

A successful surgery requires a partnership between you and Dr. Butterfield

The following instructions are essential to a safe experience and good outcome. Use this as a checklist as you approach your surgery date. If you are unable to comply with these instructions, you must notify our office as soon as possible. As a result, your surgery may have to be postponed or delayed, at the judgment of Dr. Butterfield. This is essential to your health and safety.

### THREE WEEKS OR MORE BEFORE SURGERY

There may be several weeks between your decision to have surgery and your actual surgical date. During this time there are several important considerations:

**Practice proper fitness:** You need not engage in an aggressive or new fitness routine; however practicing good fitness habits is an important factor in your overall health and well-being. Stretching exercises and low-weight strength training now, can help to enhance your posture and your strength in the weeks following surgery.

**Good nutrition.** Eat well during the weeks prior to surgery. Crash dieting, over-eating or high alcohol intake can greatly affect your overall health and well-being. A healthy, balanced diet is essential. Also, begin taking a multi-vitamin daily.

**Stop smoking.** Smoking can greatly impair your ability to heal. You must be nicotine and smoke-free for at least 6 weeks prior to surgery. You must also be free of any nicotine patch or nicotine-based products for a minimum of 6 weeks prior to surgery.

**Lead a healthy lifestyle.** In the weeks prior to surgery maintain the best of health and hygiene. A lingering cold, virus or other illness can result in your surgery being rescheduled. Make certain to address any illness immediately, and advise our office of any serious illness or change in your health.

**Prepare and plan.** Schedule any time off of work, and any support you will need at home in the days following surgery, including housework, childcare, shopping and driving. Make certain a responsible adult is enlisted and confirmed to drive you to and from surgery, and that someone is confirmed available to stay with you around the clock for 24 hours, following surgery.

**Relax and enjoy life.** Stress and anxiety over life's daily events, and even your planned surgery can affect you. While some anxiety is common, any serious stress, or distress over the thought of surgery is something you must discuss with our office. We are here to support you and answer all of your questions. We want your decision to be one made with confidence.

**TWO to THREE WEEKS BEFORE SURGERY**

This is an important planning and preparation time. Follow all of the skincare and health habits you have begun in addition to the following:

\_\_\_\_\_ **Prepare and plan:** Put your schedule together for the day before, day of and first few days following the procedure. Share this with all of your key support people.

\_\_\_\_\_ **STOP taking the following for the duration before your surgery. Taking any of the following can increase your risk of bleeding and other complications:**

- |  |  |
|--|--|
| <input type="checkbox"/> Aspirin and medications containing aspirin          | <input type="checkbox"/> Garlic Supplements              |
| <input type="checkbox"/> Ibuprofen and anti-inflammatory agents (all NSAIDs) | <input type="checkbox"/> Green Tea or green tea extracts |
| <input type="checkbox"/> Vitamin E   | <input type="checkbox"/> St. John's Wort                 |
| <input type="checkbox"/> Coumadin/Warfarin (discuss with office)             | <input type="checkbox"/> Estrogen supplements            |
|  | <input type="checkbox"/> All other medications indicated |

\_\_\_\_\_ **Pre-operative clearance and information:** The pre-admission testing office of the hospital will contact you between 2 and 10 days prior to your operation. They will offer you the choice of having a history and physical performed by the hospital staff or by your primary care physician. This choice is entirely up to you. If your PCP completes the history and physical, the paperwork should be faxed to the hospital, as well as any laboratory tests. The history and physical form is included in the pre-operative packet. Simply give this paperwork to your PCP to complete.

\_\_\_\_\_ **Fitness:** Don't over-do it. Avoid anything strenuous or that could potentially cause injury.

\_\_\_\_\_ **Good nutrition:** Continue taking your supplements as directed.

\_\_\_\_\_ **NO SMOKING:** Stay away from second-hand smoke, too. Your healing and health depend heavily on this.

\_\_\_\_\_ **Avoid sun exposure:** Sun damaged skin can more readily produce irregular scars.

**ONE WEEK BEFORE SURGERY**

\_\_\_\_\_ **Confirm your day of surgery plans.** This includes your transportation and after-care (a responsible adult for the first 24 hours, around the clock).

**Pre-operative shopping list**

\_\_\_\_\_ The following is a list of items that should be purchased prior to surgery in order to prepare for and more easily recover from surgery.

