

PLEASE BRING THIS FORM WITH
YOU TO THE HOSPITAL.



Abdominoplasty (Tummy Tuck)

Consent Form

Section 1: Surgery

You have requested Doctor Konrat to perform the following surgery:

This is a legal requirement, and Dr Konrat needs to have your consent to operate on you.

To give your consent, you need to be informed of the risks as well as the options & alternatives to surgery. Dr Konrat has explained these during your consultation.

If you are uncertain about anything in this form, please call Brisbane Cosmetic Clinic on 07 3391 5710 to ask a question or make an appointment for another consultation.

Third Party Consent

A training Doctor or Surgeon or other third party may be required to attend your surgery. You will be informed of this prior to your procedure.

Tick Yes, if you consent for a third-party person to be present.

Tick No if you do NOT wish to have a training Doctor or Surgeon to be present at your surgery.

Yes No

Patient Signature

Abdominoplasty Procedure

The purpose of the operation is to remove excess skin and fat of the abdomen (tummy) and possibly tighten the inner fascial and muscle layers that have widened due to pregnancy, weight gain and loss or laxity.

This requires the following procedure, which usually takes between 3 and 4 hours:

- Incisions are carefully placed, with the aim being to surgically excise skin and fat from the lower abdomen. The major incision is a long curvilinear incision at the lower aspect of the abdomen (tummy).
- The abdominal skin and fat is then dissected and released from the fascia or fibrous tissues attached to the rectus muscles up to the lower border of the rib cage laterally and the xyphoid process centrally. This is the skin flap that will be stretched down to the incision at the base of the abdomen.
- The Umbilicus or belly button is repositioned.
- The finished scar from the operation extends from one hip, over the pubic hairline and to the opposing hip. The scar may be longer in some circumstances. Every attempt is made to keep the scar around the umbilicus as inconspicuous as possible.
- A general anaesthetic is required for this surgery and the surgery must be performed in an accredited and licensed Day Hospital.

Section 2: Risks and Complications

You should not undertake surgery unless you accept the possibility that you may wish to have, or need to have, further surgery at some time in the future. If further procedures or surgery were required due to complications, there would be out-of-pocket expenses. These would include the hospital and specialist anaesthetist fees.

Further operations may occasionally be requested by the patient to achieve the results desired. In this case, the out-of-pocket expenses may include surgical fees as well as Hospital and Anaesthetic fees.

Dr Konrat has explained that there are specific risks associated with this surgery, and these include:

- **Scars:** The operation always leaves behind a long gently curvilinear scar just above the pubic hairline from one hip to the other. Like all surgical scars, it may be initially noticeable. It may take up to 6 months for the scars to improve. Occasionally, the scars may be persistently red, itchy, lumpy or keloid for a long time and they may need some treatment for improvement. Taping the scar for the first 4-6 weeks after the surgery, and avoidance of over-activity and straining allows the scars to mature without tension.
- **Dog Ears:** The puckering or a small peak of skin and fat that occurs at the end of a wound where a significant amount of skin has been excised and stitched. They are very common in Abdominoplasty, but not everyone gets a "dog ear." It depends on many factors. There are many ways to treat them, including a small excision sometimes accompanied by liposuction. It is important to wait until the skin and tissues from the initial surgery have healed.

Once the tissues have healed into their final position, the "dog ear" can be easily excised under local anaesthetic in the clinic. Returning to hospital is not required for this minor procedure, but a minor surgical fee is incurred.

Section 2: Risks and Complications cont'd

- **Position of the Umbilicus:** The umbilicus is always skeletonised (this means separated from fat and surrounding tissues) on a tiny pedicle in the abdominoplasty operation. Rarely, the navel may die after the operation, which is a recognised although rare complication of this operation. The risk of this happening is slightly more in patients who have scars from other operations around the navel including laparoscopic procedures. If the navel does become necrotic (dies), further minor operations may be needed to recreate a navel-like scar. The level of the navel cannot be predicted with absolute certainty as it depends on the stretch of the skin around it.
- **Abdominal wall fascia and muscles:** Dr. Konrat normally will incorporate the tightening of the muscles of the abdominal wall in the midline. In the early post-operative period, this procedure may cause some muscle soreness or feeling of tightness in the tummy. She also advises wearing of a surgical compression garment for a period of 6-8 weeks to support the muscle stitches as well as to prevent the sudden pain that some people may experience with lifting of heavy objects in the early post-operative period.
- **Sensory changes:** Abdominoplasty can cause numbness in some parts of the abdominal skin. This is because of the cutting of some of the nerves during the operation of lifting the skin off the abdominal wall muscles. Normal sensation may partially or fully return within 6-9 months. Occasionally there may be residual numb areas. These, however, have hardly ever been reported to be any concern.
- **Seroma formation:** Seroma is a collection of fluid that occurs in the first 3 weeks post-operatively. Your body produces this fluid to help you heal.

