



Abdominoplasty

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

A. Interpreter / cultural needs

- An Interpreter Service is required? Yes No
If Yes, is a qualified Interpreter present? Yes No
A Cultural Support Person is required? Yes No
If Yes, is a Cultural Support Person present? Yes No

B. Condition and treatment

The doctor has explained that you have the following condition: (*Doctor to document in patient's own words*)

This condition requires the following procedure. (*Doctor to document - include site and/or side where relevant to the procedure*)

The following will be performed:

This procedure is where a long cut is made across (horizontally) the lower abdomen. Skin and fat will be stripped off the muscles all the way from the pelvis to the rib cage. Skin is then pulled down and excess skin and fat is removed.

This will leave a long, low scar passing out from the centre above the pubic hair out sideways onto each hip. The umbilicus (belly button) will be brought out through a separate opening leaving a small scar which will be as hidden as possible.

C. Risks of an abdominoplasty

There are risks and complications with this procedure. They include but are not limited to the following.

General risks:

- Infection can occur, requiring antibiotics and further treatment.
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Asprin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Heart attack or stroke could occur due to the strain on the heart.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Death as a result of this procedure is possible.

Specific risks:

Scars

- A long, horizontal (across) scar, which is noticeable but usually fades in time.
- Sometimes the scars can be red, thick and itchy.
- The pubic hairline may be pulled out towards the hipbones by about 2cm.

Failure of the procedure

- A scar like an upside-down T, or occasionally two scars, a horizontal (crosswise) one and a transverse (up and down) scar.
- Necrosis (dying) of remaining skin due to poor circulation where there is scar tissue.
- Rarely, necrosis (death of skin) near previous surgical scars.

Position of umbilicus (belly button)

- The umbilicus may not be central.
- Loss of the umbilicus. The scar may provide a reasonable substitute.

Abdominal wall muscles

- Muscle soreness immediately after operation.

Sensory changes

- Numbness of skin pulled down below the umbilicus for up to a year or so.
- There may be numbness on each side.

Complications

- Increased risk of clots in the leg for patients who are on the oral contraceptive pill. Part of this clot may break off and go to the lungs, which can be fatal.
- Collection of fluid under the skin above the horizontal scar.
- Marked increase of failure of the procedure due to effects of smoking on quality of blood supply to the skin of the lower part of the abdominal wall.

D. Significant risks and procedure options

(*Doctor to document in space provided. Continue in Medical Record if necessary.*)

E. Risks of not having this procedure

(*Doctor to document in space provided. Continue in Medical Record if necessary.*)

F. Anaesthetic

This procedure may require an anaesthetic. (*Doctor to document type of anaesthetic discussed*)



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G. Patient consent

I acknowledge that the doctor has explained;

- my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- other relevant procedure/treatment options and their associated risks.
- my prognosis and the risks of not having the procedure
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- a doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

I have been given the following Patient Information Sheet/s:

- About Your Anaesthetic
 Abdominoplasty

- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

On the basis of the above statements,

I request to have the procedure

Name of Patient:.....

Signature:.....

Date:.....

Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

Yes ► Location of the original or certified copy of the AHD:.....

No ► Name of Substitute Decision Maker/s:.....

Signature:.....

Relationship to patient:.....

Date: PH No:

Source of decision making authority (tick one):

- Tribunal-appointed Guardian
 Attorney/s for health matters under Enduring Power of Attorney or AHD
 Statutory Health Attorney
 If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

H. Doctor/delegate Statement

I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate:.....

Designation:.....

Signature:.....

Date:.....

I. Interpreter's statement

I have given a sight translation in

(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter:.....

Signature:.....

Date:.....

Consent Information - Patient Copy

Abdominoplasty

1. What do I need to know about this procedure?

This procedure is where a long cut is made across (horizontally) the lower abdomen. Skin and fat will be stripped off the muscles all the way from the pelvis to the rib cage. Skin is then pulled down and excess skin and fat is removed.

This will leave a long, low scar passing out from the centre above the pubic hair out sideways onto each hip. The umbilicus (belly button) will be brought out through a separate opening leaving a small scar which will be as hidden as possible.

2. My anaesthetic

This procedure will require an anaesthetic.

See **About Your Anaesthetic information sheet** for information about the anaesthetic and the risks involved. If you have any concerns, discuss these with your doctor.

If you have not been given an information sheet, please ask for one.

3. What are the risks of this specific procedure?

There are risks and complications with this procedure. They include but are not limited to the following.

General risks:

- Infection can occur, requiring antibiotics and further treatment.
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Asprin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Heart attack or stroke could occur due to the strain on the heart.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Death as a result of this procedure is possible.

Specific risks:

Scars

- There will be a long, horizontal (across) scar, which is usually placed low enough to be hidden by most moderate two-piece bathing costumes. It is noticeable but usually fades in time. There is no guarantee that all swimming garments will hide such scars.
- Sometimes the scars can be red, thick and itchy. The final scar may remain thickened after a period of time. Patients can reduce the risk of this and

help the healing of the scars by avoiding over-activity and straining for three to four weeks.

- The pubic hairline may be pulled out towards the hip bones by about 2cm, due to excess tissue taken out to the sides of the abdomen.

Failure of the procedure

- A scar like an upside-down T, or occasionally two scars, a horizontal (crosswise) one and a transverse (up and down) scar due to difficulty in bringing down the skin below the umbilicus to meet the pubis in a horizontal (crosswise) scar.
- Necrosis (dying) of remaining skin due to poor circulation where there is scar tissue.
- Rarely, necrosis (death of skin) near previous surgical scars due to reduction of blood flow to the skin and fat where there has been previous abdominal surgery (eg. Caesarean section, hysterectomy or gall bladder operation).

Position of umbilicus (belly button)

- The umbilicus may not be central due to difficulty in positioning the umbilicus before surgery, particularly in a patient who has lost a lot of weight.
- Loss of the umbilicus. The scar may provide a reasonable substitute.

Abdominal wall muscles

- Muscle soreness immediately after operation due to the repair of stretched or separate abdominal wall muscles.

Sensory changes

- Numbness of skin pulled down below the umbilicus for up to a year or so, due to disturbance of nerves in the skin and the fat. This may be permanent.
- There may be numbness on each side. This may extend well down on to the thigh. This is usually temporary but can be permanent.

Complications

- Increased risk of clots in the leg for patients who are on the oral contraceptive pill. Part of this clot may break off and go to the lungs, which can be fatal. Oral contraceptives should be stopped prior to operation but only after discussion with the surgeon.
- Collection of fluid under the skin above the horizontal scar. This may take a few weeks to absorb. To avoid fluid collection, limit movement of the abdominal wall in the first week after surgery and keep a firm pressure garment in place as recommended by the surgeon.
- Marked increase of failure of the procedure due to effects of smoking on quality of blood supply to the skin of the lower part of the abdominal wall.

Notes to talk to my doctor about: