

Abdominoplasty

Pre-Operative Booklet

Patient Name

.....

*Scheduled on ***

C H A R L O T T E S V I L L E
P L A S T I C S U R G E R Y

SURGERY DATE: _____

Location: ___ Monticello Surgery Center
 ___ Sentara Martha Jefferson Hospital
 ___ Sentara Martha Jefferson Outpatient Surgery Center

FOLLOW-UP APPOINTMENT: ___/___/___ at _____ am/pm

Location: ___ Charlottesville Plastic Surgery Main Office

IMPORTANT PHONE NUMBERS

- Plastic Surgery Office: **(434) 227-5333**
- After Hours: Call **(434) 227-5333** and listen to the prompts for “after-hours on-call surgeon.”
- Monticello Surgery Center: call (434) 293-4995 to find out the time of your surgery and when you’ll need to arrive at the surgery center.

YOUR SURGICAL TEAM:



Rhett N Willis Jr, MD

Plastic Surgeon

Dr. Willis is a board certified general surgeon and board eligible plastic surgeon who is committed to you having your best possible surgical result and overall experience. You will meet with him before the surgery to discuss and customize your surgical plan.



Leah Hutchison

Patient Care Coordinator

Leah assists with all aspects of coordinating your surgery. She will schedule appointments and surgery dates, process insurance and work related paperwork, and can answer many questions related to your care. She can be reached by phone during office hours (434-227-5333) or by email at Leah@charlottesvilleplasticsurgery.com

INTRODUCTION

Welcome to the Charlottesville Plastic Surgery and thank you for allowing us to be part of your healthcare team. We recognize that you are receiving a lot of new information and making important decisions regarding your health and well-being.

Please read through this pre-operative packet prior to your surgery. Hopefully it will answer most of your questions about what to expect before and after the surgery, but we encourage you to make a list of any remaining questions and we will be happy to answer them. You may call or email us at any time.

- Included with this packet is a consent form listing possible risks of surgery. Please read it carefully, initial each page and bring it the day of surgery to give to Dr. Willis. There is an extra copy in this book for you to keep as a reference.
- We will typically provide you with medications for pain, nausea, constipation, and an antibiotic to prevent infection. These prescriptions will be called in to your preferred pharmacy prior to your surgical date. These medications are to be taken AFTER your surgery but we suggest you fill them before the day of surgery for your convenience. If you need clarification on any of the medications or have preferences for different medications, please let us know before your surgery.
- Remember not to eat or drink anything after midnight the night before your surgery.

- You will need to arrange for someone to bring you and take you home from surgery and to stay with you the first night after surgery. You should also arrange for transportation to your first post-operative visit.

FINANCIAL POLICIES

Our Patient Care Coordinators are very knowledgeable in this area and will help in the process of determining your benefits. If you do not have coverage, they can provide you with a price quotes and, if necessary, connect you with financial assistance programs.

▪ **PAYMENT OPTIONS FOR SELF PAY**

- On the day of your first consultation, you will be provided a financial quote which includes the surgery, anesthesia, operating room costs, and follow-up care. It does not include pathology costs or prescription medications. It does not include management of complications or revisions.
- A deposit of \$500 will be required to schedule a surgery date. This will be applied toward the total surgery costs.
- Full payment of the quote is due in full **2 weeks** prior to the surgery date.
- We provide a number of payment options that may be used individually or combined according to your wishes.
 - **CASH OR CHECK:** cashier's check or cash. We do not accept personal checks.
 - **CREDIT CARDS:** Visa, Master Card, Discover or American Express.
- **OPTIONAL FINANCING PLANS:** We will be happy to assist you with applying for financing should you so desire.

▪ **CANCELLATION POLICY**

- We understand that a situation may arise that could force you to cancel or postpone your surgery. If this should happen, please call us as soon as possible at 434-227-5333 to discuss your situation. If we do not get enough notice, your deposit may not be refunded.

