



Affix Patient Label

Patient Name:

DOB:

Informed Consent Abdominoplasty

This information is given to you so that you can make an informed decision about having **Abdominoplasty**.

Reason and Purpose of the Procedure

Abdominoplasty or “tummy tuck” is a surgical procedure to remove excess skin and fatty tissue from the middle and lower abdomen. It is also done to tighten muscles of the abdomen. There are different techniques used to do this. This is not a treatment for being overweight.

Benefits of this Surgery or Procedure

You might receive the following benefits. Your doctor cannot promise you will receive any of these benefits. Only you can decide if the possible benefits are worth the risk.

- removal of excess skin.
- tighter abdominal muscles.

Risks of Procedure

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect.

General Risks of Surgery or Procedure

- **Small areas of the lungs may collapse.** This would increase the risk of infection. This may need antibiotics and breathing treatments.
- **Clots may form in the legs, with pain and swelling.** These are called DVTs or deep vein thrombosis. Rarely, part of the clot may break off and go to the lungs. This can be fatal.
- **A strain on the heart or a stroke may occur.**
- **Bleeding may occur.** If bleeding is excessive, you may need a transfusion.
- **Reaction to the anesthetic may occur.** The most common reactions are nausea and vomiting. In rare cases, death may occur.

Risks of this Surgery or Procedure

- **Bleeding.** You may need more surgery.
- **Infection.** Antibiotics may be needed.
- **Decreased skin sensation in lower abdomen.** This may not change.
- **Delayed healing.** This may need more dressing changes or more surgery.
- **Fluid buildup between the skin and abdominal wall.** This may need draining
- **Change in the position of the navel (belly button).**
- **Chronic pain from nerves being trapped in scar tissue.** More surgery or treatment may be needed

Risks Associated with Smoking

Smoking is linked to an increased risk of infections. It can also lead to heart and lung complications, clot formation, skin loss, or wound healing delays.

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Risks Associated with Obesity

Obesity is linked to an increased risk of infections. It can also lead to heart and lung complications and clot formation.

Risks Specific to You

Alternative Treatments**Other choices:**

- Suction assisted lipectomy.
- Diet and exercise.
- Do nothing. You can decide not to have the procedure.

General Information

- During this procedure, the doctor may need to perform more or different procedures than I agreed to.
- During the procedure the doctor may need to do more tests or treatment.
- Tissues or organs taken from the body may be tested. They may be kept for research or teaching. I agree the hospital may discard these in a proper way.
- Students, technical sales people and other staff may be present during the procedure. My doctor will supervise them.
- Pictures and videos may be done during the procedure. These may be added to my medical record. These may be published for teaching purposes. My identity will be protected.

Patient Name: _____

DOB: _____

By signing this form I agree

- I have read this form or had it explained to me in words I can understand.
- I understand its contents.
- I have had time to speak with the doctor. My questions have been answered.
- I want to have this procedure: **Abdominoplasty**
- I understand that other doctors, including medical residents or other staff may help with surgery or procedure. The tasks will be based on their skill level. My doctor will supervise them.

Provider: This patient may require a type and screen or type and cross prior to surgery. If so, please obtain consent for blood/products.

Patient Signature _____ Date: _____ Time: _____

Relationship: Patient Closest relative (relationship) _____ Guardian

Interpreter's Statement: I have translated this consent form and the doctor's explanation to the patient, a parent, closest relative or legal guardian.

Interpreter: _____ Date _____ Time _____

Interpreter (if applicable)

For Provider Use ONLY:

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention. I have answered questions, and patient has agreed to procedure.

Provider signature: _____ Date: _____ Time: _____

Teach Back

I have explained the nature, purpose, risks, benefits, possible consequences of non-treatment, alternative options, and possibility of complications and side effects of the intended intervention. I have answered questions, and patient has agreed to procedure.

Patient shows understanding by stating in his or her own words:

____ Reason(s) for the treatment/procedure: _____

____ Area(s) of the body that will be affected: _____

____ Benefit(s) of the procedure: _____

____ Risk(s) of the procedure: _____

____ Alternative(s) to the procedure: _____

OR

____ Patient elects not to proceed: _____ Date: _____ Time: _____

(patient signature)

Validated/Witness: _____ Date: _____ Time: _____