



STANDARD BRACHIOPLASTY CONSENT

Brachioplasty is a surgical procedure that is used to help remove the excess skin and fatty tissue from the axilla and upper arm.

Patient Name

Date

**Please initial each paragraph after reading.
If you have any questions, ask Dr. Rochlin BEFORE initialing.**

INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you concerning Brachioplasty surgery(s), 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

Brachioplasty is a surgical procedure that is used to help remove the excess skin and fatty tissue from the axilla and upper arm. Brachioplasty is not a surgical 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 Brachioplasty. Brachioplasty can be combined with other forms of body-contouring surgery, including suction-assisted lipectomy, or other elective surgeries. Your surgery may require the transfusion of blood products; however, this varies on a case-by-case basis.

ALTERNATIVE TREATMENTS

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

Permission includes the administration of medicines for local or general anesthesia and/or intravenous sedation or analgesia as deemed suitable or as become necessary. An informed consent requires that common complications be made known to you. Most of these are not expected to occur. All must be considered. The law requires that you be made informed. You have the right to be informed about your condition and the recommend treatment plan so that you may make an educated decision as to whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to alarm you, but is rather an effort to provide information so that you may give or withhold your consent.

I am not known to be allergic to anything except: (please list below)

RISKS OF BRACHIOPLASTY 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 completely understand all possible consequences of Brachioplasty.

BLEEDING- It is possible, though unusual, to experience a bleeding episode during or after surgery. Intraoperative blood transfusions may be required. Should post-operative bleeding occur, it may require an emergency treatment to drain the accumulated blood or blood transfusion. 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 HIV (AIDS). Heparin medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets.

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.

INFECTION- Infection is unusual after surgery. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary. A superficial infection may require antibiotic ointment. Deeper infections are treated with antibiotics. Development of an abscess usually requires drainage.

NUMBNESS OR CHANGE IN SENSATION – Small sensory nerves to the skin surface are occasionally cut when the incision is made or interrupted by undermining of the skin during surgery. The sensation in those areas gradually return, usually within 2 or 3 months as the nerve endings heal spontaneously. It is common to experience diminished (or loss) of skin sensation in areas that have had surgery. It is rare to experience permanent changes in sensation in the hands and forearms after Brachioplasty. Diminished (or complete loss of skin sensation) may not totally resolve after Brachioplasty.

DOG EARS/SKIN CONTOUR IRREGULARITIES - When the Doctor closes the angle at the end of the skin incision during the repair, a nipple or projection of bulging tissue called a “dog ear” can occur. Liposuction under the area of extension of the incisions can solve or reduce the problem. If a small “dog ear” appears at the end of surgery, it will usually flatten or disappear with time and healing. If it remains visible, a small procedure under local anesthesia can solve the problem at a later time. - Contour irregularities and depressions may occur after Brachioplasty. 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.

SWELLING AND BRUISING - Moderate swelling and bruising are normal after any surgery. Severe swelling and bruising may indicate bleeding or possible infection. Bruising and swelling normally occurs following Brachioplasty. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling (including the forearms and hands) and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.

ITCHING/SKIN SENSITIVITY– 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. 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.

SENSATION OF ARM TIGHTNESS -After lifting the arm skin, there can be a sensation of the arm skin being tight. Usually this feeling subsides over time. Additional surgery may be required to correct this problem.

UNEVEN CONTOURS – Following a Brachioplasty, the skin contours may be slightly uneven and areas of slight depression or wrinkling can occur. As healing progresses, most of these problems (if present) usually improve dramatically.

ASYMMETRY – Symmetrical body appearance may not result from Brachioplasty. 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 body before any surgery is performed. Additional surgery may be necessary to attempt to improve asymmetry.

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.

FAT NECROSIS – In rare cases, some of the underlying fat can necroses (die) because of infection or excessive tension. And uncommon problem, it is usually nothing more than a severe annoyance, requiring additional healing time, dressing changes, and sometimes revision of the scar later. It unusually does not seriously affect the ultimate outcome. 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.

INJURY TO DEEPER STRUCTURES – Blood vessels, nerves and muscles may be injured during surgery. 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.

INCISIONS (SCARS) – 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 and "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.

SKIN LOSS – Like fat necrosis, skin loss can result from infection or excessive tension.

DISCOMFORT AND PAIN - You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after Brachioplasty surgery. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue after a Brachioplasty. Mild to moderate discomfort or pain is normal after any surgery. If the pain becomes severe and is not relieved by pain medication, **please call us at (602) 653-0540.**

REDNESS OF SCARS – All new scars are red, dark pink, or purple. Scars on the face usually fade within 3 to 6 months. Scars of the breast or body may take a year or longer to fade completely.

