



CANADIAN PLASTIC SURGERY CENTRE

Informed Consent **Panniculectomy, Breast Reduction with** **Liposuction/Power Assisted Liposuction**



AMERICAN SOCIETY OF
PLASTIC SURGEONS®

INSTRUCTIONS

This is an informed consent document that has been prepared to help inform you about panniculectomy, reduction mammoplasty surgery (breast reduction) and liposuction, its risks, and alternative treatment(s).

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 and agreed upon by you.

GENERAL INFORMATION

1. Panniculectomy is a surgical procedure to remove excess skin and fatty tissue causing medical symptomatology from the lower abdomen. Panniculectomy surgery is not a treatment for being overweight. Obese individuals who intend to lose weight should postpone all forms of body-contouring surgery until they have reached a stable weight.

There are a variety of different techniques used by plastic surgeons performing panniculectomies. Although a panniculectomy alone is not equivalent to an abdominoplasty, your surgeon may perform additional procedures in addition to your panniculectomy to improve the overall cosmetic result. To enhance your panniculectomy it will be combined with other forms of body-contouring surgery, including **suction-assisted lipectomy, umbilicoplasty and repair of any rectus diastasis in your rectus muscles**. This in addition to any further elective surgeries you may have chosen.

2. Women who have large breasts may experience a variety of problems due to the weight and size of their breasts, such as back, neck, and shoulder pain, and skin irritation. Breast reduction is usually performed for relief of these symptoms rather than to enhance the appearance of the breasts. The best candidates for surgery are those who are mature enough to understand the procedure and who have realistic expectations about the results. There is a variety of different surgical techniques used to reduce and reshape the female breast. There are a number of techniques available to perform reduction mammoplasty including pedicle, nipple graft, and liposuction procedures, as well as combination procedures. Discuss which method your surgeon will use. There are both risks and complications associated with reduction mammoplasty surgery.
3. Liposuction is a surgical technique to remove unwanted deposits of fat from specific areas of the body, including the face and neck, upper arms, trunk, abdomen, buttocks, hips and thighs, and the knees, calves, and ankles. This is not a substitute for weight reduction, but a method for removing localized deposits of fatty tissue that do not respond to diet or exercise. Liposuction may be performed as a primary procedure for body contouring or in combination with other surgical techniques such as facelift, abdominoplasty, or thigh lift procedures to tighten loose skin and supporting structures.

The best candidates for liposuction are individuals of relatively normal weight who have excess fat in particular body areas. Having firm, elastic skin will result in a better final contour after liposuction. Skin that has diminished tone due to stretch marks, weight loss, or natural aging will not reshape itself to the new contours and may require additional surgical techniques to remove and tighten excess skin. Body-contour irregularities due to structures other than fat cannot be improved by this technique. Liposuction by itself will not improve areas of dimpled skin known as "cellulite."

Liposuction, also called Suction-assisted lipectomy, is a surgical procedure performed by using a hollow metal surgical instrument known as a cannula that is inserted through small skin incision(s) and is passed back and forth through the area of fatty deposit. The cannula is attached to a vacuum source, which provides the suction needed to remove the fatty tissue. Depending on your needs, your surgeon may recommend suction-assisted lipectomy alone, or in combination with another technique.

A variety of different techniques are used by plastic surgeons for the liposuction procedure and care following surgery. Liposuction may be performed under local, sedation, or general anesthesia. Tumescence liposuction technique involves the infiltration of fluid containing dilute local anesthetic and epinephrine into areas of fatty deposits. This technique can reduce discomfort at the time of surgery, blood loss, and postoperative bruising.

Compression support garments and dressings are worn to control swelling and promote healing.

ALTERNATIVE TREATMENTS

Panniculectomy and reduction mammoplasty are elective surgical operations. Alternative treatment would consist of not undergoing the surgical procedures, physical therapy to treat pain complaints, or wearing undergarments to support large breasts and pannus. In selected patients, liposuction has been used to reduce the size of large breasts and excess fat in the abdomen but will not help in removing the extra, loose, overhanging skin. Diet and exercise programs may be beneficial in the overall reduction of excess body fat and contour improvement. Risks and potential complications are associated with alternative surgical forms of treatment.

INHERENT RISKS OF PANNICULECTOMY AND REDUCTION MAMMAPLASTY SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. 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 these complications, you should discuss each of them with your plastic surgeon to make sure you understand all of the possible consequences of panniculectomy, reduction mammoplasty and liposuction.