Some people produce a little, and some produce a lot. If you produce too much seroma, then this fluid is drained or aspirated during your post-operative visits at the clinic. Too much protein-rich seroma can increase the risk of infection, so is better if drained. This is not a painful procedure and takes less than 10 minutes at your post-operative visit.

- **Infection:** Antibiotics and attentive post operative care are provided to reduce the risks of developing infection. Signs such as increasing pain, redness, swelling, warmth, feeling shivery and unwell should be reported to your doctor immediately.
- **Haematoma:** This is a large collection of blood that occurs when a blood vessel that has previously been closed has opened and starts leaking blood into the space between the skin and the abdominal wall. Often this will stop of its own accord but depending on size and if ongoing, may require returning to Hospital for evacuation of the haematoma and closing off the bleeding vessel. This is rare.
- **Stitch abscess or "spitting stitches":** Occasionally, dissolvable stitches may take longer than expected to completely dissolve. The edges of stitch knots may aggravate the overlying skin and cause a small pimple like reaction like an ingrown hair. These often resolve on their own.
- **Pubic hairline:** Because of the tension on the pubic skin after closure, the pubic hairline may eventually raise a couple of centimeters from its original position.
- **Position of the Umbilicus:** The umbilicus is separated from the surrounding abdominal skin so it can be re-positioned and sutured back into the abdominal skin at the end of the surgery. The umbilicus is attached to your body by a tiny pedicle of fibrous tissue and blood vessels. Rarely the navel may not develop a new blood supply and may die after the operation, which is a recognised although rare complication of this operation. The risk of this happening is slightly more in patients who have scars from other operations around the navel, including from laparoscopic procedures. If the navel does fail to survive, a further minor operation may be needed to recreate a navel-like scar. The level of the navel cannot be predicted with absolute certainty as it depends on the stretch of the skin around it.

Section 2: Risks and Complications cont'd

- **Wound breakdown and delay in wound healing:** This occurs due to a number of factors. These factors include infection, seroma, surgical scar under too much tension – commonly over the pubic area, due to excess exercise too early post-operatively.
- **Wound closure under too much tension and requiring Vertical Scar Technique:** Despite careful planning, occasionally it may be impossible to close the skin with a linear horizontal scar as planned. In such circumstance a lower vertical scar may be added to achieve the wound closure. The skin circulation of the abdomen is also affected if the abdomen has other scars, such as from an open gall bladder or appendix operation.
- **V.A.C. Therapy:** This is a special dressing applied to the surgical wound to prevent post-operative complications after surgery. Some part of abdominal skin may die (necrosis) because of a circulation problem. This is an extremely rare but possible complication and patients may need further reconstructive surgery later. The risk of this is higher in patients who smoke, have diabetes or have poor nutrition. This special dressing is attached to a small portable battery-operated unit that provides negative pressure to the wound to promote increased healing and to remove excess fluid or blood.
- **The therapeutic benefits** of negative pressure wound therapy include reduction in bacterial load, an increase in blood flow to the surgical wound and stimulation of new tissue formation. The negative pressure device has a discreet and ergonomic design allowing patients to continue treatment while carrying on with their daily life. If, in circumstance that V.A.C. therapy is required after the first week post-operatively due to infection or wound problems, there is a fee of \$450 per week for the hire of the equipment and the required specialised surgical dressings.
- **Complications personal:** Most of the general and specific complications of surgery are listed above. Patients on certain drugs such as aspirin, warfarin, oral contraceptive pills, steroids, anti-arthritis medications, etc., may be prone to more complications than others. It is therefore crucial to reveal all your medications as well as habits such as smoking to Dr. Konrat prior to the operation. Dr. Konrat may advise stopping some drugs (even contraceptive pills) before the operation.
- **Smoking** markedly affects the circulation in the skin and hence increases the risk of skin necrosis or wound healing problems after the surgery. Ideally, Dr. Konrat advises cessation of smoking (even patches) at least 6 weeks before a planned operation. Please feel free to discuss your individual case with Dr. Konrat.

You should not undertake Abdominoplasty surgery unless you accept the possibility that you may wish to have, or need to have, further surgery at some time in the future. If further surgery were required due to complications, there will be an out-of-pocket expense. This will include the hospital and specialist anaesthetist fees.

Further operations may occasionally be requested by the patient to achieve the results desired. In this case, the out-of-pocket expense will include surgical fees as well as Hospital and Anaesthetic Fees.

Risks related to Anaesthesia & Sedation

Dr Konrat has also explained that there are anaesthetic risks associated with any operation, including the following:

- Aspiration
- High temperature
- Incomplete anaesthesia
- Rash
- Anaphylaxis
- Unknown reaction to medications
- Allergy
- Difficulty breathing,
- **DVT:** Clot in leg veins. May cause leg swelling and pain in the calf muscles. Clots may travel to the lungs causing severe breathing difficulty and rarely, death.

