

**Risks, Consequences & Complications:
Abdominoplasty +/- Liposuction**

Note: All risks are x2 to x4 increased with smoking, reduced by stopping pre-op & post-op		Discussed
Pain, guaranteed, so not really a risk		
Bleeding (~1/100 return to theatre, more bruising and swelling, should then settle as normal)		
Infection (~1/1000 severe, return to theatre, long-term antibiotics)		
Healing problems, suture reactions, leading to worse scars		
Scar Problems: hypertrophic, keloid, stretched, visible, subjectively ugly		
Stretch-marks & veins difficult to predict, can be better/ can be worse after surgery. Cannot remove any above the belly button		
Seroma, fluid leak, persistent or temporary		
Altered skin sensation, increase sensitivity, numbness, neuroma		
Asymmetry in skin contour, tissue volume, scar lines, dog ears, umbilicus position		
Fat Necrosis typical at 3 weeks, Skin Necrosis dressings for weeks or months , possible need for further revisional surgery , even umbilicus loss		
Revision cover is for medical reasons (not for cosmetic reasons)		
Ongoing effects of time / gravity / weight gain / weight loss		
No guarantee of outcome, contour. These are very subjective		
Recurrence e.g. from increase in size with time, weight gain, hormonal changes, pregnancy, menopause		
Loose skin, upper abdomen laxity, uneven fat above and below scar – may require revision surgery at extra cost		
DVT, PE – risk of death ~ 0.16% incidence , post-operative pneumonia		
Possible long term skin discoloration		
Poorer results if no post-operative massage		
Smaller, better, not perfect		
Psychological input recommended before procedure?		
Recommended Time-off Work	minimum	Garment Worn for: 2 nd Consultation? 14-Day Cooling-Off Period:
Nurse Wound Check :		
Keep Wounds Dry for :		
No Exercise / Heavy Duty Activities for: weeks minimum		

Example Consent Form

Statement of Patient

Please read this form carefully.

If your treatment has been planned in advance, you should have had sight of this document which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now.

If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, *including after you have signed this form.*

I agree to undergo the procedure or course of treatment described on this form and I hereby acknowledge the following:

- That my motivation to undergo this procedure is to improve my psychological wellbeing through a change in my appearance and that consequently the results can only be assessed subjectively. I understand, therefore, that while I have been advised what the probable result is likely to be, this can in no way be construed as guaranteed.
- That, whilst complications from this procedure are uncommon, they do sometimes occur.
- That I have disclosed to my surgeon and to the nursing team all previous and current illnesses, surgical procedures and drug treatments that may have a bearing on my suitability to undergo the elective surgery described on this form.
- That there are alternatives to this procedure available, such as acceptance of my existing condition and appearance, with psychological support if necessary.
- I confirm that I have never been rejected for this or any other cosmetic surgery procedure by any other surgeon.
- I further confirm that, other than as already disclosed to the surgeon, I am not being, nor have I ever in the past been, treated for any psychiatric or mental health condition.
- I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure. (This only applies to patients having sedation, general, or regional anaesthesia).
- I understand and agree that pre and post-operative clinical photographs/video may be taken of me and that they are and will remain the sole property of the surgeon but that they will not, without my written consent, be used for any purpose other than as part of my surgical record. However, these may be processed by a third party.
- I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.
- I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures which I do not wish to be carried out without further discussion.
- I confirm that the occurrence of the risks discussed would not significantly affect me with regards to my individual circumstances.

Example Consent Form

Patient's Signature:

Name:

Date:

Copy of fully completed worksheet/consent offered to patient? Accepted by patient?