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Prescriptions</b> (have your prescriptions filled prior to surgery to save time on the way home when you won't be feeling up to stopping).                       | <input type="checkbox"/> <b>Germ-inhibiting soap</b> , such as Dial, Safeguard, or Lever 2000 (to bath with prior to surgery in order to minimize germs).  |
| <input type="checkbox"/> <b>Tylenol</b> (or a generic form of this drug) This will be the drug of choice once you do not need the prescription strength pain medications.                    | <input type="checkbox"/> <b>Frozen peas</b> (only for those patient undergoing facial procedures). These are great as "ice packs" for facial areas. Get 2-4 packages so that you can use 1 or 2 and have the others freezing |
| <input type="checkbox"/> <b>Multivitamin</b> (to take prior to surgery and during your recovery for maximum health).   | <input type="checkbox"/> <b>Bacitracin ointment</b> and <b>4x4 gauze</b> (to cover incisions with for the first week or so).   |
| <input type="checkbox"/> <b>Hydrogen peroxide</b> and <b>Q-tips</b> (to clean around drains).  | <input type="checkbox"/> <b>Stool softener</b> (e.g. Colace) and <b>laxative</b> (e.g. Dulcolax).  |
| <input type="checkbox"/> <b>Consider renting an electric lift chair</b> , if you are having a tummy tuck, buttock lift, or lower body lift. The office will be happy to assist you with this |  |

\_\_\_\_\_ **Continue to practice healthy habits**, nutrition and fitness. No strenuous exercise. No saunas, hot tubs, steam baths or mud wraps. **No smoking.**

\_\_\_\_\_ **Find your comfort zone.** Locate the most comfortable place where you can gently recline and recover. You don't want to be testing locations or pillows the day of surgery. Shop for magazines, books and other things to keep you busy and entertained in the day or two following surgery.

\_\_\_\_\_ **Relax.** Call our office with any unusual anxiety or concerns. Get plenty of rest. If you have trouble sleeping, call our office.

**ONE DAY BEFORE SURGERY**

\_\_\_\_\_ **Pack your bag for the day of surgery.** This should include:

- |   |  |
|---|--|
| <input type="checkbox"/> All paperwork                          | <input type="checkbox"/> Reading Glasses                   |
| <input type="checkbox"/> Your identification                    | <input type="checkbox"/> Chapstick                         |
| <input type="checkbox"/> All prescription medications           | <input type="checkbox"/> Saltines in case of nausea during |
| <input type="checkbox"/> Your post-surgical compression garment | your ride home   |

\_\_\_\_\_ **Expect a pre-anesthesia call to review your state of health for surgery**

\_\_\_\_\_ **Confirm your route to and from surgery or the recovery center, with the responsible adult who will drive you.** Also confirm plans with your 24-hour support person and make certain he or she has all of your post-operative instructions.

\_\_\_\_\_ **Shower as directed.** Use an anti-bacterial, fragrance-free soap, such as Lever 2000 or Dial. Shampoo your hair. Do not use any hair gel or other styling products, scented skin creams or moisturizers. Do not use any deodorant, hair spray, perfume or cosmetics. Remove all finger nail and toe nail polish.

\_\_\_\_\_ **Wax or shave.** It may be uncomfortable to do so in the days immediately after surgery.

\_\_\_\_\_ **Do not eat or drink anything after 12 pm.** No candy, gum or mints. Anything more than a small amount of water as needed for brushing teeth or swallowing medication may result in the need to cancel surgery.

\_\_\_\_\_ **RELAX!** Get plenty of rest and avoid unnecessary stress.

**THE DAY OF SURGERY**

\_\_\_\_\_ **NOTHING by mouth.** Anything more than a small amount of water as needed for brushing teeth or swallowing medication may result in the need to cancel surgery. This includes candy, gum, mints.

\_\_\_\_\_ **Dress appropriately.**

- **Do not wear cosmetics, jewelry of any kind, contact lenses, hair clips, body piercing:** (If there is something you cannot remove, let the admitting nurse know right away.)
- **Wear comfortable, clean, loose-fitting clothing:** Do not wear jeans or any tight-fitting bottom; rather have a pair of loose, drawstring sweatpants to wear home. Wear slip on, flat shoes with a slip proof sole; no heels. Wear clean cotton socks, as the operating room can feel cool. For your comfort, wear a zip or button front top. No turtlenecks.

I look forward to seeing you prior to surgery in the same day surgery area of the hospital. If you have any last minute questions, we will have time to discuss them. I will also be marking you for surgery at that time.

Date of Birth: \_\_\_\_\_

Date to be admitted: \_\_\_\_\_

Reason for procedure: \_\_\_\_\_

**History of Present Illness:**

**Past History (Psycho/Social History):**

**Drug or Other Significant Allergies:**

**CURRENT MEDICATIONS (including ASA):**

All "Yes" answers require amplification or comment

	YES	NO	Comment
Diabetes			
History of Steroid Treatment			
Bleeding Tendency			
Weight Loss			
Smoking:			
Currently smoking			
History of smoking			
Review of Systems:			
Pain or discomfort			
Cardiovascular:			
Chest Pain			
History of MI			
Syncope			
Other Pertinent symptoms			
Respiratory:			
Effort Intolerance			
History of Asthma			
Cough			
Other Pertinent symptoms			
Cardiovascular:			
Chest Pain			
History of MI			
Syncope			
Other Pertinent symptoms			
Neurological:			
History of Transient neurological symptoms			
Other Pertinent symptoms			
Gastrointestinal:			
Abdominal Pain			
Nausea			
History of Hepatitis			
Other Pertinent symptoms			
Reproductive:			
Other Pertinent symptoms			
Other: (musculoskeletal, endocrine, GU, etc.)			<b>Last Menstrual Period Date:</b>

**Physical Examination**

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<b>GENERAL APPEARANCE:</b>	<b>BP:</b>		
	<b>PULSE:</b>		
	<b>RESP:</b>		
	<b>TEMP:</b>		
<b>HEENT:</b>			
<b>NECK:</b>		<b>YES</b>	<b>NO</b>
	<b>Bruits</b>		
<b>CHEST &amp; LUNGS</b>			
<b>BREASTS:</b>			
<b>HEART:</b>		<b>YES</b>	<b>NO</b>
	<b>Murmur</b>		
<b>ABDOMEN:</b>			
<b>PELVIC/RECTAL INGUINO-GENITAL:</b>			
<b>EXTREMITIES:</b>		<b>YES</b>	<b>NO</b>
	<b>Venous Stasis</b>		
<b>NEUROLOGICAL:</b>			
<b>ASSESSMENT/CONCLUSION:</b>			

**RISK ASSESSMENT: ASA CRITERIA (Circle one)**  
 1. Normal healthy patient      2. Mild disease, no functional impairment      3. Severe systemic disease  
 4. Disease is constant threat to life      5. Moribund, not expected to recover

**Signature:** \_\_\_\_\_ **Name Printed:** \_\_\_\_\_  
**Date of Examination:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Re-assessment: Patient identified, chart reviewed, condition unchanged. Appropriate to proceed with planned sedation.**  
 Physician initials \_\_\_\_\_ Date: \_\_\_\_\_

**THE JEWISH HOSPITAL PREADMISSION TESTING PROTOCOLS**

TEST	CRITERIA
<b>History and Physical</b>	<b>All patients need a current health screening updated within 30 days</b>
<b>Hemoglobin</b>	<b>History of Anemia History of bleeding, i.e.: Hematuria, vaginal bleeding All patients who receive type and screens</b>
<b>Basic Metabolic Panel</b>	<b>Patients with renal disease. (BMP as close to day of surgery as possible) Patients taking steroids. (BMP within 30 days)</b>
<b>Blood Sugar</b>	<b>Patients who are diabetic</b>
<b>Potassium Level</b>	<b>Patients taking potassium depleting diuretics *see listing below Patients taking digitalis</b>
<b>Coag profile</b>	<b>Patients recently undergoing chemotherapy Hepatic Disease Bleeding Disorder Anticoagulant therapy taken within the last three days.</b>
<b>Blood levels of therapeutic drugs</b>	<b>Digitalis Lithium Seizure medications, ie: tegretol, dilantin, Phenobarbital Theophylline, depakene (if using for a seizure disorder)</b>
<b>EKG – if EKG available and patient’s health status has not changed since reading, do not repeat</b>	<b>Patients with cardiac and peripheral vascular disease, history of dysrhythmias, hypertension, MVP, Graves Disease, Diabetes Morbid obesity (BMI &gt; 40) Thoracotomy surgery. Surgery planned for greater than 3 hours.</b>
<b>CXR</b>	<b>Patients with acute pulmonary symptoms.</b>
<b>Urine Pregnancy test</b>	<b>Performed on day of surgery for females with onset of menses up to one year post menses.</b>
<b>Type and Screen</b>	<b>According to blood bank protocol.</b>

**DIURECTICS THAT REQUIRE SERUM POTASSIUM LEVELS**

**Thiazide and Thiazide-like Diurectics**

**DIURIL – chlorothiazide  
HYDRODIURIL – hydrochlorothiazide  
NATURETIN – bendroflumethiazide  
ENDURON – methyclothiazide  
EXNA – benzthiazide**

**METAHYDRIN - trichlormethiazide  
RENESE - polythiazide  
HYDROMOX - quinethazone  
ZAROXOLYN - metolazone  
HYGROTON - chlorthalidone  
DIUCARDIN - hydroflumethiazide**