PRE -OPERATIVE PLANNING

- After your pre-operative appointment, you will work closely with our Patient Care Coordinators to complete any necessary paperwork and requirements for payment.
- We will often have you return for a second, pre-operative visit, a few weeks before your surgery to review the surgical plan.
- If possible, have your prescriptions filled prior to the day of surgery to save time on the way home.
- Do not take medications that contain Aspirin or Ibuprofen (see long list at end of packet) for 2 weeks before your surgery date to reduce the risk of bleeding.
- Check with the pre-operative nurse whether you should take your regular medications on the morning of surgery. You will speak with him or her the day before surgery when you find out your surgery arrival time.
- Do not smoke for 3 weeks before your surgery as this will delay healing! Also avoid second-hand smoke and cigarette replacements such as nicotine patches or gum.
- **Arrange for someone to take you to and from the hospital and be with you during the first 24 hours after the surgery.**
- Call our office if you have any sign of illness or infection the week before the surgery.

Medications to Avoid Before and After Surgery

If you are taking any medications on this list, they should be discontinued 10-14 days prior to surgery and only Tylenol should be taken for pain. It is absolutely necessary that all other medications that you are currently taking must be specifically cleared by your doctor and nursing staff prior to surgery.

<u>Aspirin</u> Medications to Avoid

<ul style="list-style-type: none"> ▪ 4-Way Cold Tabs ▪ 5-Aminosalicylic Acid ▪ Acetilsalicylic Acid ▪ Adprin-B products ▪ Alka-Seltzer products ▪ Amigesic ▪ Anacin products ▪ Anexsia w/Codine ▪ Argesic-SA ▪ Arthra-G ▪ Arthriten products ▪ Arthritis Foundation products ▪ Arthritis Pain Formula ▪ Arthritis Strength BC Powder ▪ Arthropan ▪ ASA ▪ Asacol ▪ Ascriptin products ▪ Aspergum ▪ Asprimox products ▪ Axotal ▪ Azdone ▪ Azulfidine products ▪ B-A-C ▪ Backache Maximum Strength Relief ▪ Bayer Products ▪ BC Powder ▪ Bismatrol products ▪ Buffered Aspirin ▪ Bufferin products ▪ Buffetts 11 ▪ Buffex ▪ Butal/ASA/Caff ▪ Butalbital Compound ▪ Cama Arthritis Pain Reliever ▪ Carisoprodol Compound ▪ Cheracol ▪ Choline Magnesium Trisalicylate ▪ Choline Salicylate ▪ Cope ▪ Coricidin 	<ul style="list-style-type: none"> ▪ Cortisone Medications ▪ Damason-P ▪ Darvon Compound-65 ▪ Darvon/ASA ▪ Dipentum ▪ Disalcid Doan's products ▪ Dolobid ▪ Dristan ▪ Duragesic ▪ Easprin ▪ Ecotrin products ▪ Empirin products ▪ Equagesic ▪ Excedrin products ▪ Fiorgen PF ▪ Fiorinal products ▪ Gelpirin ▪ Genprin ▪ Gensan ▪ Goody's Extra Strength Headache Powders ▪ Halfprin products ▪ Isollyl Improved ▪ Kaodene ▪ Lanorinal ▪ Lortab ASA ▪ Magan ▪ Magnaprin products ▪ Magnesium Salicylate ▪ Magsal ▪ Marnal ▪ Marthritic ▪ Meproamate ▪ Mesalamine ▪ Methocarbamol ▪ Micrainin ▪ Mobidin ▪ Mobigesic ▪ Momentum ▪ Mono-Gesic ▪ Night-Time Effervescent Cold ▪ Norgesic products ▪ Norwich products 	<ul style="list-style-type: none"> ▪ Olsalazine ▪ Orphengesic products ▪ Oxycodone ▪ Pabalate products ▪ P-A-C ▪ Pain Reliever Tabs ▪ Panasal ▪ Pentasa ▪ Pepto-Bismol ▪ Percodan products ▪ Phenaphen/Codeine #3 ▪ Pink Bismuth ▪ Propoxyphene ▪ Compound products ▪ Robaxisal Rowasa ▪ Roxeprin Saleto products ▪ Salflex ▪ Salicylate products ▪ Salsalate ▪ Salsitab ▪ Scot-Tussin Original ▪ 5-Action Sine-off ▪ Sinutab ▪ Sodium Salicylate ▪ Sodal Compound ▪ Soma Compound ▪ St. Joseph Aspirin ▪ Sulfasalazine ▪ Supac ▪ Suprax ▪ Synalgos-DC ▪ Talwin ▪ Triaminicin ▪ Tricosal ▪ Trilisate ▪ Tussanil DH ▪ Tussirex products ▪ Ursinus-Inlay ▪ Vanquish ▪ Wesprin ▪ Willow Bark products ▪ Zorprin
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Medications to Avoid Before and After Surgery

