



Affix Patient Label

Patient Name: _____

Date of Birth: _____

Informed Consent: Brachioplasty (Arm Lift)

Patient Name: _____ Date of Birth: _____

This information is given to you so that you can make an informed decision about having Brachioplasty (arm lift) surgery.

Reason and Purpose of the Procedure:

Brachioplasty (arm lift) is surgery done to remove extra skin and fat from the armpit and upper arm.

Benefits of this surgery:

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

- The weight of extra tissue is no longer a burden
- Clothing may fit better
- Improved self-image/esteem

Risks of Surgery:

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:

- **Small areas of the lungs may collapse.** This would increase the risk of infection. This may need antibiotics and breathing treatments.
- **Blood 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.** 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. The anesthesiologist will discuss this with you.

Risks of this surgery:

Change in sensation: You may experience change in your sense of touch. This may be temporary or remain permanent.

Motor nerve injury: This may be permanent. You may need more surgery.

Change in skin color: This may last for some time. In rare cases, the change might be permanent.



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Swelling: Lymphedema (damage to lymph nodes) is rare, but may cause swelling. You will need treatment.

Feeling of arm tightness: Your arm or armpit skin might feel tight. You may have difficulty with your range of motion. This usually goes away with time. If not, you may need surgery.

Pain: You will have pain after surgery. This is usually temporary. Your provider can discuss options to manage it.

Neuroma: This may happen if nerves are trapped in the scar tissue (neuromas). This may cause chronic pain.

Delayed healing: Some areas of your arm or armpit may not heal normally or quickly. Areas of skin may die or peel off. You may need more surgery.

Scarring: Some patients can have hypertrophic or keloid scars. These are scars that are built up tissues that you can feel. You may need more surgery or treatment.

Seromas (fluid build-up): Fluid may build up between your skin and the tissues underneath. You may need a drain placed to remove it.

Re-loosening of skin: The tightened skin will re-loosen with time. This is different for each person.

Asymmetry: You may not have a perfectly matching (symmetrical) body after surgery. It's normal for the left and right sides of your body to be slightly different. You may need more surgery if you want to make these differences harder to see.

Obesity, Diabetes, and Smoking are linked to an increased risk of infections. They can also lead to heart and lung complications and blood clot formation. Smoking can cause decreased healing.

Alternative Treatments:

- Liposuction surgery. This might be an option if you have normal weight, good skin tone and have fat only in certain areas.
- Changing your diet and exercise habits. This can help you lose weight overall.
- Do nothing. You can decide not to have the procedure.

If you choose not to have this treatment:

- Your arms will continue to have loose skin and extra fat on them.



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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.

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: **Brachioplasty** (list Left or Right Limb) _____
- I understand that my doctor may ask a partner to do the surgery.
- I understand that other doctors, including medical residents or other staff may help with surgery. 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 _____

Relationship Patient/parent of minor Closest Relative/Relationship Guardian/POA Healthcare

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 (if applicable)

Date

Time



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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

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 _____ (patient signature)

Validated/Witness: _____ Date: _____