



Dr. John A. Kotis
Board Certified Plastic Surgeon

Plastic & Reconstructive Surgery Center
3443 N. Kennicott Ave.
Arlington Heights, IL 60004-1431

INFORMED CONSENT ABDOMINOPLASTY

INSTRUCTIONS

This is an informed consent document that has been prepared to help inform you about abdominoplasty, its risks and 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.

GENERAL INFORMATION

Abdominoplasty is a surgical technique to remove excess skin and fatty tissue from the middle and lower abdomen and to tighten muscles of the abdominal wall. Abdominoplasty 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 been able to maintain their weight loss.

There are a variety of different techniques used by plastic surgeons for abdominoplasty. Abdominoplasty can be combined with other forms of body-contouring surgery; including suction assisted lipectomy.

ALTERNATIVE TREATMENT

Alternative forms of management consist of not treating the areas of loose skin and fatty deposits. Suction assisted lipectomy surgery 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.

Risks and potential complications are associated with alternative forms of treatment that involve surgery.

RISKS of ABDOMINOPLASTY SURGERY

Every surgical procedure involves a certain amount of risk, and it is important that you understand the risks involved with abdominoplasty. 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 understand the risks, potential complications and consequences of abdominoplasty.

Patient Selection- Individuals with poor skin tone, medical problems, obesity, or unrealistic expectations may not be candidates for abdominoplasty.

Bleeding- It is possible, though unusual, to have a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood or require a blood transfusion. Do not take aspirin or anti-inflammatory medications for two weeks before & after surgery, as this may increase the risk of bleeding.

Infection- An infection is quite unusual after this type of surgery. Should an infection occur, treatment including antibiotics or additional surgery may be necessary.

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Patient Name:

Patient Initials:

Skin scarring- Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. In rare cases, abnormal scars may result. Scars may be unattractive and of a different color than surrounding skin. Additional treatments, including surgery, may be needed to treat abnormal scarring.

Change in Skin Sensation- A temporary decrease in skin sensation after abdominoplasty may occur. This usually resolves over a period of time. Diminished (or complete loss of skin sensation) infrequently occurs and may not totally resolve.

Skin contouring irregularities- Contour irregularities and depressions may occur after abdominoplasty. Visible and palpable wrinkling of skin can occur.

Asymmetry- It may not be possible to achieve symmetrical body appearance from abdominoplasty surgery. Factors such as skin tone, bony prominence, and muscle tone may contribute to normal asymmetry in body features.

Delayed healing- Wound disruption or delayed healing to skin is possible. Some areas of the abdomen may not heal normally and may take a long time to heal. Some areas of the 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.

Pulmonary Complications- Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli) or partial collapse of the lungs after general anesthesia. Should either of these complications occur, you may require hospitalization and additional treatment. Pulmonary emboli can be life-threatening or fatal in some circumstances.

Seroma- Fluid accumulations infrequently occur in areas where abdominoplasty has been performed. Additional treatments or surgery to drain accumulations of fluid may be necessary.

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

Long Term Effects- Subsequent alterations in body contour may occur as the result of aging, weight loss or gain, pregnancy, or other circumstances not related to abdominoplasty.

Allergic Reactions- In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions, which are more serious, may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

Pain- Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue after abdominoplasty.

Other- You may be disappointed with the results of surgery. Infrequently, it is necessary to perform additional surgery to improve your results.

HEALTH INSURANCE

Most health insurance companies exclude coverage for cosmetic surgical operations such as abdominoplasty and any complications that might occur from surgery. Please carefully review your health insurance subscriber information pamphlet.

ADDITIONAL SURGERY NECESSARY

Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with 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.

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by your doctor, 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. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revisionary surgery would also be your responsibility.

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). 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 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.

CONSENT FOR SURGERY / PROCEDURE or TREATMENT

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

_____.
I have received the following information sheet:

INFORMED CONSENT FOR ABDOMINOPLASTY

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 the photographing or televising of 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 authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration if applicable.
9. 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 (1-9)
I AM SATISFIED WITH THE EXPLANATION.**