**Loop diurectics**

**LASIX – furosemide  
BUMEX – bumetanide  
EDECIN – ethacrynic acid  
DEMEDEX - torsemide**

THE CHRIST HOSPITAL  
CINCINNATI, OHIO 45219  
HISTORY AND PHYSICAL EXAMINATION  
R-54A REV. 7/99  
PAGE 1 OF 2

ADMITTING/TESTING FAX # 585-1273

DATE OF EXAM \_\_\_\_\_

REASON FOR ADMISSION/INDICATION FOR PROCEDURE: \_\_\_\_\_

HISTORY OF PRESENT ILLNESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DRUG OR OTHER SIGNIFICANT ALLERGIES: \_\_\_\_\_

FAMILY AND SOCIAL HISTORY: \_\_\_\_\_

PAST HISTORY: \_\_\_\_\_

DIABETES: no \_\_\_ yes \_\_\_; Hx. Steroid Rx: no \_\_\_ yes \_\_\_; Hx. of Diuretic Rx: no \_\_\_ yes \_\_\_  
Bleeding Tendency: no \_\_\_ yes \_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

ALL YES ANSWERS REQUIRE COMMENT:

R.O.S: Pain or Discomfort no \_\_\_ yes \_\_\_ specify  
Weight loss: no \_\_\_ yes \_\_\_

CARDIOVASCULAR:  
Chest pain no \_\_\_ yes \_\_\_  
Hx of MI no \_\_\_ yes \_\_\_  
Syncope no \_\_\_ yes \_\_\_  
Hx. of Deep Vein Thrombosis no \_\_\_ yes \_\_\_  
Other pertinent sx. no \_\_\_ yes \_\_\_

RESPIRATORY:  
Hx of Asthma no \_\_\_ yes \_\_\_  
Cough no \_\_\_ yes \_\_\_  
Smoke no \_\_\_ yes \_\_\_  
Other pertinent sx. no \_\_\_ yes \_\_\_

NEUROLOGICAL:  
Hx. of transient neurological sx. no \_\_\_ yes \_\_\_  
Other pertinent symptoms no \_\_\_ yes \_\_\_

RENAL:  
HX: Kidney or bladder disease no \_\_\_ yes \_\_\_  
Other pertinent symptoms no \_\_\_ yes \_\_\_

GASTROINTESTINAL:  
Abdominal pain no \_\_\_ yes \_\_\_  
Nausea no \_\_\_ yes \_\_\_  
Hx of Hepatitis no \_\_\_ yes \_\_\_  
Alcohol use no \_\_\_ yes \_\_\_  
Other pertinent sx: no \_\_\_ yes \_\_\_

REPRODUCTIVE:  
Last Menstrual Period Date:

OTHER: (Musculoskeletal, endocrine, GU etc) \_\_\_\_\_

PHYSICAL EXAMINATION:

TEMP ____	PR ____	RESP ____	BP ____
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GENERAL APPEARANCE:

MENTAL STATUS:

HEENT:

NECK:

Bruits: no \_\_\_\_ yes \_\_\_\_

CHEST AND LUNGS:

Breasts

HEART:

Murmur: no \_\_\_\_ yes \_\_\_\_

ABDOMEN:

PELVIC/RECTAL/INGUINO GENITAL:

EXTREMITIES:

Venous Stasis no \_\_\_\_ yes \_\_\_\_

NEUROLOGICAL:

DIAGNOSIS \_\_\_\_\_

ASSESSMENT/PLAN:

SIGNATURE: \_\_\_\_\_ NAME PRINTED: \_\_\_\_\_

# **INFORMED-CONSENT MINI-TUMMY TUCK (ABDOMINOPLASTY) SURGERY**

## **INSTRUCTIONS**

This is an informed-consent document that has been prepared to help inform you of mini-abdominoplasty surgery, its risks, as well as alternative treatments.

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**

The mini-abdominoplasty is a surgical procedure to remove excess skin and fatty tissue from the lower abdomen and to tighten muscles of the abdominal wall. Abdominoplasty 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 for mini-abdominoplasty. The mini-abdominoplasty can be combined with other forms of body-contouring surgery, including suction-assisted lipectomy, or other elective surgeries.

## **ALTERNATIVE TREATMENTS**

Alternative forms of management consist of not treating the areas of loose skin and fatty deposits. Liposuction may be a surgical alternative to abdominoplasty if there is good skin tone and localized abdominal fatty deposits in an individual of normal weight. Diet and exercise programs may be of benefit in the overall reduction of excess body fat and contour improvement. Risks and potential complications are associated with alternative surgical forms of treatment

## **RISKS OF MINI-ABDOMINOPLASTY SURGERY**

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks and the possible complications involved with mini-abdominoplasty. 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 the following complications, you should discuss each of them with your plastic surgeon to make sure you understand all possible consequences of mini-abdominoplasty.

**Bleeding-** It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require an emergency treatment to drain the accumulated blood or blood transfusion. Intra-operative blood transfusions may be required. Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may increase the risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. Hematoma can occur at any time following injury. If blood transfusions are needed to treat blood loss, there is a risk of blood related infections such as hepatitis and the HIV (AIDS). Heparin medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets.

