



ISAPS® PATIENT SAFETY

INFORMED CONSENT OF THE INTERNATIONAL SOCIETY
OF AESTHETIC PLASTIC SURGERY

INFORMED CONSENT FOR ABDOMINOPLASTY

November 12, 2024

Abdominoplasty is a surgical procedure that removes excess skin and fatty tissue from the lower abdomen, and tightens the muscles of the abdominal wall. Abdominoplasty is not a surgical treatment for obese patients. There are several different abdominoplasty techniques.

GENERAL RISKS AND COMPLICATIONS

Any surgery or procedure has general risks of complications:

- Postoperative bleeding
- Wound infection, respiratory (cold, pneumonia, bronchopneumonia), urinary, others
- Deep vein thrombosis in the lower extremities
- Pulmonary: atelectasis, pulmonary thromboembolism, others
- Cardiac: arrhythmia, acute myocardial infarction, problems associated with elevated or decreased blood pressure, others
- Neurological: vascular accidents, transient or permanent alterations in sensitivity or motility
- Anesthetics: allergic reaction to some medication. Both local anesthesia and general anesthesia carry a risk. There is the possibility of complications, and even death, from any form of anesthesia or sedation.

COMPLICATIONS OF ABDOMINOPLASTY

Every surgical procedure involves risk and eventual complications. Although most patients do not experience the following complications of ABDOMINOPLASTY, you should discuss each of them with your plastic surgeon:

- **BLEEDING:** It is possible, although uncommon, to experience a bleeding episode during or after surgery. If postoperative bleeding occurs, you may require emergency treatment to drain accumulated blood, or a blood transfusion.
- **INFECTION:** Infection is uncommon after this type of surgery. If it occurs, treatment including antibiotics or additional surgery may be necessary.
- **SKIN NECROSIS:** There may be a partial or total lack of blood flow in some areas, the skin can turn black and become a wound that will require management with dressings or eventually surgery and that can leave noticeable scars.
- **SENSITIVITY ALTERATIONS:** The decrease (or loss) of sensation in the lower abdomen may not fully recover after abdominoplasty.
- **SKIN CONTOUR IRREGULARITIES:** Irregularities and depressions may occur in the skin after a tummy tuck. Visible and palpable pinching of the skin may also occur.

- **SKIN SCARRING:** In some cases, abnormal scars may occur. Scars may be unsightly or a different color than the surrounding skin. Additional treatments may be needed to treat abnormal scarring, including surgery.
- **ASSYMETRY:** Body symmetry may not be achieved with abdominoplasty. Skin elasticity, fatty deposits, bony prominences and muscle tone can contribute to a normal asymmetry.
- **DELAYED HEALING:** Opening of the wound or delayed healing is possible. Some areas of the abdomen may not heal normally and may take a long time to heal. Some areas of skin may be lost, which may require frequent bandage changes, or subsequent surgery to remove unscarred tissue.
- **ALLERGIC REACTIONS:** In rare cases, local allergies may be observed. Systemic reactions can be caused by medications used during or after surgery and may require additional treatment.
- **SEROMA:** It is the accumulation of fluid between the skin and the abdominal wall. When this problem occurs, additional procedures for drainage may be required.
- **NAVEL:** Malposition, excessive scarring and unaesthetic appearance or loss of the navel may occur.
- **PAIN:** Chronic pain due to compression of sensory nerves due to entrapment within scar tissue after abdominoplasty is very rare.
- **OTHERS:** You may disagree with the aesthetic results of the surgery, which may depend on the previous physical condition (bone asymmetries, overweight, skin laxity, stretch marks, previous scars, etc.) and not on the surgical technique. In some cases, additional surgery may be necessary to improve results.

NEED FOR ADDITIONAL SURGERY

There are many variable conditions that can influence the long-term results of abdominoplasty. Secondary surgery may be needed to make additional corrections. If complications occur, additional surgery or other treatments may be necessary.

ADDITIONAL COSTS

There may be additional costs associated with complications arising from surgery, secondary surgery or surgical revision.

CONTROLS

Since the plastic surgeon is in charge of a team of medical professionals who will be at his/her disposal, subsequent controls, procedures or cures may be carried out by one of the other members of the work team.

INFORMED CONSENT FOR PROCEDURE FORM

IT IS IMPORTANT THAT YOU READ THE ATTACHED INFORMATION CAREFULLY AND HAVE ALL YOUR QUESTIONS ANSWERED BEFORE YOU SIGN THE CONSENT BELOW:

INFORMED CONSENT FOR ABDOMINOPLASTY

1. I hereby authorize DR.
and the assistants who are selected to perform the following procedure or treatment:

ABDOMINOPLASTY

2. I have read, understood and signed the pages of the attached information: "Informed Consent for Abdominoplasty,,"

3. I have not omitted or altered data when presenting my history and clinical-surgical history, especially those referring to allergies and illnesses or personal risks.

4. I am aware that, during the course of the operation and medical treatment or anesthesia, unforeseen conditions may arise that require procedures other than those proposed. I hereby authorize him/her and his/her assistants to perform these other procedures in the exercise of their professional judgment. The authorization will include any condition requiring treatment that was not known to the surgeon at the time the procedure was started.

5. I agree that no guarantee has been given to me by anyone as to the result that may be obtained.

6. I give consent for the administration of anesthetics that are considered necessary or advisable. I understand that any form of anesthesia presents a risk and the possibility of complications, injuries and very rarely, death.

7. I give consent to the photographing or filming of the operation to be performed, including any part of my body, and the subsequent use of the material for medical, scientific or educational purposes, since my identity will not be revealed in the images:

YES NO

8. For the purpose of advancing medical education, I give consent for observers to enter the operating room:

YES NO

9. The treatment mentioned above and the complications of the procedure have been explained to me in an understandable way.

10. LOCATION OF SCARS:

- Abdominal scar:
 - below the bikini line
 - anchor
- Umbilical scar:
 - around the navel

I give consent for the treatment and the points cited above (1 to 10):
(Identification and signature of the patient or authorized person)

Name:

Identification:

Signature:

Date:

Disclaimer

*This medical informed consent form is offered as a guide to ISAPS members and as an aid to drafting consent forms for their patients and their practice. Whilst it provides a framework, it remains the responsibility of the individual practitioner to tailor any final documentation to the practice or legislative requirements specific to the local jurisdiction and to make consent decisions appropriate to the circumstances of each patient, in consultation with the patient and, where appropriate, with their guardian or carer.
In providing this guidance as a service to its members, ISAPS accepts no responsibility or liability associated with its subsequent use in clinical practice or in any other context.
ISAPS reserves the right to modify, amend, or update this consent form at any time without prior notice. Users are encouraged to review this form periodically for any changes.*