Patient or Person Authorized to Sign for Patient

Date

Witness

Date



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ABDOMINOPLASTY

The Day Before Surgery

- **CONFIRM SURGERY TIME:** We will call you to confirm the time of your surgery. If you are not going to be at home or at your office, please call us to confirm at (847-577-6400).
- **PRESCRIPTIONS:** Make sure that you have filled the prescriptions you were given and set the medications out to bring with you tomorrow.
- Bring all your medication including those you take unrelated to the surgery.
- **CLEANSING:** All patients, except those undergoing facial surgery, are to wash the surgical site(s) with betadine skin cleanser, phisoderm or dial soap the day before surgery. The betadine and phisoderm are available over the counter at most pharmacies. If you have an allergy to Iodine contained in the betadine alert our office. Please make sure that the betadine is completely rinsed off of all areas.
- **DO NOT EAT OR DRINK ANYTHING AFTER 12:00 MIDNIGHT.** This includes water.
- **RESPONSIBILITIES:** The first few days will be the most incapacitating and the most disruptive to your normal routines and responsibilities. Make plans to deal with this disruption such as for the care of young children. Your main responsibility for the first few days should be to yourself.

The Morning of Surgery

- **SPECIAL INFORMATION:** Do not eat or drink anything! If you take a daily medication, you may take it with a sip of water in the early morning.
- **ORAL HYGIENE:** You may brush your teeth but do not swallow the water.
- **CLEANSING:** Shower and wash the surgical areas again with betadine, phisoderm or dial soap. Make sure you rinse off all of the cleanser.
- **MAKEUP:** Please do not wear moisturizers, creams, lotions or makeup
- **CLOTHING:** Wear only comfortable, loose-fitting clothing that does not go over your head. Remove hairpins, wigs, and jewelry. Please do not bring valuables with you.
- **CHECK IN/PREPARATION:** Report with your prescribed medications. You should plan to arrive 1 hour earlier than your scheduled surgery time. Patients less than 18 years old must be accompanied by a parent or legal guardian.
- **YOU MUST HAVE A RESPONSIBLE ADULT ACCOMPANY YOU HOME** after surgery if you procedure is being performed under general anesthetic or sedation. We may have to cancel your procedure if you cannot provide a ride home.

Post – Operative Care

The following instructions are designed to help guide you through your post-operative course. Although they are very detailed, they cannot anticipate every possible complaint or complication. Therefore, for any questions or concerns you may have, contact Dr. Kotis at (847) 577-6400. If the office is closed and your calls are urgent, the answering service will contact Dr. Kotis and he will return your call. We are available on weekends and holidays as well.

- **VERY IMPORTANT:** If you have excessive bleeding or pain, call the office at (847) 577-6400, day or night.
- **GOING HOME:** If you are going home, a family member or friend must drive you because you have been sedated. Someone should stay overnight with you. If you have not arranged transportation home, we will not be able to proceed with your surgery. If you have any questions about these matters, please ask on of our nursing staff.
- **THE FIRST EVENING:** The first evening after surgery is usually the most difficult. Post-operative discomfort and post-anesthesia “hang-over” are at a maximum and differ in duration and severity for each patient.
- **MEDICATIONS:** Remember to take your medications as instructed. If you have been prescribed pain medication please take it at the onset of pain – not in anticipation of pain. Take your antibiotics as instructed - do not skip doses or discontinue unless directed to by Dr. Kotis.
- **ACTIVITY:** You may get out of bed the day after surgery, but remain minimally active. As each day passes, you may gradually increase you activity level. You may drive after your surgery, providing you are not taking medication.
- **NON-PRESCRIPTION DRUGS:** Obtain medical advice before taking any nonprescription drugs. They may affect the action of you pain medication and/or antibiotics.
- **CAUTION:** Abnormal symptoms that may be related to medication usage include, but are not limited to, itching, rash, wheezing, tightness in the throat. If this occurs, discontinue all medications and call Dr. Kotis for instructions.
- **BREATHING AFTER GENERAL ANESTHESIA:** If you had general anesthesia, it is important to take several deep breaths through you mouth every hour. This helps keep you lungs full expanded. Post-operative discomfort makes it more difficult to breathe deeply. However, you must still take 10-20 deep breaths every hour.
- **NAUSEA:** Nausea and vomiting are common effects of general anesthesia. Nausea and vomiting may also occur following intravenous sedation. Dr. Kotis may give you an anti-nausea suppository to minimize the effects. Nausea and vomiting due to anesthesia generally resolves within 24 hours after surgery. If it continues after 24 hours, contact Dr. Kotis.
- **ICE PACKS:** Cold or ice packs help to reduce swelling, bruising, and pain. Use frozen peas in the package or crush ice cubes and put the ice into a zip lock bag. This should help not hurt. If the ice feels too uncomfortable, don’t use it as often.
- **DIET:** If you have any post-operative nausea, carbonated sodas and dry crackers may settle the stomach. If you feel normal, start with liquids and bland foods, and if those are well tolerated, progress to a regular diet.
- **SMOKING:** Smoking reduces capillary blood flow to your skin. We advise you not to smoke at all during the first 14 days after surgery.

