ABDOMINOPLASTY

Abdominoplasty, known more commonly as a "tummy tuck," is a major surgical procedure to remove excess skin and fat from the middle and lower abdomen and to tighten the muscles of the abdominal wall. The procedure can dramatically reduce the appearance of a protruding abdomen. But bear in mind, it does produce a permanent scar, which, depending on the extent of the original problem and the surgery required to correct it, can extend from hip to hip.

If you're considering Abdominoplasty, this will give you a basic understanding of the procedure-when it can help, how it's performed, and what results you can expect. It can't answer all of your questions, since a lot depends on the individual patient and the surgeon. Please ask your surgeon about anything you don't understand.

THE BEST CANDIDATES FOR ABDOMINOPLASTY

The best candidates for Abdominoplasty are men or women who are in relatively good shape but are bothered by a large fat deposit or loose abdominal skin that won't respond to diet or exercise. The surgery is particularly helpful to women who, through multiple pregnancies, have stretched their abdominal muscles and skin beyond the point where they can return to normal. Loss of skin elasticity in older patients, which frequently occurs with slight obesity, can also be improved.

Patients who intend to lose a lot of weight should postpone the surgery. Also, women who plan future pregnancies should wait, as vertical muscles in the abdomen that are tightened during surgery can separate again during pregnancy. If you have scarring from previous abdominal surgery, your doctor may recommend against Abdominoplasty or may caution you that scars could be unusually prominent.

Abdominoplasty can enhance your appearance and your self-confidence, but it won't necessarily change your looks to match your ideal, or cause other people to treat you differently. Before you decide to have surgery, think carefully about your expectations and discuss them with your surgeon.

ALL SURGERY CARRIES SOME UNCERTAINTY AND RISK

Thousands of abdominoplasties are performed successfully each year. When done by a qualified plastic surgeon who is trained in body contouring, the results are generally quite positive. Nevertheless, there are always risks associated with surgery and specific complications associated with this procedure.

Post-operative complications such as infection and blood clots are rare, but can occur. Infection can be treated with drainage and antibiotics, but will prolong your hospital stay. You can minimize the risk of blood clots by moving around as soon after the surgery as possible.

Poor healing, which results in conspicuous scars, may necessitate a second operation. Smokers should be advised to stop, as smoking may increase the risk of complications and delay healing.

You can reduce your risk of complications by closely following your surgeon's instructions before and after the surgery, especially with regard to when and how you should resume physical activity.
PLANNING YOUR SURGERY

In your initial consultation, your surgeon will evaluate your health, determine the extent of fat deposits in your abdominal region, and carefully assess your skin tone. Be sure to tell your surgeon if you smoke, and if you're taking any medications, vitamins, or other drugs.

Be frank in discussing your expectations with your surgeon. He or she should be equally frank with you, describing your alternatives and the risks and limitations of each.

If, for example, your fat deposits are limited to the area below the navel, you may require a less complex procedure called a partial Abdominoplasty; also known as a mini-tummy tuck, which can often be performed on an outpatient basis. You may, on the other hand, benefit more from partial or complete Abdominoplasty done in conjunction with liposuction to remove fat deposits from the hips, for a better body contour. Or maybe liposuction alone would create the best result.

In any case, your surgeon should work with you to recommend the procedure that is right for you and will come closest to producing the desired body contour.

During the consultation, your surgeon should also explain the anesthesia he or she will use, the type of facility where the surgery will be performed, and the costs involved. In most cases, health insurance policies do not cover the cost of Abdominoplasty, but you should check your policy to be sure.

PREPARING FOR YOUR SURGERY

Your surgeon will give you specific instructions on how to prepare for surgery, including guidelines on eating and drinking, smoking, and taking or avoiding certain vitamins, and medications.

If you smoke, plan to quit at least one to two weeks before your surgery and not to resume for at least two weeks after your surgery. Avoid overexposure to the sun before surgery, especially to your abdomen, and do not go on a stringent diet, as both can inhibit your ability to heal. If you develop a cold or infection of any kind, your surgery will probably be postponed.

Whether your surgery is done on an outpatient or inpatient basis, you should arrange for someone to drive you home after your surgery, and to help you out for a day or two after you leave the hospital, if needed.