SPECIFIC RISKS OF PANNICULECTOMY, REDUCTION MAMMAPLASTY WITH LIPOSUCTION SURGERY

Patient Selection:

Individuals with poor skin tone, medical problems, obesity, or unrealistic expectations may not be candidates for liposuction.

Liposuction in General:

There is a possibility that large volumes of fluid containing dilute local anesthetic drugs and epinephrine that is injected into fatty deposits during surgery may contribute to fluid overload or a systemic reaction to these medications. Additional treatment including hospitalization may be necessary.

Asymmetry:

Symmetrical body appearance may not result after surgery. Factors such as skin tone, fatty deposits, skeletal prominence, and muscle tone may contribute to normal asymmetry in body features. Most patients have differences between the right and left side of their bodies before any surgery is performed. Additionally, some breast asymmetry naturally occurs in most women. Differences in terms of breast and nipple shape, size, or symmetry may also occur after surgery. Additional surgery may be necessary to revise asymmetry after a reduction mammoplasty and diminish asymmetry in the body. Additional surgery may not completely correct asymmetry.

Change in Nipple and Skin Sensation:

You may experience a diminished sensitivity, total loss of sensitivity, or hypersensitivity of the nipples and the skin of your breast. With some techniques, and after several months, many patients regain normal sensation. Nipple graft techniques remove the nipple and replace it as a skin graft. With this technique, sensation will be lost, as well as the possibility of breastfeeding. Changes in sensation may affect sexual response or the ability to breastfeed a baby.

Breastfeeding:

Breast milk is the best food for babies. If a woman has undergone a breast reduction using a nipple graft technique (nipple removed and replaced as a graft), it is unlikely that she will be able to breastfeed. Pedicle and liposuction techniques may be able to spare the breast ducts and it may be possible to breastfeed after such breast reductions. It is unknown whether you will be able to produce sufficient milk to nurse a baby, even with use of these techniques.

Unsatisfactory Results:

Although good results are expected, there is no guarantee or warranty, expressed or implied, as to the results that may be obtained. You may be disappointed with the results of reduction mammoplasty surgery. Asymmetry in nipple location, unanticipated breast shape and size, loss of function, wound disruption, poor

healing, and loss of sensation may occur after surgery. Healing may result in a lost nipple requiring further surgery and reconstruction. There is no way to predict the final breast size (bra cup size) after surgery. It is possible that the breast may be smaller but the bra cup size may not change. Unsatisfactory surgical scar location or visible deformities at the ends of the incisions (dog ears) may occur. Liposuction may be necessary to thin breast tissue that is outside of the normal surgical location for reduction mammoplasty. It may be necessary to perform additional surgery to attempt to improve your results. Some techniques remove the ability to breastfeed. Unsatisfactory results may NOT improve with each additional treatment.

Breast Disease:

Breast disease and breast cancer can occur independently of reduction mammoplasty surgery. Individuals with a personal history or family history of breast cancer may be at a higher risk of developing breast cancer than a woman with no family history of this disease. It is recommended that all women perform periodic self-examination of their breasts, undergo routine mammography according to American Cancer Society guidelines, and seek professional care should a breast lump be detected. In the event that suspicious tissue is identified prior to or during breast surgery, additional tests and therapy with corresponding expenses may be warranted.

Wound Healing Issues:

Even in excellent surgical candidates, the surgical incisions may not heal appropriately, leading to poor scarring, asymmetry, unsatisfactory results, and/or the need for further surgery. The skin, the nipple, or the fat inside the breast may die (skin, nipple, and/or fat necrosis). This may leave an unsatisfactory result and may require further surgery. If fat inside the breast dies (fat necrosis), this may leave a hard lump in the breast. You and your surgeon may opt to remove this hard lump. Additional surgery may not restore the breast to “normal.”

Nipple and Areolar Necrosis:

While very rare, it is possible for the areola (area around the nipple) and nipple to have poor blood flow after surgery that may result in the death of the tissue. This will result in a wound and delayed healing. The nipple and areola may be reconstructed if necessary.

Long Term Results:

It is not possible to predict how pregnancy, weight change, and aging will affect the results of a breast reduction. If you are considering significant weight reduction or pregnancy in the near future, breast reduction surgery may be postponed to avoid possible undesirable effects and late unsatisfactory results.

Major Wound Separation:

Wounds may separate after surgery. Should this occur, additional treatment, including surgery and even hospitalization, may be necessary.