- ALCOHOL: Alcohol dilates the blood vessels and could increase postoperative bleeding. Please do not drink until you have stopped taking the prescription pain pills, as the combination of pain pills and alcohol can be dangerous.
- DRIVING: Please do not drive for at least 2 days after general anesthesia or intravenous sedation or while taking prescription pain pills.
- POST-OPERATIVE APPOINTMENTS: It is very important that you follow the schedule of appointments we establish after surgery. Call to confirm your first post-operative visit and suture removal.
- EXERCISE: You may resume exercise 10 days to 2 weeks after surgery, depending upon their intensity and the nature of your surgery. Before resuming strenuous activity, consult your doctor.
- RETURNING TO WORK: You should discuss your individual work requirements with the doctor to determine when you may return to work.
- EXPOSURE TO SUNLIGHT: Scars take at least 1 year to fade completely. During this time, you must protect them from the sun. Even through a swimsuit, a good deal of sunlight can reach your skin and cause damage. Wear sunscreen with a skin protection factor (SPF) of at least 15 when you are in the sun. **DO NOT ALLOW ANY BRUISED AREA TO BE EXPOSED TO SUNLIGHT.**
- SHOWERING: Do not shower until your sutures are removed.
- DRAINS: A drain is necessary after abdominoplasty with muscle tightening. Drains help eliminate unwanted fluid that collects within your abdomen after surgery. The recovery room nurse will teach you how to use the drain. The bulb should be emptied every 8 hours or when it is 50% full.

First open the plug at the top, allowing the bulb to fully expand. Once the bulb expands, the amount emptied can be read directly off of the bulb before it is poured out. Squeeze the air completely out of the bulb and reinsert the plug while continuing to squeeze the bulb. Your drain is now ready to suction again. Each time you empty the drain, record the amount and time emptied.

If you sense the bulb is filling up rapidly, call your doctor immediately. A bulb that fills completely twice in one hour or less (a total of 200 cc's) necessitates notifying your doctor.

Take special care not to accidentally pull the drain out. Secure the bulb of the drain to your clothing with a safety pin.

As long as you have a drain in place, you must NOT shower or bathe.

Occasionally there will be bloody drainage around the drain site. This should only be small amounts. If the bloody drainage appears excessive, call your doctor.

**DRUGS AND FOODS TO BE AVOIDED TWO (2) WEEKS BEFORE AND TWO (2) WEEKS
AFTER SURGERY**

If you are taking any medications on this list, they should be discontinued 14 days prior to surgery and only Tylenol should be taken for pain. All other medications that you are currently taking must be specifically cleared by your doctor prior to surgery. It is absolutely necessary that all of your current medications be specifically cleared by your doctor.

DRUGS CONTAINING ASPIRIN (ASA):

Alka-Seltzer, Anacin, Ascriptin, B.C. Bufferin, Cheracol Capsules, Cope, Coricidin, Darvon compound, Fiorinal, Dristan, Emperin, Midol, Excedrin, Sine-Aid, Sine-Off, Sinutab, Percodan, Stendin, Triaminicin, Vanquish.

OTHER DRUGS TO BE AVOIDED

Clinoral	Chlortrimeton
Elavil	Flagyl
Endep	Etaifon
Flexoril	Feldene
Indocin	Lioresal
Mysteclin F	Motrin
Ibuprofen	Nuprin
Advil	Mediprin
Nicosid	Pamelor
Oraflex	Phentermine-Inoamine
Phendimtrazine	Plegine
Parnate	Ru-Tuss
Robaxosal	Tagamet
Triavil	Tolectin
Tetracycline	Tenuate Dospan
Surmontil	Vibramycin
Vitamin E	Zomax
	Paxil

FOODS TO BE AVOIDED:

Limit these foods to no more than one serving per day if at all:

Almonds, Apples, Apricots, Berries (blackberries, raspberries, boysenberries, strawberries, and gooseberries), cherries, cucumbers (pickles), currants, grapes (any product made from grapes such as wine, wine vinegar, jellies, raisins, etc.), nectarines, oranges, peaches, plums, prunes, tomatoes (all tomato products),

FRUITS PERMITTED:

Grapefruit, lemon, lime.