Ibuprofen Medications to Avoid

<ul style="list-style-type: none"> Actron Acular (ophthalmic) Advil products Aleve Anaprox products Ansaid Cataflam Clinoril Daypro Diclofenac Dimetapp Sinus Dristan Sinus Etodolac 	<ul style="list-style-type: none"> Ibuprin Ibuprofen Ibuprohm Indochron E-R Indocin products Indomethacin products Ketoprofen Ketorolac Lodine Meclofenamate Meclomen Mefenamic Acid Menadol 	<ul style="list-style-type: none"> Naprox X Naproxen Nuprin Ocufen (ophthalmic) Orudis products Oruvail Oxaprozin Piroxicam Ponstel Profenal Relafen Rhinocaps Sine-Aid products 	<ul style="list-style-type: none"> Naprox X Naproxen Nuprin Ocufen (ophthalmic) Orudis products Oruvail Oxaprozin Piroxicam Ponstel Profenal Relafen Rhinocaps Sine-Aid products
<u>Other Medications to Avoid</u>			
<ul style="list-style-type: none"> 4-Way w/ Codeine A.C.A. A-A Compound Accutrim Actifed Anexsia Anisindione Anturane Arthritis Bufferin BC Tablets Childrens Advil Clinoril C Contac Coumadin Dalteparin injection 	<ul style="list-style-type: none"> Dicumerol Dipyridamole Doxycycline Emagrin Enoxaparin injection Naprosyn products Flagyl Fragmin injection Furadantin Garlic Heparin Hydrocortisone Isolyl Lovenox injection Macrochantin 	<ul style="list-style-type: none"> Mellaril Miradon Opasal Pan-PAC Pentoxifylline Persantine Phenylpropanolamine Prednisone Protamine Pyrroxate Ru-Tuss Salatin Sinex Sofarin Soltice 	<ul style="list-style-type: none"> Sparine Stelazine Sulfipyrazone Tenuate Tenuate Dospan Thorazine Ticlid Ticlopidine Trental Ursinus Vibramycin Vitamin E Warfarin

<u>Tricyclic Antidepressant Medications to Avoid</u>			<u>Herbal Medications to Avoid</u>
<ul style="list-style-type: none"> Adapin Amitriptyline Amoxapine Anafranil Asendin Aventyl Clomipramine Desipramine Doxepin Elavil 	<ul style="list-style-type: none"> Endep Etrafon products Imipramine Janimine Limbitrol products Ludiomil Maprotiline Norpramin Nortriptyline Pamelor 	<ul style="list-style-type: none"> Pertofrane Protriptyline Sinequan Surmontil Tofranil Triavil Trimipramine Vivactil 	<ul style="list-style-type: none"> Echinacea Ginkgo Biloba Ginseng St. John's Wort

PRE-OPERATIVE SUPPLIES

The following is a list of optional items that can help you be prepared for your surgery.

- **Prescription medications-** fill before surgery date
- **Tylenol, Ibuprofen-** These will be the primary pain medications once you are off the prescription medications

- **Multivitamins-** suggested to take 2 weeks before and after your surgery to promote healing
- **Vitamin C-** 500mg 2x day can help your healing. Start 2 weeks before surgery
- **Straws (bendy type)-** will help you drink more fluids to stay hydrated after surgery
- **Ice packs/frozen peas-** can decrease pain, particularly on upper chest and sides
- **Chapstick**
- **Cough Drops** - your throat can be sore after having general anesthesia breathing tube
- **Wetwipes/babywipes for your skin-** you will be restricted to sponge bathing the first two days after surgery and these will be nice to have
- **Neosporin or Bacitracin Ointment-** to be used on incisions after the first follow-up appointment
- **Gauze pads (4x4 size)-** these can be found in the pharmacy and may be useful after the first follow-up visit. Look for the non-sterile multi-packs as they are less expensive.
- **Gentle Foods-** light food is best the first day or two after surgery so as not to upset the stomach. Ideas include crackers, soups, juice and clear soda, light soups, pudding, applesauce, yogurt, toast. Once your appetite returns, you can eat what sounds good.
- **Pillows and a comfortable place to rest after surgery-** a recliner is helpful for getting up and down but any comfortable space is fine. You will not be sleeping on your side or stomach afterwards so having multiple pillows to arrange around you will help keep you comfortable.
- **Button-up shirts-** These will be easiest to get in and out of for the first week after surgery. Bring one with you the day of surgery to go home in.
- **Soft, comfortable bras**
- **Abdominal Binder** - you will be provided with an abdominal binder but might like to have an additional binder if the original gets soiled.