Change in Skin Sensation:

It is common to experience diminished (or loss of) skin sensation in areas that have had surgery. Diminished (or complete loss of) skin sensation may not totally resolve after a panniculectomy.

Skin Contour Irregularities:

Contour and shape irregularities and depressions may occur after a panniculectomy. Visible and palpable wrinkling of skin can occur. Residual skin irregularities at the end of the incisions or “dog ears” are always a possibility as is skin pleating when there is excessive redundant skin. This may improve with time, or it can be surgically corrected.

Umbilicus:

Malposition, scarring, unacceptable appearance, or loss of the umbilicus (navel) may occur. Loss of the umbilicus can be higher with a large panniculectomy.

Possible Hernia Repair:

At the time of your panniculectomy, your surgeon may identify a hernia (i.e., incisional, groin, umbilical, etc.). It is in your best interest that your hernia be repaired at the time of your panniculectomy, if possible.

Use of Drains:

During your surgery, your doctor may find it necessary to place a drain(s). A drain is a small tube that drains fluid out from the area that was operated on. You will be instructed on the use of your drain. Placement of the drain may require a small separate incision. The drain will be removed when your doctor feels it is no longer necessary. The drain site may be closed at the time of drain removal. Closing the drain site may require special surgical tape or sometimes a suture. Your doctor may leave the site open to drain any residual fluid under the wound.

Pubic Distortion:

It is possible, though unusual, for women to develop distortion of their labia and pubic area. Should this occur, additional treatment, including surgery, may be necessary.

GENERAL RISKS OF SURGERY

Healing Issues:

Certain medical conditions, dietary supplements, and medications may delay and interfere with healing. Patients with massive weight loss may have a healing delay that could result in the incisions coming apart, infection, and tissue changes requiring additional medical care, surgery, and prolonged hospitalizations. Patients with diabetes or those taking medications such as steroids on an extended basis may have prolonged healing issues. Smoking will cause a delay in the healing process, often resulting in the need for additional surgery. There are general risks associated with healing such as swelling, bleeding, possibility of additional surgery, prolonged recovery, color changes, shape changes, infection, unmet patient goals and expectations, and added expense to the patient. There may also be a longer recovery owing to the length of surgery and anesthesia. Patients with significant skin laxity (patients seeking facelifts, breast lifts, abdominoplasty, and body lifts) will continue to have the same lax skin after surgery. The quality or elasticity of skin will not change and recurrence of skin looseness will occur at some time in the future, more quickly for some than for others. There are nerve endings that may be affected by healing scars from procedures such as suction-assisted lipectomy, abdominoplasty, facelifts, body lifts, and extremity surgery. While there may not be a major nerve injury, small nerve endings may become too active during the healing period, producing a painful or oversensitive area due to the small sensory nerves involved with scar tissue. Often, massage and early non-surgical interventions resolve this. It is important to discuss postsurgical pain with your surgeon.

Bleeding:

It is possible, though unusual, to experience a bleeding episode during or after surgery. Should postoperative bleeding occur, it may require emergency treatment to drain accumulated blood or you may require a blood transfusion, though such occurrences are rare. The collection of blood that can occur under your skin following surgery is referred to as a hematoma. Increased activity too soon after surgery can lead to an increased chance of bleeding and additional surgery. It is important to follow postoperative instructions and to limit exercise and strenuous activity for the instructed time period. Non-prescription “herbs” and dietary supplements can increase the risk of surgical bleeding. Hematoma can occur at any time, usually in the first three weeks following injury to the operated area. If blood transfusions are necessary to treat blood loss, there is the risk of blood-related infections such as hepatitis and HIV (AIDS). Your surgeon may provide medications after your surgery to prevent blood clots. Medications that are used to prevent blood clots in veins can result in bleeding and decreased blood platelets.

Infection:

Infection, although uncommon, can occur after surgery. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary. It is important to tell your surgeon of any other infections, such as a history of methicillin-resistant Staphylococcus aureus (MRSA) infections, an open wound, recent upper respiratory infection/pneumonia, ingrown toenail, insect bite, tooth abscess, or urinary tract infection. Infections in other parts of the body may lead to an infection in the operated area. Postoperative infections often result in more extensive scarring and predispose to revision surgery at a later date.