**Infection-** Infection is unusual after surgery. There is a greater risk of infection when body contouring procedures are performed in conjunction with abdominal surgical procedures. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery 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 an mini-abdominoplasty.

**Skin Contour Irregularities-** Contour and shape irregularities and depressions may occur after a mini-abdominoplasty. Visible and palpable wrinkling of skin can occur. Residual skin irregularities at the ends 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.

**Major Wound Separation-** Wounds may separate after surgery. Should this occur, additional treatment including surgery may be necessary.

## INFORMED-CONSENT MINI-TUMMY TUCK (ABDOMINOPLASTY) SURGERY

**Skin Discoloration / Swelling-** Bruising and swelling normally occurs following a mini-abdominoplasty. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.

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

**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 removal.

**Damage to Deeper Structures-** There is the potential for injury to deeper structures including nerves, blood vessels, muscles, 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.

**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 of contour irregularities in the skin that may result from fat necrosis.

**Umbilicus-** Malposition, scarring, unacceptable appearance or loss of the umbilicus (navel) may occur.

**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.

**Scarring-** All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different color than surrounding skin. Scar appearance may also vary within the same scar, exhibit contour variations or "bunching" due to the amount of excess skin. Scars may be asymmetrical (appear different between right and left side of the body). There is the possibility of visible marks in the skin from sutures. In some cases scars may require surgical revision or treatment.

**Surgical Anesthesia-** Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

**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 to drugs used during surgery and prescription medications. Allergic reactions may require additional treatment.

**Asymmetry-** Symmetrical body appearance may not result from mini-abdominoplasty. Factors such as skin tone, fatty deposits, skeletal prominence, and muscle tone may contribute to normal asymmetry in body features. Additional surgery may be necessary to attempt to improve asymmetry.

**Delayed Healing-** Wound disruption or delayed wound healing is possible. Some areas of the abdomen may not heal normally and may take a long time to heal. Some areas of skin or tissue may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue. **Smokers have a greater risk of skin loss and wound healing complications.**

**Seroma-** Fluid accumulations infrequently occur in between the skin and the abdominal wall. This may require additional procedures for drainage of fluid.

**Shock-** In rare circumstances, your surgical procedure can 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 would be necessary.

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**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 systemic reaction to these medications. Additional treatment including hospitalization may be necessary.

**Persistent Swelling (Lymphedema)**- Persistent swelling in the legs can occur following mini-abdominoplasty.

**Pain**- You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after mini-abdominoplasty. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue after mini-abdominoplasty.

**Unsatisfactory Result**- Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. You may be disappointed with the results of mini-abdominoplasty surgery. This would include risks such as asymmetry, unsatisfactory or highly visible surgical scar location, unacceptable visible deformities, bunching and rippling in the skin near the suture lines or at the ends of the incisions (dog ears), poor healing, wound disruption, and loss of sensation. It may not be possible to correct or improve the effects of surgical scars. In some situations, it may not be possible to achieve optimal results with a single surgical procedure. Additional surgery may be required to improve results.

**Deep Venous Thrombosis, Cardiac and Pulmonary Complications**- Surgery, especially longer procedures, may be associated with the formation of, or increase in, blood clots in the venous system. Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. Pulmonary and fat emboli can be life-threatening or fatal in some circumstances. Air travel, inactivity and other conditions may increase the incidence of blood clots traveling to the lungs causing a major blood clot that may result in death. It is important to discuss with your physician any past history of blood clots, swollen legs or the use of estrogen or birth control pills that may contribute to this condition. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. Should any of these complications occur, you may require hospitalization and additional treatment. If you experience shortness of breath, chest pains, or unusual heart beats, seek medical attention immediately.

### **ADDITIONAL ADVISORIES**

**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.

**Body-Piercing Procedures**- Individuals who currently wear body-piercing jewelry or are seeking to undergo body-piercing procedures must consider the possibility that an infection could develop anytime following this procedure. Treatment including antibiotics, hospitalization or additional surgery may be necessary.

**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**- Surgery involves coagulating of blood vessels and increased activity of any kind may open these vessels leading to a bleed, or hematoma. Increased activity that increased your pulse or heart rate may cause additional bruising, swelling, and the need for return to surgery and control bleeding. It is wise to refrain from sexual activity until your physician states it is safe.

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**Medications-** There are many adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Be sure to check with your physician about any drug interactions that may exist with 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, realize that they can affect your thought process 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.