THE DAY OF SURGERY

- Do not eat or drink anything after midnight the night before surgery
- Shower with antibacterial soap and brush your teeth the morning of surgery!
- Do not apply moisturizers or wear makeup
- Remove any jewelry and/or piercings and leave them at home if possible
- Bring loose comfortable clothes for after surgery including button-up shirt and soft pants.
- Arrive at hospital at the designated time and check in at the front desk

- Bring your initialed/signed consent sheet (included in this packet)
- You will be taught how to care for your drains in recovery. We have also included instructions at the end of this packet.
- You must have someone with you the day of surgery to drive you home and take care of you the first night after surgery at a minimum.

EXPERIENCE AT THE HOSPITAL ON DAY OF SURGERY Going to the operating room is not a normal experience for most of us. Dr. Willis and all of the professional staff caring for you recognize the natural anxiety with which most patients approach this step in the process of achieving their goals. We believe a description of the surgery experience will be helpful.

- When you arrive at the surgery center, you will check in at the front desk. From there you will be escorted to the pre-op room. You will be asked to change into a gown. A nurse will start an IV and review your health history. You will meet with the anesthesiologist who will review with you the plan for anesthesia. You will meet with Dr. Willis and go over the plan for surgery and go over any questions you might have. Dr. Willis will place surgical markings on your breasts while you stand up. You may have your family members step out during the markings if you prefer.
- The surgery will take about 3-4 hours, but your total time in the hospital will be about 5-6 hours.
- You will then be brought back to the operating room where the staff will do everything they can to make you feel secure. You will lie down on a padded operating table with warm blankets and the nurse and the anesthesiologist will connect you to state-of-the-art monitoring equipment. You will breathe oxygen through a mask as medicines that will make you drowsy will flow through the IV tubing into a vein in your arm.
- When your surgery has been completed, you will be moved to the recovery room. During this period, a recovery room nurse will take care of you and remain with you at all times. If you have pain, she will give you medication through your IV. Your stay in the recovery room will last 30-60 minutes after surgery.
- Once you are more alert, you will be transferred from the recovery room back to the room you started in. Your family and friends will be able to visit you here. When you feel comfortable enough, you will be able to go home with your arranged driver.

THE FIRST WEEK AFTER SURGERY

- Keep the abdominal binder on continuously, except to shower.
 - You may wash it, let it hang dry and then replace.
- You may ice your mons area for comfort but this is not necessary.
 - Do not ice over the incision or above the incision
- You may shower 2 days after the surgery.
 - You may need assistance showering after surgery, as you may feel fatigued/weak.
 - Having a plastic stool/chair in the shower may help
- Try to avoid ibuprofen or aspirin for 3 days after the surgery as this can lead to more bleeding. After 3 days, however, we encourage you to start taking these medications and weaning off the other pain pills.
- Remember that there will be swelling of the abdomen, groin and mons area after the surgery. While there is always some asymmetry with the swelling, if one side looks significantly different or more painful than the other side, that might be a sign of bleeding and you should call us to discuss your concerns.
- You will have two drains. The nurses in post-op should show you how to strip the drains, empty the drains, and record the output.