WHERE YOUR SURGERY WILL BE PERFORMED

Many surgeons perform both partial and complete Abdominoplasty in an outpatient surgical center or an office-based facility. Others prefer the hospital, where their patients can stay for several days.

TYPES OF ANESTHESIA

Your doctor may select general anesthesia, so you'll sleep through the operation.

Other surgeons use local anesthesia, combined with a sedative to make you drowsy. You'll be awake but relaxed, and your abdominal region will be insensitive to pain. (However, you may feel some tugging or occasional discomfort.)

THE SURGERY

Complete abdominoplasty usually takes two to five hours, depending on the extent of work required. Partial abdominoplasty may take an hour or two.
Most commonly, the surgeon will make a long incision from hipbone to hipbone, just above the pubic area. A second incision is made to free the navel from surrounding tissue. With partial Abdominoplasty, the incision is much shorter and the navel may not be moved, although it may be pulled into an unnatural shape as the skin is tightened and stitched.

Next, the surgeon separates the skin from the abdominal wall all the way up to your ribs and lifts a large skin flap to reveal the vertical muscles in your abdomen. These muscles are tightened by pulling them close together and stitching them into their new position. This provides a firmer abdominal wall and narrows the waistline.

The skin flap is then stretched down and the extra skin is removed. A new hole is cut for your navel, which is then stitched in place. Finally, the incisions will be stitched, dressings will be applied, and a temporary tube may be inserted to drain excess fluid from the surgical site.

In partial Abdominoplasty, the skin is separated only between the incision line and the navel. This skin flap is stretched down, the excess is removed, and the flap is stitched back into place.

**AFTER YOUR SURGERY**

For the first few days, your abdomen will probably be swollen and you're likely to feel some pain and discomfort which can be controlled by medication. Depending on the extent of the surgery, you may be released within a few hours or you may have to remain hospitalized for two to three days.

Your doctor will give you instructions for showering and changing your dressings. And though you may not be able to stand straight at first, you should start walking as soon as possible.

Surface stitches will be removed in five to seven days, and deeper sutures, with ends that protrude through the skin, will come out in two to three weeks. The dressing on your incision may be replaced by a support garment.

**GETTING BACK TO NORMAL**

It may take you weeks or months to feel like your old self again. If you start out in top physical condition with strong abdominal muscles, recovery from Abdominoplasty will be much faster. Some people return to work after two weeks, while others take three or four weeks to rest and recuperate.

Exercise will help you heal better. Even people who have never exercised before should begin an exercise program to reduce swelling, lower the chance of blood clots, and tone muscles. Vigorous exercise, however, should be avoided until you can do it comfortably.

Your scars may actually appear to worsen during the first three to six months as they heal, but this is normal. Expect it to take nine months to a year before your scars flatten out and lighten in color. While they'll never disappear completely, abdominal scars will not show under most clothing, even under bathing suits.
YOUR NEW LOOK

Abdominoplasty, whether partial or complete, produces excellent results for patients with weakened abdominal muscles or excess skin. And in most cases, the results are long lasting, if you follow a balanced diet and exercise regularly.

If you're realistic in your expectations and prepared for the consequences of a permanent scar and a lengthy recovery period, Abdominoplasty may be just the answer for you.

I have read and I understand all the options available, and the limitations of surgery. I am aware of all the possible risks and complications of the proposed procedure and they have been explained to me in detail.

____________________
Patient’s Signature

____________________
Witness

____________________
Date
INFORMED-CONSENT-ABDOMINOPLASTY SURGERY INSTRUCTIONS

This is an informed-consent document that has been prepared to help your plastic surgeon inform you of Abdominoplasty 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

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 been able to maintain their weight loss. 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 suction-assisted lpectomy, 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. Suction assisted lipectomy surgery 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. Risks and potential complications are associated with alternative forms of treatment that involve surgery.

RISKS of ABDOMINOPLASTY SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with Abdominoplasty. 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 Abdominoplasty.

Bleeding - 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. Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may increase the risk of bleeding. Non-prescription “herbs” and dietary supplements can increase the risk of surgical bleeding.