**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. Please openly discuss with your surgeon, prior to surgery, any history that you may have of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

### **Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray)-**

Patients who are currently smoking, use tobacco products, or nicotine products (patch, gum, or nasal spray) are at a greater risk for significant surgical complications of skin dying, delayed healing, and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smokers may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication. Please indicate your current status regarding these items below:

\_\_\_\_\_ I am a non-smoker and do not use nicotine products. I understand the risk of second-hand smoke exposure causing surgical complications.

\_\_\_\_\_ I am a smoker or use tobacco / nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products.

It is important to refrain from smoking at least 6 weeks before surgery and until your physician states it is safe to return, if desired.

### **ADDITIONAL SURGERY NECESSARY / RE-OPERATIONS**

There are many variable conditions that may influence the long-term result of surgery. Should complications occur, additional surgery or other treatments may be necessary. Secondary surgery may be necessary to obtain optimal results. Even though risks and complications occur infrequently, the risks cited are particularly associated with mini-abdominoplasty. Other complications and risks can occur but are even more uncommon. 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, on the results that may be obtained. In some situations, it may not be possible to achieve optimal results with a single surgical procedure.

### **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 activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation and the need for return to surgery. It is wise to refrain from intimate physical activities after surgery until your physician states it is safe. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

## **INFORMED-CONSENT MINI-TUMMY TUCK (ABDOMINOPLASTY) SURGERY**

### **HEALTH INSURANCE**

Most health insurance companies exclude coverage for cosmetic surgical operations such as mini-abdominoplasty or any complications that might occur from surgery. Please carefully review your health insurance subscriber-information pamphlet or contact your insurance company for a detailed explanation of their policies for covering abdominoplasty procedures. **Most insurance plans exclude coverage for secondary or revisionary surgery.**

### **FINANCIAL RESPONSIBILITIES**

The cost of surgery involves several charges for the services provided. The total includes fees charged by your surgeon, the cost of surgical supplies, anesthesia, laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revision surgery will also be your responsibility. **In signing the consent for this surgery/procedure, you acknowledge that you have been informed about its risk and consequences and accept responsibility for the clinical decisions that were made along with the financial costs of all future treatments.**

### **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 in 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.**

**INFORMED-CONSENT MINI-TUMMY TUCK (ABDOMINOPLASTY) SURGERY**  
**CONSENT FOR SURGERY / PROCEDURE or TREATMENT**

1. I hereby authorize Dr. Jennifer Butterfield and such assistants as may be selected to perform the following procedure or treatment:

**MINI-TUMMY TUCK (ABDOMINOPLASTY)**

I have received the following information sheet:

**INFORMED CONSENT MINI-TUMMY TUCK (ABDOMINOPLASTY) SURGERY**

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. 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 involves risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
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 which may be removed.
8. I consent to the utilization of blood products should they be deemed necessary by my surgeon and/or his/her appointees, and I am aware that there are potential significant risks to my health with their utilization.
9. I authorize the release of my Social Security 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.
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 \_\_\_\_\_ Witness \_\_\_\_\_

## Post-Surgical Instructions: Mini-Mini tummy tuck (Mini-Abdominoplasty)

Once your surgery is completed, you must follow all the instructions given to you in order to heal properly and have a good outcome.

The following instructions are your obligation. Use this as a checklist of progress as you heal. Included are normal post-surgical experiences and key health considerations that may be a cause of concern.

### TYPICAL POST-OPERATIVE SYMPTOMS

Typical symptoms of mini tummy tuck, and signs to watch for following mini tummy tuck surgery include the following:

- **Tightness and stiffness in abdomen**
- **Bruising, swelling and redness**
- **Tingling, burning or intermittent shooting pain**
- **Skin firmness, hypersensitivity or lack of sensitivity**
- **Shiny skin or any itchy feeling**

Swelling can cause the skin in treated areas to appear shiny. As the healing process advances, you may also find a mild to severe itchy feeling. An antihistamine like Benadryl can help to alleviate severe, constant itchiness. These are normal experiences as the skin, tissues and sensory nerves heal.

Pain medication and muscle relaxants will help you cope with any discomfort. If you have drains, you may experience additional localized discomfort. **Consistent sharp pain should be reported to our office immediately.**

**If the skin becomes red and hot to the touch, contact our office immediately.**

**Asymmetry: both sides of your body heal differently:** One side of your body may look or feel quite different from the other in the days following surgery. This is normal.

### CALL THE OFFICE IMMEDIATELY IF YOU EXPERIENCE ANY OF THE FOLLOWING:

- **A high fever, (over 101.5°) severe nausea and vomiting, continued dizziness or incoherent behavior, such as hallucinations.**
- **Any pain that cannot be controlled by your pain medication.**
- **Bright red skin that is hot to the touch.**
- **Excessive bleeding or fluid seeping through the incisions.**
- **A severely misshapen region anywhere on your lower body or bruising that is localized to one specific point of the lower body.**

**To alleviate any discomfort, and to reduce swelling, you may apply cool, not cold compresses to the treated region.** Crushed ice or ice packs must be wrapped in a towel before being applied to the skin. Do not apply ice or anything frozen directly to the skin. Apply cool compresses, for no longer than 20-minute intervals.