- The drains will be red in output and this is normal
- You may see flakes of solid material in the tubing and/or drains- this is normal
- If the drains are emptying out 2+ bulbs in a 12 hour period immediately after your surgery, please give Dr. Willis's office a call as this could be a sign of bleeding
- Activity Restrictions:
 - You are encouraged to walk around after your surgery. You will likely be in a hunched over position as your abdomen relaxes over the ensuing week
 - You will want to sleep in a flexed position. Either a recliner or with pillows under your knees and upper back
 - No heavy lifting, bending, reaching
 - No driving for at least 3 days and until you are off all narcotic pain medication.
- Call our office or the hospital operator if you have ANY concerns after surgery; specifically increased bleeding or drainage, swelling, uncontrolled pain, fever, rashes, or other problems.
- Your first pre-op visit will be one week after the surgery.
 - Bring your drain recordings to this visit and the first drain may be pulled at this time

SECOND AND THIRD WEEK AFTER SURGERY

- Activity restrictions:
 - May begin to stand up more straight.
 - Still no strenuous activity, no heavy lifting over 10 lbs, etc.
 - You may return to light duty/desk jobs after 1 week if you are recovering well

AFTER THREE WEEKS:

- Your second follow-up visit will be 3 weeks after the surgery.
- Begin scar massage if all incisions healed (no scabs or open areas).
- Walking still encouraged

FOUR-FIVE WEEKS AFTER SURGERY:

- You can transition from a abdominal binder to a tight fitting Spanx.
- You can resume light duty exercise
- You will still have numbness and some tingling or shooting pain as your nerves recover.
- After 6-8 weeks, you may begin to increase your exercise tolerance. Listen to your body!

ADDITIONAL FOLLOW-UP

- We typically will schedule a follow-up at 6 weeks, 3 months, and again at 1 year post surgery at which time we take post-op photographs

WHAT TO EXPECT WHILE YOU HEAL

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<p>Normal Symptoms</p>	<ul style="list-style-type: none"> ▪ SWELLING AND BRUISING: Moderate swelling and bruising are normal after any surgery. Severe swelling and bruising may indicate bleeding or possible infection. Swelling and bruising may extend down into the genitals, groin and upper thighs. ▪ DISCOMFORT AND PAIN: Mild to moderate discomfort or pain is normal after any surgery. Our goal is to minimize your discomfort using oral pain medication. This will not eliminate all pain, but it should allow you to perform basic daily activities like walking. You may experience some pain into the thigh and groin/inner thigh. If the pain becomes severe and is not relieved by pain medication, please call us at (434) 227-5333. ▪ CRUSTING ALONG THE INCISION LINES: We usually treat this with antibiotic ointment. ▪ NUMBNESS: Small sensory nerves to the skin surface are cut when the incision is made or interrupted by undermining of the skin during surgery. The sensation in those areas gradually returns--usually within 2 or 3 months as the nerve endings heal spontaneously. However, there may always be some degree of numbness or impaired sensation in the surgical area. ▪ ITCHING: Itching and occasional small shooting electrical sensations within the skin frequently occur as the nerve endings heal. Ice, skin moisturizers, and massages are frequently helpful. These symptoms are common during the recovery period.
<p>Contact Your Physician's Office</p>	<ul style="list-style-type: none"> ▪ Fever over 100.4 F ▪ Pain not controlled by current prescription medications ▪ Uncontrolled nausea and vomiting ▪ Increased bleeding or drainage from the surgical site ▪ Severe swelling, bruising or increasing redness

SOME CONSIDERATIONS AS YOU HEAL

- **FAMILY & FRIENDS**
 - Support from family and friends is very helpful, but because they may not understand what constitutes a normal postoperative course, their comments may unintentionally create emotional turmoil for you. We will tell you honestly how you are doing and what we expect your result to be. Please trust in our knowledge and experience when we discuss your progress with you.
- **DEPRESSION**
 - Quite frequently patients experience a brief period of "let-down" or depression after surgery. Some may subconsciously have expected to feel and look better "instantly," even though they rationally understand that this will not be the case. Patients commonly question their decision to have surgery during the first few days after surgery. As the healing occurs, these thoughts usually disappear quickly. If you feel depressed, understanding that this is a "natural" phase of the healing process may help you to cope with this emotional state.
- **HEALING**

- Everyone heals at their own pace. It is important to listen to your body and allow yourself to heal. Also, follow the advice of your surgical team and don't hesitate to ask questions! The guidelines in this packet are just that—guidelines—and they may need to be adjusted and individualized to your personal healing.