THICK, WIDE, OR DEPRESSED SCARS – Abnormal scars may occur even though we have used the most modern surgical 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

WOUND SEPARATION OR DELAYED HEALING - Any incision, during the healing phase, may separate or heal unusually for a number of reasons. These include inflammation, infection, wound tension, and 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–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.

FLUID ACCUMULATION / SEROMA – Rarely, tissue fluids collect under the skin flap (usually after the drains have been removed). If this occurs, aspiration of the fluid with a needle two or three times a week for 2-3 wks usually solves the problem. Few patients require further surgery. Fluid accumulations infrequently occur between the skin and the underlying tissues. Should this problem occur, it might require additional procedures for drainage of the fluid.

DELAYED HEALING- Wound disruption or delayed wound healing is possible. Some areas of the arm may not heal normally and may take a long time to heal. Some areas of skin 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.**

INCREASED RISK FOR SMOKERS - Smokers have a greater risk of skin loss and poor healing because of decreased skin circulation.

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.

SMOKING - I have been advised to stop smoking 1 month prior to surgery and 1 month post-surgery due to possible complications: circulation; compromise tissue loss (necrosis); poor scarring; delayed healing; decreased longevity of results.

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.

_____ Medical complications such as pulmonary embolism, severe allergic reactions to medication, cardiac arrhythmias, heart attack, and hyperthermia are rare but serious and life-threatening problems. **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 high estrogen birth control pills that may contribute to this condition. 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 heart beats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment.

_____ **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.

_____ **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.

_____ **FAT EMBOLI AND BLOOD CLOTS** – These problems can occur rarely with any surgery, but occur a little more frequently after and Brachioplasty. Shortened operating time,

postoperative leg movements, and walking soon after surgery help to avoid these problems.

ADDITIONAL ADVISORIES

_____ **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 which 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. 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.

_____ All cosmetic surgery treatments and operations are preformed 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.

_____ **UNSATISFACTORY RESULT–** Although good results are expected, there is no guarantee or warranty

_____ **ADDITIONAL SURGERY NECESSARY-** expressed or implied, on the results that may be obtained. You may be disappointed with the results of Brachioplasty 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 may not be possible to correct or improve the effects of surgical scars. Additional surgery may be required to improve results. 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 Brachioplasty. 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. With Brachioplasty surgery, it may not be possible to achieve optimal results with a single surgical procedure. This may require multiple surgical sessions to produce a final outcome.

There may be a fee if a secondary procedure is required. Personal expectations vary; some operations require secondary or multiple procedures to obtain a better result.

Secondary surgical procedures are much more difficult than primary procedures. The operations for repair are much more complex than the primary operations because of scarring and more bleeding and bruising. The possibility of never damage and poor healing is greater and most importantly, the results are unpredictable.

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.

I agree to keep Dr. Semone Rochlin informed of any changes of address in order to be notified of any late findings, and I agree to cooperate with my care after surgery until completely discharged.

I have read a copy of the foregoing consent for the operation, understand it accept these facts, and hereby authorize the above doctor to perform this surgical procedure on me.

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.

HEALTH INSURANCE-Most health insurance companies exclude coverage for cosmetic surgical operations such as Brachioplasty 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 Brachioplasty 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.**

I CERTIFY: I have read or had read to me the contents of this form; I understand the risks and alternatives involved in this procedure; I have had the opportunity to ask any question which I had and all of my questions have been answered

I confirm with my signature below that: the physician has discussed the above information with me, that I have had the chance to ask questions, that all my questions have been answered to my satisfaction, and that I thereby give informed consent. I voluntarily request treatment with by the physician, which has been explained to me, and my questions regarding such treatment, its alternatives, its complications and risk have been answered by the doctor, staff, and/or written information. My questions have been fully and completely answered for me and I have read this document and understand its contents. I hereby give my unrestricted informed consent for the procedure. In the event a dispute arises over the outcome of my procedure, I consent solely to arbitration as a legal means of settlement.

Patient Name: (Please Print) _____

Patient Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

Physician Only: I confirm with my signature that I have made time available to discuss with the above-named patient the risks, potential complications, and intended benefits of surgery The patient has had the opportunity to ask any questions, all questions have been answered, and the patient has expressed understanding. Thus informed, the patient has requested to perform surgery on him/her.

Physician signature: _____ **Date:** _____

Our patients are offered a copy of any form they sign