Ileus:

The return of bowel function following surgery is important. An ileus is a disruption in bowel function caused by the failure of [peristalsis](#) or the hypomobility of your bowels/gut resulting in a lack of defecation and possibly repeated vomiting. Anesthetics and medications such as the pain medications given to you at the time of surgery can contribute to the development of an ileus in the postoperative period. An ileus can result in abdominal distention, vomiting, inability to absorb oral medications, and possibly hospitalization. Repeated vomiting could result in aspiration pneumonia and respiratory failure. It is essential to regain regular bowel function after your surgery.

Scarring:

All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, this surgery will result in long, prominent scars that are permanent. Abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of a different color than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left sides of the body). There is the possibility of visible marks in the skin from sutures. These scars may become raised, red, or discolored in the first few weeks/months, but usually settle down over time. However, some patients are prone to “hypertrophic” or “keloid” scars i.e., prominent, raised, red scars that do not settle. Further treatments with medications and/or surgery may be required.

Skin Loss:

Partial or full thickness skin loss or tissue necrosis can occur following a panniculectomy. This can be most common in what are referred to as “water shed areas, where blood perfusion can be less than optimal. In a panniculectomy, this is the area below the umbilicus. Medical conditions and medications can also compromise blood flow. Should you develop tissue necrosis or skin loss, additional surgical procedures are likely to be required for debridement and to close the wound. Once healed, revision surgery may be required.

Firmness:

Excessive firmness can occur after surgery due to internal scarring. The occurrence of this is not predictable. Additional treatment including surgery may be necessary.

Skin Sensitivity:

Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this resolves during healing, but in rare situations it may be chronic.

Major Wound or Incision Separation:

Wounds or incisions may separate after surgery. Should this occur, additional treatment, including surgery, may be necessary.

Sutures:

Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible, or produce irritation that requires suture removal.

Delayed Healing:

Wound disruption or delayed wound healing is possible. Some areas of the skin may not heal normally and may take a long time to heal. Areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue. Individuals who have decreased blood supply to tissue from past surgery or radiation therapy may be at increased risk for delayed wound healing and poor surgical outcomes. Smokers have a greater risk of skin loss and wound healing complications.

Damage to Deeper Structures:

There is the potential for injury to deeper structures including nerves, blood vessels, lymphatics, muscles, and internal organs such as intestines, liver, kidney, spleen, and lungs (pneumothorax) during any surgical procedure. The potential for this to occur varies according to the type of procedure being performed. Injury to deeper structures may be temporary or permanent, and may result in significant illness or death.

Fat Necrosis:

Fatty tissue found deep in the skin might die. This may produce areas of firmness within the skin. Additional surgery to remove areas of fat necrosis may be necessary. There is the possibility that contour irregularities in the skin may result from fat necrosis.

Seroma:

Fluid may accumulate between the skin and the underlying tissues following surgery, trauma, or vigorous exercise, which is referred to as a seroma. A seroma can be the most common complication following a panniculectomy. You may notice an increase in your abdominal girth, localized swelling, or a shape change that should alert you that a seroma might have occurred in your post-operative period. Seromas should be addressed to prevent an unfavorable outcome. Should this problem occur, notify your surgeon because additional procedures for drainage of fluid may be required.

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.

Shock:

In rare circumstances, your surgical procedure may cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. If surgical shock occurs, hospitalization and additional treatment will be necessary.

Pain:

You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after surgery. If you are a chronic pain patient followed by a Pain Therapy Practitioner, you may be asked to see this practitioner preoperatively to assist you in the management of your pain disorder in the postoperative period. Chronic pain may occur very infrequently due to nerves becoming trapped in scar tissue or tissue stretching.

There are nerve endings that may be affected by healing scars from surgery. While there may not be a major nerve injury, small nerve endings may become too active during the healing period, producing a painful or oversensitive area due to the small sensory nerves involved with scar tissue. Often, massage and early non-surgical interventions resolve this. It is important to discuss postsurgical pain with your surgeon.

Cardiac and Pulmonary Complications:

Pulmonary complications may occur secondarily to blood clots (pulmonary emboli), fat deposits (fat emboli), pneumonia, or partial collapse of the lungs after general anesthesia. Pulmonary emboli can be life threatening or fatal in some circumstances. Inactivity and other conditions may increase the incidence of blood clots traveling to the lungs and causing a major blood clot that may result in death. It is important to discuss any past history of swelling in your legs or blood clots that may contribute to this condition with your physician. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pains, or unusual heartbeats, seek immediate medical attention. Should any of these complications occur, hospitalization and additional treatment may be required.

Venous Thrombosis (Clot) and Sequelae:

Thrombosed veins, which resemble cords, occasionally develop in the area of the breast or around IV sites, and usually resolve without medical or surgical treatment. Panniculectomy can be associated with an increased risk for Deep Venous Thrombosis (DVT) and Pulmonary Embolus (PE). Often, a screening process is conducted to determine if you are at increased risk for DVT/PE. Measures can be taken at the time of your panniculectomy to prevent such events from occurring. It is important to discuss with your surgeon if you or your family have a history of DVT/PE. Certain high estrogen pills and any birth control pills you are taking, obesity, history of cancer, history of inflammatory bowel disease, etc., may increase your risk of thrombosed veins and the development of DVT/PE. A personal history of bleeding and clotting problems may also increase this risk.

Allergic Reactions:

In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations, or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur in response to drugs used during surgery and prescription medications. Allergic reactions may require additional treatment. It is important to notify your physician of any previous allergic reactions.

Drug Reactions:

Unexpected drug allergies, lack of proper response to medication, or illness caused by the prescribed drug are possibilities. It is important for you to inform your physician of any problems you have had with any medication or allergies to medication, prescribed or over-the-counter, as well as the medications you now regularly take. Provide your surgeon with a list of the medications and supplements you are currently taking.

Revision Surgery:

Every effort is made for you to have a favorable outcome, but unforeseen events can occur, which may require revision surgery. Patients with multiple medical problems, massive weight loss patients, smokers, patients that develop infections in the post-operative period, and other high-risk patients have a greater propensity to require revision surgery. Issues that could need to be addressed in the post-operative period include, but are not limited to, dog ears, asymmetry, contour irregularities, folds, wrinkles, loose skin, umbilical malposition or loss, and pubic distortion.

Surgical Wetting Solutions:

There is the possibility that large volumes of fluid containing dilute local anesthetic drugs and epinephrine that is injected into fatty deposits during surgery may contribute to fluid overload or a systemic reaction to these medications. Additional treatment including hospitalization may be necessary.

Fat/Air Embolism:

In rare cases, during or after liposuction and/or fat grafting, fat particles or air can enter the vascular system and can travel to the heart, lungs, or brain. This can result in significant complications including death.

Persistent Swelling (Lymphedema):

Persistent swelling can occur following surgery.

Unsatisfactory Result:

Although good results are expected, there is no guarantee or warranty, expressed or implied, as to the results that may be obtained. The body is not symmetric and almost everyone has some degree of unevenness, which may not be recognized in advance. One side of the face may be slightly larger, while one side of the face may be droopier. The breast and trunk area exhibits the same possibilities. Many of these issues cannot be fully corrected with surgery. The more realistic your expectations are as to the results, the better your results will appear to you. Some patients never achieve their desired goals or results, at no fault of the surgeon or surgery. You may be disappointed with the results of surgery. Asymmetry, unanticipated shape and size, loss of function, wound disruption, poor healing, and loss of sensation may occur after surgery. Size may be incorrect. Unsatisfactory surgical scar location or appearance may occur. It may be necessary to perform additional surgery to improve your results. Unsatisfactory results may NOT improve with each additional treatment.

ADDITIONAL ADVISORIES

Medications and Herbal Dietary Supplements:

There are potential adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Aspirin and medications that contain aspirin interfere with the formation of blood clots, and therefore may contribute to bleeding issues. If you have a medical condition (such as heart arrhythmia, heart stent, blood vessels with blockages, or blood clots) and are taking medications to thin your blood and prevent clotting such as Plavix®, Coumadin®, Xarelto®, Effient®, or Pradaxa®, discuss management of these medications around the time of the surgery with your plastic surgeon. Your plastic surgeon may opt to coordinate a plan for these medications with the doctor that prescribed them for your medical condition. If you have been prescribed drugs for a medical condition, do not stop taking them

without discussing it first with your plastic surgeon. Stopping these medications abruptly may result in a heart attack, stroke, or death. Be sure to check with your physician about any drug interactions that may exist with the 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, be aware that they can affect your thought processes and coordination. 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.

Sun Exposure – Direct or Tanning Salon:

The effects of the sun are damaging to the skin. Exposing the incision areas to sunlight may result in increased scarring, color changes, and poor healing. Patients who tan, either outdoors or in a salon, should inform their surgeon and either delay treatment, or avoid tanning until the surgeon says it is safe to resume. The damaging effect of sun exposure occurs even with the use of sun block or clothing coverage.