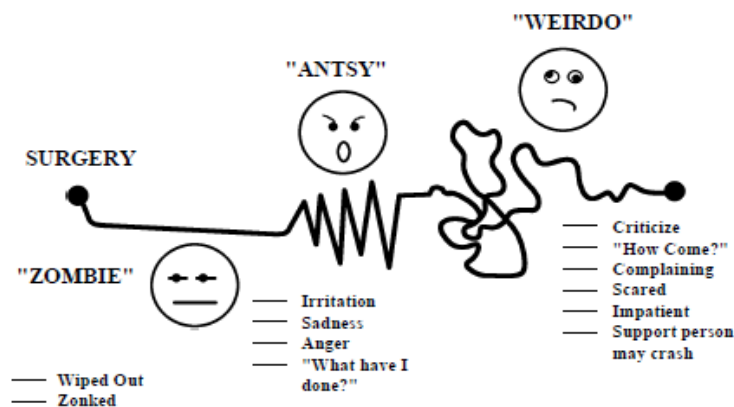
- **FOLLOWING INSTRUCTIONS**

- Another major factor in the course of healing is whether you follow the instructions given by Dr. Willis verbally and in this booklet. Such guidelines are designed to promote the healing process and to prevent the occurrence of anything which may interfere with recovery. It is imperative that you recognize that you are a partner in this process and have a responsibility to follow instructions carefully. The instructions, based on broad experience, are designed to give you the best opportunity for healing without delay or surprise. Please ask if you have questions or need clarification!

- **COMPLICATIONS**

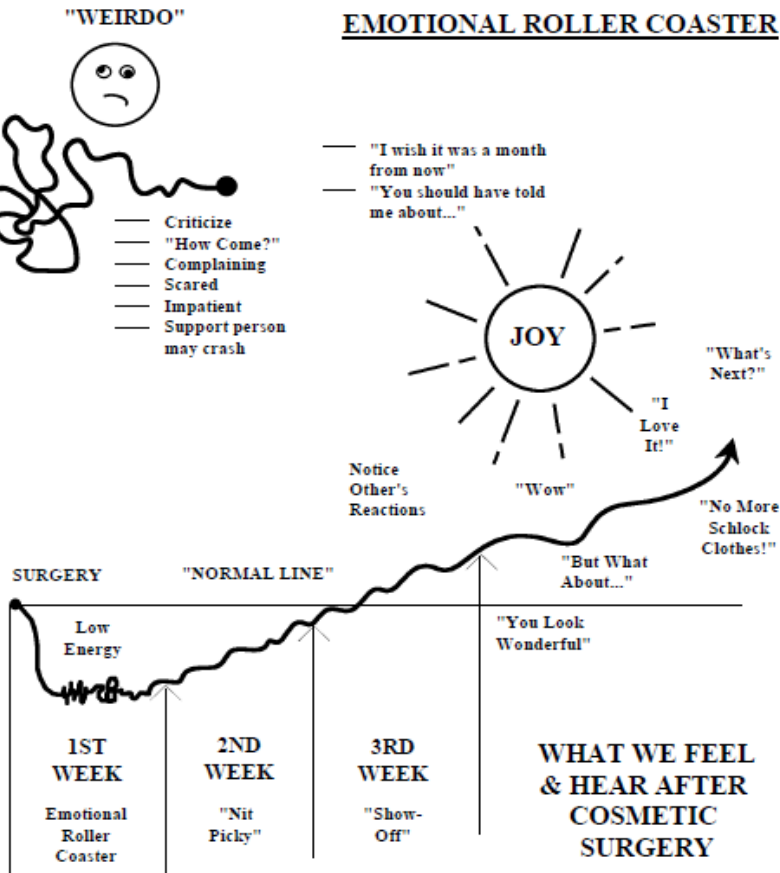
- Complications are rare, but unfortunately happen from time to time despite our best efforts. If and when they do occur, we are there to help you get through it. The vast majority of complications result in a delay in the normal healing process but do not affect the final result. Please trust us to help you get through it.

EMOTIONAL AND PHYSICAL REACTIONS



When patients come to see me for their pre-op visit I tell them, "Don't plan on doing anything taxing for a week because you may become tired and want to close your eyes sooner than you normally do. You may find that watching TV is also a strain. You may also experience some facial pain (if facial surgery) during the first couple of days."

I tell patients, "You can count on some bruising swelling and being tired; you can count on some discomfort for the first couple of days, but if you don't have that, what a nice surprise!"



One of the things I ask people in a pre-op visit is "Who will take care of you?" Then I say, "You want to have somebody who's really going to take care of you, who won't say to you when you first get home: "What the heck did you do that for?" Get somebody who's going to be really supportive and caring and who will be warm, because you're really going to need that."

The emotional stages the patient is going through affects the caretaker too. At the end of the first week the support person may be tired and need to go back to work.

Surgery affects each person differently. These curves are just a basic outline. The most common reaction is to be depressed on the third or fourth day. However, some patients say, "Well, not me. I didn't feel depressed." But three weeks later, they may have a crying jag while driving to work."

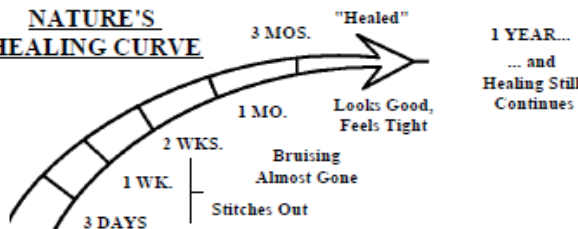
"Sometime near the end of the second week they've begun to feel good. And there's a day in there when they realize that they look magnificent."

"Patients experience feedback, both positive and negative. Some people tell

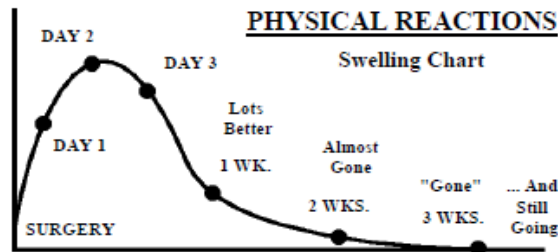
me that they're a bit irritated because people are now paying them more attention than they did before." And I say to them, "Isn't that why you had the surgery? Because you wanted to be more attractive?" And they reply, "Yes, but why didn't they like me the way I was?" But eventually people start to really enjoy the extra attention.

Anyone who has cosmetic surgery has shown they are a person of courage and they may now demand great deeds from themselves. They have given up the excuse called—"I'd be too afraid to do that."

NATURE'S HEALING CURVE



PHYSICAL REACTIONS



UNDERSTANDING SURGICAL RISK

We want you to understand fully the risks involved in surgery so that you can make an informed decision. Although complications are infrequent, all surgeries have some degree of risk. All of us at Charlottesville Plastic Surgery will use our expertise and knowledge to avoid complications in so far as we are able. If a complication does occur, we will use those same skills in an attempt to solve the problem quickly. The importance of having a highly qualified medical team and the use of a certified facility cannot be overestimated.

In general, the least serious problems occur more often and the more serious problems occur rarely. If a complication does arise, you, your surgeon, and the nursing staff will need to cooperate in order to resolve the problem. Most complications involve an extension of the recovery period rather than any permanent effect on your final result.

All Plastic Surgery treatments and operations are performed to improve a condition, a problem or appearance. While the procedures are performed with a very high probability of success, disappointments occur and results are not always acceptable to patients or the surgeon. Secondary procedures or treatments may be indicated. Rarely, problems may occur that are permanent.

Please read through the following pages that describe potential risks. Mark any that you would like to discuss in more detail on the day of surgery as you will have a chance to ask questions to your surgeon.