Infection - Infection is unusual after this type of surgery. Should an infection occur, treatment including antibiotics or additional surgery may be necessary. There is a greater risk of infection when body contouring procedures are performed in conjunction with abdominal surgical procedures.

Change in skin sensation - Diminished (or loss of) skin sensation in the lower abdominal area may not totally resolve after Abdominoplasty.
Skin contour irregularities- Contour irregularities and depressions may occur after Abdominoplasty. Visible and palpable wrinkling of skin can occur.

Skin scarring - Excessive 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 or sedation.

Asymmetry- Symmetrical body appearance may not result from Abdominoplasty. Factors such as skin tone, fatty deposits, bony prominence, and muscle tone may contribute to normal asymmetry in body features.

Delayed healing- Wound disruption or delayed wound healing is possible. Some areas of the abdomen may not heal normally and may take a long time to heal. Some areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue.

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 may 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 may require additional procedures for drainage of fluid.

Umbilicus- Malposition, scarring, unacceptable appearance or loss of the umbilicus (navel) may occur.

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 Abdominoplasty.

Pain- Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue after Abdominoplasty.

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

Deeper sutures- Some surgical techniques use deep sutures. These items may be noticed by the patient following surgery. Sutures may spontaneously poke through the skin, be visible, or produce irritation that requires removal.
ADDITIONAL SURGERY NECESSARY
Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with Abdominoplasty. 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.

FINANCIAL RESPONSIBILITIES
The cost of surgery involves several charges for the services provided. The fees are divided to the following: Dr. ________________________ fee, hospital fee (operating room, & anesthesia) an over night stay at the hospital will be an additional charge if patient decided to stay. Mammogram, lab test or x-ray will be an additional charge. 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). 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 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 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.

Specialist Plastic Surgeon

Patient’s Initial
SURGERY/ PROCEDURE or TREATMENT

1. 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 ABDOMINOPLASTY SURGERY

2. 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 involves risk and the possibility of complications, injury, and sometimes death.

4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained. 5. I consent to the photographing or televising of 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 which may be removed.

8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.

9. 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 (1-9). I AM SATISFIED WITH THE EXPLANATION.

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

____________________________________________________________________________

Patient or Person Authorized to Sign for Patient

Date __________________________ Witness _______________________________________

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PRE-OPERATIVE INSTRUCTIONS

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 Dr. ____________________________ 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) clothes 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.

PAYMENT POLICY

FULL PAYMENT TO BE PAID IN CASH OR CREDIT CARD PREFERABLY 5-7 DAYS BEFORE THE SURGERY.

Patient is responsible to pay hospital overnight stay charges.

CANCELLATION/ REFUND POLICY:
20% of total amount IS NOT REFUNDABLE if you decided to cancel the surgery after the day of your pre-operative visit.

I have read and I understand the payment and cancellation policy.
7 DAYS BEFORE SURGERY

PLEASE READ CAREFULLY

DO NOT take any medication containing aspirin or acetylsalic acid, which is aspirin, 7 DAYS prior to surgery. To be safe, check medicine labels for ingredients. When in doubt, please feel free to call our office. If needed Tylenol can be substituted for aspirin.

The following is a list of common medications containing aspirin:

A.P.C. Tabs   DeWitt’s Pills   Norgesic
Advil        Doan’s Pills     Nuprin
Alka Seltzer Plus Dristan    pepto-Bismol
Anacin       Ecotrin          Persiten
Ascriptin    Empirin          Percodan
Aspergum     Equigesic        Rhinex
BC Powder    Emprazil         Robaxisal Tabs
Bayer        Florgesic        Salicylsalicylic
Bufferin     Florinal         Sinulin
Butal compound Ibufrophen     Soma compound
Cama Arthritis Isollye        St. Joseph Aspirin
Comprazil Tabs Measuring Tabs Supoac
Contact      Midol            Synalgas
Cope         Momentum         Trimaminicin Tabs
Coricidin tabs Motrin          Ursinus
Darvon       Nervine          Vanquish
Dasin

POST-OPERATIVE INSTRUCTIONS-ABDOMINOPLASTY

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 reminder 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.
- Dr. ________________________ 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 mediation.
- If drains fill completely a 30 minutes time period.

Follow Up care

Next appointment is scheduled---------------------------At----------------office.

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Patient’s Initial