## Post-Surgical Instructions: Mini-Mini tummy tuck (Mini-Abdominoplasty)



### DAY OF SURGERY INSTRUCTIONS

Whether you are released after surgery or after an overnight stay in a recovery center or hospital, you will only be released to the care of a responsible adult. All of these instructions must be clear to the adult who will monitor your health and support you, around the clock in the first 24 hours following surgery.

\_\_\_\_\_ **Do not stand fully upright:** You must not stand fully upright. Standing upright could greatly affect your results and could cause serious injury. A walker or crutches may be used if you require assistance.

\_\_\_\_\_ **Rest, but not bed rest.** While rest is important in the early stages of healing, equally important is that you are ambulatory, meaning that you are walking under your own strength. Spend 10 minutes every 2 hours engaged in light walking indoors as you recover.

\_\_\_\_\_ **Recline, do not lie down.** We recommend renting an electric chair for the first month after your procedure. This will be more comfortable for you, assist you in getting up, and accommodate the proper positioning of your body.

\_\_\_\_\_ **Good nutrition.** Fluids are critical following surgery. Stick to non-carbonated, non-alcoholic, caffeine-free and green tea-free beverages including fruit juices and water, milk and yogurt drinks. You must consume at least 8 ounces of fluid every 2 hours. Stick with soft, bland, nutritious food for the first 24 hours.

\_\_\_\_\_ **Take all medication, exactly as prescribed.** Oral pain medication, antibiotics and other medications you must take include:

Antibiotic	Keflex	500 mg	4 x per day
Pain medication	Percocet	5/325 mg	1-2 pills 4 x per day, as needed
Muscle Relaxant	Valium	5 mg	3 x per day
Other			
Supplements			
	For those with specific drug allergies Other medications may be given.		

\_\_\_\_\_ **Wound care:** Your incisions will seep fluid and some blood for a short time after surgery. Carefully follow the instructions for drain care and record drained fluid on the **Drain Care Instructions and Log pamphlet (this will be provided to you by the hospital prior to discharge)**.

\_\_\_\_\_ **Wear your compression garment or elastic wraps around the clock.** Follow the instructions specifically removing any compression wraps only to cleanse your incision or to empty any drains.

\_\_\_\_\_ **Do not smoke.** Smoking can greatly impair your safety prior to surgery and your ability to heal following surgery. You must not smoke.

\_\_\_\_\_ **Relax.** Do not engage in any stressful activities. Do not lift, push or pull anything. Take care of no one, and let others tend to you.

## Post-Surgical Instructions: Mini-Mini tummy tuck (Mini-Abdominoplasty)



### TWO TO SEVEN DAYS FOLLOWING SURGERY

During this time you will progress as each day passes. Ease into your daily activities. You will receive clearance to begin driving or return to work at your post-operative visit, or within

- **Wound care: You may shower starting on the second day after your procedure.** Take a warm, not hot shower. Do not take a bath. Limit your shower to 10 minutes, and use anti-bacterial soap (e.g. lever 2000 or dial). Do not rub your incisions. You should cleanse around the drain sites 2 to 3 times daily with cotton swabs, moistened with hydrogen peroxide. Apply bacitracin ointment over the incisions, and then wrap the incisions lightly with 4 x 4" gauze. Apply a fragrance free moisturizer to the surrounding skin, however not on your incisions. Use the compression garment to hold all of the dressings in place.
- **Take antibiotic medications and supplements as directed.** Take pain medication and muscle relaxants only as needed. You may wish to switch from prescription pain medication to acetaminophen.
- **Continue to wear your elastic wraps or compression garment around the clock.**
- **Begin massaging the abdomen and hips gently, 2 to 3 times daily.** This can help soften any firmness or contour irregularities.
- **Do not resume any exercise other than regular walking.** Walking is essential every day to prevent the formation of blood clots.
- **No sun exposure.** If you plan to go outdoors for any reason, wear protective clothing. Avoid any direct sun exposure.
- **Maintain a healthy diet. Do not smoke. Do not consume alcohol.**

### ONE to FOUR WEEKS FOLLOWING SURGERY

As you resume your normal daily activities, you must continue proper care and healing.