Section 3: Patient Consent

Consent for Abdominoplasty (Tummy Tuck)

- **Disclosure:** Dr. Konrat and her staff have fully informed me regarding my surgery. I have also read and I understand the Pre/ Post-Operation Instruction sheet.
- **Procedure:** I understand what procedure I am having and the extent of the surgery that has been planned.
- **Questions:** I have had a chance to ask all the questions I have requested and have been satisfied with the answers given. I am free to ask questions at any time. I have no further questions at this time.
- **Options:** The options for surgery have been fully disclosed and I fully understand them.
- **Risks:** The risks have been fully disclosed and I completely understand and accept these risks, including, but not limited to those in Section 2.
- Dr Konrat has explained to me that sometimes during surgery it is discovered that additional or other surgery is needed to achieve the desired results. Life-threatening incidents will be treated at my doctor's discretion.
- I understand that every individual heals differently.
- I understand that variable blood supply may hamper proper healing.
- I understand that activities I perform may damage the procedure performed and that strict adherence to my post-op instructions is critical.
- I understand that scarring from reaction to stitches, infections, and/or Keloids may occur and that all scars may not be hidden from view, or may be more prominent, depending on the healing process.

Consent for Abdominoplasty (Tummy Tuck) cont'd

- Revision surgery may be needed to achieve the desired look and appearance and may incur further operating theatre or surgical fees. I understand that revision may not be able to accomplish the cosmetic goals I am seeking.
- I understand that consultations and revisions performed by other surgeons are my financial responsibility.
- I understand that Dr Konrat does not guarantee that she will be able to achieve the results I am seeking. No guarantees have been implied or given.
- I understand that I must be discharged into the care of a responsible adult, and that this person must stay with me overnight.
- Since this is an elective procedure, I have had the chance to research other surgeons and surgical approaches.
- The options of care have been fully discussed, such as outside consultations and surgery, no surgery, expectant management (wait and see), medical management, or to proceed with the agreed-upon procedure. I have chosen to proceed with the elective procedure willingly and without hesitation at the time frame of my choosing.

Photography / Video Film Release

- I understand that Dr Konrat needs to take photographs of the treatment area from several angles as part of evaluating the outcome of the surgery. I consent to the taking of these pictures.

Initial here: _____

- In addition, I voluntarily consent to the use of my pre- and post-surgery photographs and/or video footage by Dr Konrat for the following purposes: educational, medical publications and medical/surgical journals, conferences and research papers. In the case of Abdominoplasty, this will not include my face.

Initial here: _____ (Please put a line through any exclusions.)

In signing this consent for surgery, I acknowledge that I have been informed about the risks and complications of this surgery including the need for post operative appointments. Not attending my post operative appointments may result in my not receiving the correct treatment and care and therefore may adversely affect the result of my surgery.

Financial Consent

I understand that the cost of surgery involves several charges for the services provided, and these have been itemised in the formal quotation I received prior to booking this surgery. I am aware that the total includes fees charged by Dr Konrat as my surgeon, the Day Surgery fees (if that is applicable), the specialist Anaesthetist fees, and in some instances, laboratory tests.

The fees charged for this procedure do not include any potential future costs for additional procedures that I might elect to have or require to revise, optimise or complete my outcome. Additional costs may occur, should complications develop from the surgery. Secondary surgery or hospital day surgery charges involved with revision surgery will be my responsibility.

Declaration by Patient

I acknowledge that Dr Konrat has provided me with information concerning the procedure, the likely results, available alternative treatments, including the option of no treatment at all, and has answered all my specific queries and concerns about my surgery.

I acknowledge that I have been informed about the surgery's risks and consequences and accept responsibility for the clinical decisions that were made, along with the financial costs of all future treatments.

I understand that some of the above risks are more likely if I smoke, am overweight, diabetic, have high blood pressure or have had previous heart disease.

I undertake to keep any post-operative appointments deemed necessary. Not doing so might result in my not receiving the correct treatment and therefore may adversely affect the result of my surgery.

I acknowledge that no guarantee has been made that the surgery will improve the condition. Improvement is the aim, not perfection. Complications may develop and a further operation may be required to improve the result.

Patient Name

Patient Signature

Date

Section 4: Declaration by Doctor

I declare that I have personally explained the nature of the patient's condition, the need for treatment, the operation to be performed and the risks and alternatives outlined above.

I have given the patient, or the person named above an opportunity to ask questions which I have answered as comprehensively as possible to the best of my knowledge.

Dr Georgina Konrat
Bsc (Melb), Bsc Syd (Hons), MBBS (Syd) FACCSM

Date