<p>General Surgical Risks</p>	<ul style="list-style-type: none"> ▪ HEMATOMA: Small collections of blood under the skin are usually allowed to absorb spontaneously. Larger hematomas may require aspiration, drainage, or even surgical removal to achieve the best result. ▪ INFLAMMATION AND INFECTION: A superficial infection may require antibiotic ointment. Deeper infections are treated with antibiotics. Development of an abscess usually requires drainage. ▪ WOUND SEPARATION OR DELAYED HEALING: Any incision, during the healing phase, may separate or heal unusually slow for a number of reasons. These include inflammation, infection, wound tension, decreased circulation, smoking or excess external pressure. If delayed healing occurs, the final outcome is usually not significantly affected, but secondary revision of the scar may be indicated. ▪ SENSITIVITY OR ALLERGY TO DRESSINGS OR TAPE: Occasionally, allergic or sensitivity reactions may occur from soaps, ointments, tape or sutures used during or after surgery. Such problems are unusual and are usually mild and easily treated. In extremely rare circumstances, allergic reactions can be severe and require aggressive treatment or even hospitalization. ▪ THICK, WIDE, OR DEPRESSED SCARS: Abnormal scars may occur even though we have used the most modern plastic surgery techniques. Injection of steroids into the scars, placement of silicone sheeting onto the scars, or further surgery to correct the scars is occasionally necessary. Some areas on the body scar more than others, and some people scar more than others do. Your own history of scarring should give you some indication of what you can expect. ▪ INJURY TO DEEPER STRUCTURES: Blood vessels, nerves and muscles may be injured during surgery. The incidence of such injuries is rare. ▪ POOR RESULTS: Asymmetry, unhappiness with the result, poor healing, etc. may occur. Minimal differences are usually acceptable. Larger differences frequently require revision.
<p>Serious Surgical Risks</p>	<p>Medical complications such as pulmonary embolism, DVT (blood clot), severe allergic reactions to medications, cardiac arrhythmias, heart attack, and hyperthermia are rare but serious and life threatening problems associated with surgery. Having a board-certified anesthesiologist present at your surgery reduces these risks as much as possible. Failure to disclose all pertinent medical data before surgery may cause serious problems for you and for the medical team during surgery.</p>
<p>Smoking Risks</p>	<p>Smoking may adversely affect wound healing and cause loss of skin. Smoking reduces arterial (blood) oxygen supply which is necessary for normal wound healing. Exposure to second hand smoke has also been implicated in delayed or abnormal wound healing. It is best to avoid smoking and or second hand smoke in the peri-operative period. Nicotine causes blood vessels to constrict and may interfere with normal wound healing. When blood vessels constrict there is less blood supply to the wound and therefore less oxygen for normal wound healing to take place. Avoid cigarette replacements such as the nicotine patch or nicotine gum or inhaler in the peri-operative period as these have similar effects as smoking and second hand smoke.</p>

I acknowledge that the risks and complications of the surgery I am to undergo have been explained and discussed with me in detail by Dr. Willis and by the nursing staff. I have been given the opportunity to ask questions and any concerns I had about my surgery have been explained to me.

My signature here attests to my understanding and satisfaction with the answers I have been given.

Signature: _____ Date: _____

CONSENT FOR SURGERY

I, _____, desire Rhett Willis, M.D. and such assistants as may be assigned by him, to perform the elective procedure(s) of:

Abdominoplasty

The nature and purpose of the operation(s), possible alternative methods of treatment, including no treatment/surgery, risks and possible complications have been fully explained to me by Dr. Rhett Willis and her team during my preoperative consultation. I understand that this operation is not an emergency and I have elected to proceed. I have been advised that all surgery involves general risks, including but not limited to bleeding, infection, nerve or tissue damage and, rarely, cardiac arrest, death, or other serious bodily injury. I acknowledge that no guarantees or assurances have been made as to the results that may be obtained.

I understand that anesthesia will be given and that it, too, carries risks. I consent to the administration of anesthesia by either Rhett Willis, M.D. or a qualified anesthesiologist and to the use of such anesthetics as he may deem advisable.

It has been explained to me that during the course of the operation unforeseen conditions may be revealed that necessitate an extension or deviation from of the original procedure, and I hereby authorize my doctor and/or such assistants as may be selected by him to perform such procedures as are necessary and desirable, including but not limited to the services of pathologists, radiologists, or a laboratory. The authority granted in this paragraph shall extend to remedying conditions that are not known to my doctor at the time the operation commences.

I understand that photography is important in planning and evaluating surgery, and I give permission for photographs to be taken before, during and after my surgery for the purposes of documentation only.

I agree to keep my doctor informed of any change in my permanent address so that he can inform me of any important new findings relating to my surgery. I further agree to cooperate with him in my aftercare until I am discharged from his care.

In signing this consent, I hereby certify that I understand the risks, benefits, and alternatives to my procedure(s) and that I have discussed them with Dr. Rhett Willis

Please do not give your permission or sign this consent form if you have any questions regarding your procedure(s). Please advise a staff member of these questions or concerns so that arrangements can be made for Dr. Rhett Willis, M.D. to discuss them

Signature: _____ Date: _____