- **Continue your wound care as directed.** You should continue to apply bacitracin ointment to the incisions 2 to 3 times daily; however, you may discontinue use of gauze, as the drainage from the incisions decreases.
- **Ease into an upright position.** You may slowly begin to stand taller each day as the tummy region continues to heal.
- **Refrain from weight-bearing exercise.** Continue walking. A daily, brisk 20-minute walk is recommended.
- **Do not smoke.** While incisions may have healed, smoking deprives your body of necessary oxygen that can result in poorly healed, wide, raised scars.
- **Continue to wear your elastic wrap or compression garment as directed.**
- **Continue to massage the involved areas.**
- **Practice good sun protection.** Do not expose skin in the treatment region to direct sunlight. If you are outdoors, apply at least an SPF 30 to the skin at least 30 minutes prior to sun exposure and wear protective clothing. The skin in the treatment region is highly susceptible to sunburn or the formation of irregular, darkened pigmentation.

## Post-Surgical Instructions: Mini-Mini tummy tuck (Mini-Abdominoplasty)



### SIX WEEKS FOLLOWING SURGERY

Healing will progress and your abdomen will settle into a more final shape and position.

- **You may ease into your regular fitness routine.** However realize that your body may require some time to return to previous strength.
- **Discomfort or tightness and tingling of the skin will resolve.** You may discontinue the use of the compression garment; although, Dr. Butterfield may recommend its continued use, on an individual basis.
- **You may start using scar treatments** (e.g. Mederma). Scar massage is also strongly recommended, several times a day for 2 to 3 minutes each time.
- **No need to resume smoking.** You have now gone 10 weeks (4 weeks prior to surgery and 6 weeks following) without a cigarette. For your long-term health, there is no need to resume smoking.

### YOUR FIRST YEAR

- **Continue healthy nutrition, fitness and sun protection.**
- **Your scars will continue to refine.** If they become raised, red or thickened, or appear to widen, contact our office. Early intervention is important to achieving well-healed scars. Scars are generally refined to fine incision lines one year after surgery.
- **A one-year post surgery follow-up is recommended.** However you may call our office at any time with your concerns or for needed follow-up.

**Your body will change with age.** The appearance of your body will change too. Although the outcomes of a lower body lift are generally permanent, any significant weight gain or loss, pregnancy as well as the normal influences of aging can cause changes to your appearance. You may wish to undergo revision surgery at a later date to help maintain your appearance throughout life. Contact our office with any of your questions or concerns, at any time.

**I have read and understand all of the above instructions. I understand that following these instructions is solely my responsibility. I understand that it is also my responsibility to ask Dr. Butterfield and her staff any questions I have related to these instructions or about my procedure, health and healing.**

**These instructions are not meant to be comprehensive or all-inclusive, any additional instructions will be given to you by Dr. Butterfield as needed.**

**Financial Policy Regarding Revision and Complications**

Every plastic and reconstructive surgeon has a few patients who will require revision or have some complications requiring additional surgery. As you have been or will be told, one cannot guarantee a result. In cosmetic procedures there are certain problems that will happen statistically no matter how good the care or how careful the doctor and team. Examples of problems that may be encountered are bleeding or an unfavorable scar after a surgical procedure. In both of these cases, it may be necessary to return the patient to surgery, either on an emergency basis (as in the case with bleeding) or an elective basis (as in the case of scarring). It is our policy as a predetermined courtesy to our patients not to charge a surgeon's fee for complications or revisional surgery within 6 months from the original surgery date. We do, however, expect the patient to pay whatever other expenses arise as a result of treatment in hospital or outpatient settings. If the revisional surgery occurs in our office facility, the patient is responsible for the expense of the facility and anesthesia. Sometimes the patient will have insurance that will cover these revisions or complications. It depends upon the individual policy and how it is written. When a person does have insurance, the insurance company is billed for the surgeon's fee as well as the facility fees. All patient copays and deductibles will apply.

We hope that no complication arises and no revisional surgery is necessary in your case. However, no plastic surgeon can guarantee this to patients. It is important for the patient undergoing an elective surgical procedure to understand this financial policy. If you have any questions regarding this policy, the office staff would be happy to discuss it with you.

**Policy Regarding Employer Paperwork**

Many patients have forms that must be completed by Dr. Butterfield or our office to verify surgery dates, length of absence from work, work restrictions and expected return to work date. Many employers require multiple forms with ongoing updates. We understand our patients need to comply with their employer's human resource requirements. With regret the volume and complexity of the required paperwork makes it necessary for our office to charge a fee for this service. For those patients with human resource requirements each surgery will be assessed a \$20.00 fee for completion of all forms. All spouse paperwork will also be assessed a \$20.00 fee.

Please ensure all forms are in our office at least two weeks prior to your employers due date marked "Attention Nurse – Employer Forms". Include the address or fax number where all completed forms are to be returned, due date and your contact information should questions arise. The \$20.00 fee may be paid to the receptionist at the time of your pre operative appointment.

My signature below, indicates that I understand and agree to the above policies.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_