



Patient consent to investigation or treatment for:

Abdominoplasty/abdominal reduction/tummy tuck - Part 2 of 3

*This is an informed consent document to explain the risks and alternative treatment to abdominoplasty surgery. **It is important that you read this information carefully and completely. Please initial each page**, indicating that you have read it, and sign the consent form for surgery as proposed by your plastic surgeon and agreed by you. For pre- and post-operative information on abdominoplasty surgery, please see parts 1 & 3.*

What is an abdominoplasty/abdominal reduction/tummy tuck?

An abdominoplasty/abdominal reduction/tummy tuck is the removal of excess skin, unwanted scars, stretch marks and fat from the tummy, and sometimes tightening of the stomach muscles.

What is the alternative treatment?

In younger patients with good quality, elastic skin whose main problem is a localised excess of fat, liposuction on its own should always be considered. This reduces fat and causes just a little retraction of the skin.

What are the serious and commonly occurring risks and complications of abdominoplasty surgery?

As with all operations, there are risks involved in abdominoplasty surgery. Although unlikely to occur, it is important to weigh up these risks against the potential benefit of the surgery. Discuss each of them with your plastic surgeon to make sure you understand the potential complications and consequences.

Risks of surgery:

- **Scars.** There will be scars from the surgery, which will usually initially be red, then purple, and then fade to white over 12-18 months. The main scar runs across the lower abdomen and in a standard abdominoplasty there is one around the belly button. Other or different scars may be left where patients have particular modifications. Occasionally scars may become widened, thickened, red or painful and may require surgical correction.
- **Bleeding.** Bleeding after the operation is unusual but possible, and may require another operation to stop it. It usually occurs immediately, or soon after surgery. Before the surgery your surgeon will discuss any medicines that increase your risk of bleeding, and it is important to control high blood pressure.
- **Infection.** Infections of the wound may require antibiotics or another operation.

- **Swelling and pain.** Swelling above the scar is happens because of a collection of tissue fluid, which normally drains to the groin. This swelling usually settles within a few months. Long-term pain may infrequently occur.
- **Wound healing problems.** Wound healing problems can occur, such as wound separation and delayed healing. Usually they are minor and can be managed with simple dressings, however they can delay your recovery and result in worse scarring, which can be tethered and need a future operation. Smokers are more likely to have problems with wound healing.
- **Seroma.** Fluid can collect within the tummy cavity, which is called a seroma. This may require drainage or another operation, and can affect the final result.
- **Extrusion.** Occasionally, deep stitches may poke out through the skin, which can easily be removed.
- **Increase/decrease in sensation.** All patients can expect alteration in the feeling of the lower abdomen, which is usually permanent.
- **Asymmetry.** The scars will have minor asymmetries and possibly residual bulges. The tissue of the abdominal wall is generally fatter than the groin, so a fatty bulge may remain above the scar. Liposuction can help to reduce this.
- **Damage to deeper structures.** Although rare, there is the potential for damage to deeper structures, including nerves, blood vessels, muscles and bowel during this operation. This damage may be temporary or permanent.
- **Loss of blood supply to skin/fat/umbilicus.** Some areas of skin, fat or belly button (umbilicus) may die if the blood supply has been lost during surgery (necrosis). These areas usually settle over time but may require a later operation to adjust them, and may affect the final result. There may be lumpiness or an uneven surface in an area where this has occurred.
- **Unsatisfactory result.** Sometimes, patients are unsatisfied with the result of their abdominoplasty surgery. This may be to do with the look or feel of the tummy, or you may be disappointed if the shape does not reach your expectations. It is very important that you discuss what you hope to achieve thoroughly with your surgeon, and whether this can be achieved safely.
- **Change over time.** Changes in appearance may occur as a result of aging, pregnancy or other circumstances unrelated to your surgery, such as an increase/decrease in weight. Further surgery or other treatments may be necessary to maintain the results of an abdominoplasty. The effects will be maintained better if you keep exercising the muscles and keep your weight steady.
- **Allergic reaction.** Rarely, local allergies to tape, stitches or solutions have been reported. Allergic reactions may require additional treatment.

Risks of anaesthetic:

- **Allergic reactions** may occur to drugs used during surgery.
- **Chest infection.** There is a small risk of chest infection, which is higher amongst people who smoke.

Patient consent:

(Affix identification label here)

Abdominoplasty/abdominal reduction

Name:

Address:

Further procedures that may become necessary:

.....
Anaesthetic: General Regional Local Sedation

Date of birth:

Hospital number:

NHS number:

M F

Consultant:

Special requirements:.....

I acknowledge that the medical condition and the proposed procedures, other procedure/treatment options and their associated risks, and the risks of not having this procedure have been explained to me. 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. These have been answered to my satisfaction.

I understand the risks of the procedure and those specific to me, including: *Scars, bleeding, infection, swelling, pain, wound healing problems, seroma, extrusion of sutures, increase/decrease in sensation, asymmetry, damage to vessels/nerves/muscle/bowel, loss of blood supply to skin/fat/umbilicus, unsatisfactory result, change over time, need for a future procedure*

I understand the risks of the anaesthetic and those specific to me, including: *Allergic reaction, chest infection, DVT/PE, heart attack, stroke, death*

I consent to:

- Blood transfusion, if required during or after the procedure Y N
- The use of tissue not needed for diagnosis or treatment being used for research Y N
- The use of photography for diagnosis and treatment Y N
- The use of anonymised photographs for teaching Y N
- The presence of students in theatre for the purposes of medical education Y N

Patient: On the basis of the above statements, I request to proceed with the procedure.

Patient signature Date

Patient name printed

Surgeon: I have explained the above information to the patient and believe that they understand it.

Doctor signature Date

Doctor name printed Contact Designation

Anaesthetist: I have explained the above information to the patient and believe that they understand it.

Doctor signature Date

Doctor name printed Contact Designation

Interpreter: I have explained the above information to the patient and believe that they understand it.

Interpreter signature Date

Interpreter name printed

Confirmation of consent (to be completed on the day of surgery, if form has been signed in advance):

I have confirmed that the patient has no further questions and would like to proceed with the procedure.

Doctor signature Date

Doctor name printed Contact Designation

Please bring this form with you on the day of surgery.

Copies of this form in English, other languages and large print, and further information available at: [BAPRAS/BAAPS link]

Patient initials

Version 2.2