Travel Plans:

Any surgery holds the risk of complications that may delay healing and your return to normal life. Please let the surgeon know of any travel plans, important commitments already scheduled or planned, or time demands that are important to you, so that the appropriate timing of surgery can occur. There are no guarantees that you will be able to resume all activities in the desired timeframe. Allow at least 10-14 days to travel via airplane. Medications may be required should you have a long flight/trip in order to prevent DVT/PE in the immediate postoperative period.

Long-term Results:

Subsequent alterations in the appearance of your body may occur as the result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause, or other circumstances not related to your surgery.

Interference with Sentinel Lymph Node Mapping Procedures:

Breast surgery procedures that involve cutting through breast tissue, similar to a breast biopsy, can potentially interfere with diagnostic procedures to determine the lymph node drainage of the breast tissue in the staging of breast cancer.

Body-Piercing:

Individuals who currently wear body-piercing jewelry in the surgical region are advised that an infection could develop from this activity. Body-piercing jewelry should be removed prior to your surgical procedure.

Nails:

To monitor your vitals status during surgery, your anesthesia provider may require access to your fingernails. Be sure to have at least two fingernails free of nail polish or acrylic nails on the date of your surgery.

Jewelry:

Jewelry should not be brought with you at the time of your surgical procedure. Items, such as earrings, wedding rings, necklaces, should be removed and placed in a safe place.

Future Pregnancy and Breastfeeding:

This surgery is not known to interfere with pregnancy. If you are planning a pregnancy, your breast skin may stretch and undermine the results of surgery. You may have more difficulty breastfeeding after this operation.

Female Patient Information:

It is important to inform your plastic surgeon if you use birth control pills, estrogen replacement, or if you suspect 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:

Since surgery involves the coagulation of blood vessels, increased activity of any kind may open these vessels leading to bleeding or hematoma. Activities that increase your pulse or heart rate may cause additional bruising, swelling, and the need for additional surgery to control bleeding. It is wise to refrain from intimate physical activities until your physician states it is safe.

Mental Health Disorders and Elective Surgery:

It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery, and often are stressful. Prior to surgery, please openly discuss any history that you may have of significant emotional depression or mental health disorders with your surgeon. Although many individuals may benefit psychologically from the results of elective surgery, its effects on mental health cannot be accurately predicted.

ADDITIONAL SURGERY NECESSARY (Re-Operations)

There are many variable conditions that may influence the long-term results of surgery. It is unknown how your tissue may respond or how wound healing will occur after surgery. Secondary surgery may be necessary to perform additional tightening or repositioning of body structures. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are associated with this surgery. Other complications and risks can occur but are less common. 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, as to the results that may be obtained. In some situations, it may not be possible to achieve optimal results with a single surgical procedure. You and your surgeon will discuss the available options should additional surgery be advised. There may be additional costs and expenses for such additional procedures, including surgical fees, facility and anesthesia fees, pathology, and lab testing.

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 activities need to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful postoperative function depends on both the surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation, and the need for additional surgery. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

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), including no surgery. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients under 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 current 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.

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.

CONSENT for SURGERY/PROCEDURE or TREATMENT

1. I hereby authorize Dr. Quinton Chivers and such assistants as may be selected to perform a **Panniculectomy, and Reduction Mammoplasty Surgery with Liposuction.**

I have received the following information sheet: **Panniculectomy and Reduction Mammoplasty Surgery with Liposuction.**
2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those described above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are necessary and desirable in the exercise of his or her professional judgment. 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 involve risk and the possibility of complications, injury, and sometimes death.
4. I understand what my surgeon can and cannot do, and understand there are no warranties or guarantees, implied or specific, as to my outcome. I have had the opportunity to explain my goals and I understand which desired outcomes are realistic and which are not. All of my questions have been answered, and I understand the inherent (specific) risks to the procedures I seek, as well as those additional risks and complications, benefits, and alternatives. Understanding all of this, I elect to proceed.
5. I consent to be photographed or televised before, during, and after 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 that may be removed.
8. I am aware that there are potential significant risks to my health with the utilization of blood products, and I consent to their utilization should they be deemed necessary by my surgeon and/or his/her appointees.
9. I authorize the release of my Ontario Health Insurance Plan number to appropriate agencies for legal reporting and medical device registration, if applicable.
10. I understand that the surgeons' fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.
11. I realize that not having the operation is an option. I opt out of having this procedure _____.
12. 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 (1-12).
I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Date/Time _____ Witness _____