



AMERICAN SOCIETY OF
PLASTIC SURGEONS®

Informed Consent

Panniculectomy Surgery

INSTRUCTIONS

This document is about informed consent. It will tell you about panniculectomy surgery. It will outline the risks and other treatment options.

It is important that you read the whole document carefully. Please initial each page. Doing so means you have read the page. Signing the consent agreement means that you agree to the surgery that you have talked about with your plastic surgeon.

GENERAL INFORMATION

In a panniculectomy surgery, extra skin and fat from the lower belly is removed. This surgery is not a cure for being overweight. Overweight people who plan to lose weight should put off all body shaping surgeries until they reach a stable weight. Plastic surgeons have different techniques for a panniculectomy. Your surgeon can do the panniculectomy with another body shaping surgery, like liposuction, or other surgeries that are not medically required. Extra tissue is removed in a panniculectomy and leaves scars on your belly. It does not fix the muscles or the uneven areas on your belly. It is usually done when tissue hangs over the belly. A panniculectomy is not an abdominoplasty.

ALTERNATIVE TREATMENTS

There are other ways of dealing with the extra skin around the belly. You can opt to not have the surgery to fix the loose skin and fat. Liposuction is another option, but it will not remove the loose skin on the belly. Diet and exercise can help you lose weight and improve your shape. Other surgeries also have risks and possible problems.

RISKS OF PANNICULECTOMY

Every surgery has risks. It is important that you understand the risks and the possible problems that can result from them. All procedures have limits. Choosing to have a surgery means comparing the risks and benefits. Most patients do not face problems, but you should talk about them with your plastic surgeon. Make sure you understand all possible outcomes of the panniculectomy.

SPECIFIC RISKS OF PANNICULECTOMY SURGERY

Wound Separation:

Wounds may open after surgery. If this happens, you may need more treatments, like surgery and hospital admission.

Change in Skin Sensation:

Many people have less or no feeling in the skin after surgery. Touching things may feel different than it used to. The changes can include being less sensitive to touch or having no feeling. This reduced sensation will usually get better as you heal, but in some cases may remain after you have the panniculectomy.

Uneven Spots in the Skin:

You may see uneven spots, shapes, and dents in your skin after a panniculectomy. You may also see and feel wrinkles in your skin. You may see uneven spots in the skin at the end of the cuts (called “dog ears”). Skin folds happen where there is extra skin. This may get better with time, or it can be fixed with surgery.

Navel:

Your belly button may be in the wrong place, have scarring around it, or not look right. You may lose your belly button altogether. The risk of losing your belly button can be higher with a large panniculectomy.

**Drains:**

During your surgery, your doctor may need to put in a drain(s). A drain is a small tube that removes fluid from the surgery site. You will be told how to use your drain. Putting the drain in may require a separate small cut. The drain will be taken out when your doctor feels you no longer need it. When the drain is taken out, your doctor may close the area of the drain. Closing the drain site may need surgical tape or stitches. Your doctor may also leave the site open to drain any leftover fluid under the wound.

Pain:

You will have pain after your surgery. The pain you feel after surgery may vary in how strong it is and how long it lasts. Continued pain happens in rare cases when nerves are stuck in the scar or the tissue stretches.

Pubic Distortion:

In rare cases, women's labia and pubic area can look very different after surgery. If your pubic area looks very different, then you may need another surgery.

Seromas (Fluid Collection):

It is rare, but fluid can build up between your skin and tissue after surgery, trauma, or heavy exercise. If this occurs, it may need to be drained. To solve this problem, doctors usually put in a drain.

Scars:

All surgeries leave scars. Some scars are seen more clearly than others. Wounds are likely to heal after surgery, but can leave long, visible scars that will not go away. Unusual scars may occur in the skin and in the tissues below. Scars may look bad and be a different color than your other skin. The same scar may look different on the right and left side of your body. The stitches may leave a mark on your skin. These scars may be raised and red in the first few weeks or months. They usually fade over time. However, some patients can have "hypertrophic" or "keloid" scars, which means you can clearly see and feel them. They may be red, and they do not go away. You may need more treatments, like medication and/or surgery to fix this.

Injury to Deep Vital Structures:

After surgery, there is a risk of injuries to other organs and vital structures. These structures include the bowel or gut, muscles, nerves, blood vessels, and other parts of the body. Injuries to these parts can lead to severe infections, bleeding, breathing problems, organ failure, and even death. Treating such injuries may require more surgery or time in the hospital.

DISCLAIMER

Informed consent documents give you information about a surgery you are considering. These documents explain the risks of that surgery. They also discuss other treatment options, including not having surgery. However, informed consent documents can't cover everything. Your plastic surgeon may give you more or different information. This may be based on the facts of your case.

Informed consent documents are not meant to define or serve as the standard of medical care. Standards of medical care are determined based on the facts involved in an individual case. They may change with advances in science and technology. They can also change with the way doctors practice medicine.

It is important that you read the above information carefully and get all your questions answered before signing the consent agreement on the next page.

CONSENT FOR PROCEDURE OR TREATMENT

1. I permit Dr. Emil J. Kohan, M.D. and the doctor's assistants to do **Panniculectomy Surgery**.
2. I got the information sheet on: Panniculectomy Surgery.
3. I understand that, during the surgery, an unexpected situation may require a different medical procedure than the surgery listed above. I permit the doctor listed above, the assistants and/or designees to provide any treatment that my doctor thinks is needed or helpful. My permission includes all treatments that my doctor does not plan to do at the start of the surgery.
4. I understand what my surgeon can and cannot do. I understand that no warranties or guarantees have been hinted at or stated outright about the outcome of the surgery. I have explained my goals. I understand which outcomes are realistic and which are not. All my questions have been answered. I understand the surgery's risks. I am aware of other risks and possible issues, benefits, and options. I understand and choose to have the surgery.
5. I agree to the anesthetics that are needed or helpful. I understand that all types of anesthesia have risks and may result in complications, injury, and even death.
6. I am aware of the serious risks to my health when blood products are used. I agree to my doctor using them if my doctor, assistants, and/or designees think they are needed or helpful.
7. I agree to the disposal of any tissue, medical devices, or body parts taken out during or after surgery. I also agree to any additional surgeries or treatment that is needed or helpful.
8. I agree to have parts of my body photographed or televised appropriately before, during, and after the surgery for medical, scientific, or educational reasons, if the pictures do not reveal my identity.
9. For medical education, I agree that onlookers can be in the operating room.
10. I permit my Social Security Number to be given to the right agencies for legal reasons and medical device registration, when necessary.
11. I agree to the charges for this surgery. I understand that the doctor's charges are separate from the charges for the hospital and the anesthesia. I understand that there may be more charges if more procedures or treatments are needed or helpful. I agree to those charges, if any.
12. I understand that not having the surgery is an option and that I can opt-out of having the surgery.
13. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
 - a. THE ABOVE SURGERY TO BE PERFORMED
 - b. THERE MAY BE OTHER SURGERIES OR TREATMENT OPTIONS
 - c. THERE ARE RISKS TO THE SURGERY

I CONSENT TO THE SURGERY AND THE ITEMS THAT ARE LISTED ABOVE (1-13).
I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS.

Patient or Person Authorized to Sign for Patient Date/Time

Witness Date/Time