur, it might require additional procedures for drainage of fluid.

**Long term effects** – Subsequent alterations in body contour may occur as the result of aging, weight loss or gain, pregnancy, or other circumstances not related to upper arm lift.

**Pain** – Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue after upper arm lift.

**Other** – You may be disappointed with the results of surgery. Infrequently, it is necessary to perform additional surgery to improve your results.

#### **ADDITIONAL SURGERY INCESSARY**

Should complications occur, additional surgery or other treatments might be necessary? Even though risks and complications occur infrequently, the risks cited are particularly associated with Upper arm lift. Other complications and risks can occur but are even more uncommon. 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.

#### **HEALTH INSURANCE**

Most health insurance companies exclude coverage for cosmetic surgical operation such as upper arm lift or any complications that might occur from surgery. Please carefully review your health insurance subscriber-information pamphlet.

#### **FINANCIAL RESPONSIBILITIES**

The cost of surgery involves several charges for the services provided. The Total includes fees charged by your doctor, the cost of surgical supplies, laboratory test, anesthesia, and outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges no covered. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day surgery charges involved with revisionary surgery would also be your responsibility.

#### **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). This documents is based on a thorough evaluation of scientific literature and relevant clinic practice to describe a range of generally acceptable risks and alternative forms of management of a particular disease or condition. 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 that is based on all the facts in your particular case and the 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. This informed-consent document reflects the state of knowledge current at the time of publication.

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

#### **ADDITIONAL ADVISORIES:**

**Deep Venous Thrombosis, Cardiac and Pulmonary Complications:** Surgery, especially longer procedures, may be associated with the formation of, or increase in, blood clots in the venous system. Pulmonary complications may occur secondarily to blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. Pulmonary and fat emboli can be life threatening or fatal in some circumstances. Air travel, inactivity and other conditions may increase the incidence of blood clots travelling 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 blood clots or swollen legs 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 pain or unusual heartbeats, seek medical attention immediately. Should any of these complications occur, you might require hospitalization and additional treatment.

**Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, And Nasal Spray):** Patients, who are currently smoking, use tobacco products, or nicotine products (patch, gum or nasal spray) are at a greater risk for significant surgical complications of skin dying, delayed healing and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smokers 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 this type of complication. Please indicate your current status regarding these items below:

\_\_\_\_\_ I am a non-smoker and do not use nicotine products. I understand the 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.

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.

**Female Patient Information:** It is important to inform your plastic surgeon if you use birth control pills, estrogen replacement, or if you believe 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. Increased activity that increased your pulse or heart rate may cause additional bruising, swelling and the need for return to surgery and control of bleeding. It is wise to refrain from sexual activity until your physician states it is safe.

**Medications:** There are many adverse reactions that occur as the result of taking over the counter, herbal, and/or prescription medications. Be sure to check with your physician about any drug interactions that may exist with medications that you are already taking. If you have an adverse reaction, stop the drugs immediately and call your plastic surgeon for further instructions. If the reaction is severe, go immediately to the nearest emergency room. When taking the prescribed pain medications after surgery, realize that they can affect your thought process. 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.

#### **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 around implants and the need for the return to surgery. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

## CONSENT FOR SURGERY / PROCEDURE OF TREATMENT

I hereby authorize Dr. \_\_\_\_\_ and such assistants as may be selected to perform the following procedure or treatment: \_\_\_\_\_

I have received the following information sheet:

### INFORMED CONSENT for ARM LIFT SURGERY

The following is to confirm that we have discussed with you the nature of your condition, the proposed treatment thereof, the prospects for success and the limited risks of potential side effects associated with such treatment/s. As per current medical knowledge any potential side effects resulting from our treatments are reversible and temporary in nature.

By signing this form, you confirm and consent to the following:

1. My medical condition and the proposed treatment have been explained to me. I have been advised that although good results are expected, the possibility and nature of complications cannot be accurately anticipated and therefore, there can be no guarantee, either expressed or implied as to the success or other result of treatment.
2. The potential side-effects of the treatment being idiosyncratic reactions (reactions specific to an individual), such as: bruising, temporary pain and itching, redness, infection, onset of herpes, onset of acne, burning and blistering, fat necrosis, facial nerve affection, unsatisfactory cosmetic result, extrusion, swelling, transient skin discoloration, allergic reaction, and reversible brow or eyelid ptosis, have been explained to me.
3. I declare that while completing the medical questionnaire, I have answered the information related to my personal medical history questions completely and I have not withheld any information.

I have consulted with the physician or therapist (depending on the nature of treatment) who will be treating me and all my questions concerning the treatment have been answered to my satisfaction. I fully understand all of the above and thereafter, I consent to the proposed treatment/s

1. 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.

2. 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.
3. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
4. I consent to the photographing or televising of the operations or procedure to be performed.
5. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
6. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
7. I authorize the release of personal information for legal reporting and medical-device registration if applicable.
8. **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 ABOVE LISTED ITEMS (1-9). I RECEIVED, IN SUBSTANTIAL DETAIL, FURTHER EXPLANATION OF THE PROCEDURE OR TREATMENT, OTHER ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT AND INFORMATION ABOUT THE MATERIAL RISKS OF THE PROCEDURE OR TREATMENT.

The following is to confirm that we have discussed with you the nature of your condition, the proposed treatment thereof, the prospects for success and the limited risks of potential side effects associated with such treatment/s. As per current medical knowledge any potential side effects resulting from our treatments are reversible and temporary in nature.

By signing this form, you confirm and consent to the following:

1. My medical condition and the proposed treatment have been explained to me. I have been advised that although good results are expected, the possibility and nature of complications cannot be accurately anticipated and therefore, there can be no guarantee, either expressed or implied as to the success or other result of treatment.
2. The potential side-effects of the treatment being idiosyncratic reactions (reactions specific to an individual), such as: bruising, temporary pain and itching, redness, infection, onset of herpes, onset of acne, burning and blistering, fat necrosis, facial nerve affection, unsatisfactory cosmetic result, extrusion, swelling, transient skin discoloration, allergic reaction, and reversible brow or eyelid ptosis, have been explained to me.
3. I declare that while completing the medical questionnaire, I have answered the information related to my personal medical history questions completely and I have not withheld any information.

I have consulted with the physician or therapist (depending on the nature of treatment) who will be treating me and all my questions concerning the treatment have been answered to my satisfaction. I fully understand all of the above and thereafter, I consent to the proposed treatment/s

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**Patient or Person Authorized to sign for Patient**

**Date**

## **PREOPERATIVE INSTRUCTIONS FOR UPPER ARM LIFT**

- **No eating or drinking after midnight (if surgery is in the afternoon, no eating or drinking minimum 8 hours before the surgery).**
- **No pain medications that contain aspirin (Tylenol or other brand that has no aspirin is the only pain medication you can take), no inflammatory drugs, no vitamin E etc. for 2 weeks before and after the surgery (check the list of medications on the next page).**
- **If you are presently taking high blood pressure medication, you may take your medication the morning of surgery with as little water as possible. Please make sure that Doctor is aware that you are taking medication.**
- **No Alcoholic drinks 7 days before and after surgery.**
- **No smoking 24 hours before and after surgery. For facelift patients smoking is not allowed for a minimum of 4 weeks before and after surgery.**
- **No exercise for 7 days before surgery. No exercise 4 weeks after surgery.**
- **Do not wear make-up, including false eye lashes, lipstick, nail polish, and contact lenses.**
- **Wear a loose button down shirt, loose pant and sandal (NO TIGHT CLOTHING PLEASE) cloths may get dirty so it is better to wear old clothing.**
- **Take a bath and use antibiotic soaps the morning before surgery.**
- **For tummy tuck and liposuction patients, DO NOT shave your pubic hair before the surgery.**
- **Bring your prescriptions with you the day of your surgery.**
- **Make sure that a responsible person will be with you to give you a ride home and be with you 24 hours after your surgery.**
- **For female patients, make sure that you are not pregnant before the surgery.**
- **You may bring a scarf, sun glasses or other articles to cover your dressings when leaving the office.**
- **It is best not to have a permanent or hair coloring within 7 days prior to surgery.**
- **Be punctual. If you are delayed, please call the hospital or the office.**

**Be assured that we will do everything within our power to make your surgical experience as convenient and comfortable.**

**Thank you for your confidence in us.**

## POSTOPERATIVE INSTRUCTIONS FOR UPPER ARM LIFT

### General Information

- Do not drive a car or operate machinery for 24 hours.
- Do not make any important decisions or sign any papers for the next 24 hours.
- Do not consume any alcohol for at least 10-14 days after your procedure.
- Do not use tranquilizers, sleeping medications, or any nonprescribed medications unless approved by your physician. Avoid for 14 days any type of Nsaids(non-steroidal anti-inflammatory drugs) i.e., Advil, Ibuprofen, Aleve, Naprosyn, Etc.
- No Aspirin for 14 days.
- Do not smoke for a minimum of 2 weeks.
- Avoid sun exposure for at least 4 weeks post-operatively, and then use sun block if necessary.
- Please have a responsible person with you for 24 hours.

### Activity

- Rest for the remainder of the day.
- Exercise is to be eliminated for the first 2 weeks, then start light activity (walking, etc.).
- Moderate activity can be started in 3 weeks (stationary bike) and full activity may be resumed at four weeks post-operatively.

### Treatment

- Your first follow-up appointment will be within 1-2 days after your surgery.
- Drainage (blood tinged fluids) can be expected for the first 24-36 hours.
- Empty the drains every 4-6 hours and minimum 2x's daily for the first two days.
- The amount of drainage will decrease each day thereafter. The doctor or his assistant will remove your drain usually in 5-8 days. You may shower once the drains are removed.
- Doctor or his assistant will remove the bandages.
- The compression garment (girdle) is to be worn continually for a minimum of two weeks and then may be reduced to half time after. The longer you can wear your compression garment, the better the results. Do not remove girdles unless doctor advises you.

### Medications

- **Next dose of medications may be given:**  
 Pain medication \_\_\_\_\_ @ \_\_\_\_\_  
 Antibiotics \_\_\_\_\_ @ \_\_\_\_\_  
 Steroids \_\_\_\_\_ @ \_\_\_\_\_  
 Other \_\_\_\_\_ @ \_\_\_\_\_

### Diet

- Begin with clear liquids and progress to your normal diet if not nauseated.
- Avoid greasy and spicy foods.

### IF ANY OF THE FOLLOWING PERSIST:

- Chills fever (above 101 F degrees).
- Persistent nausea or vomiting.
- Persistent bleeding or swelling at operative site.
- Unable to urinate in 6-8 hours.
- Pain medication is not relieved by medication.
- If drains fill completely a 30 minutes time period.