



# Informed Consent

## General Consent for Surgery

## **INSTRUCTIONS**

This is a document about informed consent. This will tell you more about general risks of surgery. You will learn about the risks and other treatment options. It is important that you read the whole document carefully. Please initial each page. Doing so means that 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 RISKS OF SURGERY**

### **Pain:**

Having pain after surgery is normal. Protocols are in place to minimize your pain. Dr. Wigod will prescribe medication to reduce your discomfort as indicated. If you take medication, you must follow instructions carefully. These medications can have serious side effects. They may be dangerous if you take too much. When taking the prescribed pain medications after surgery, realize that they can affect your thought process and coordination. Do not drive, operate complex equipment, make any important decisions, or drink alcohol while taking these medications. Be sure to take your prescribed medication only as directed.

Using these medications may lead to addiction (especially in the case of opioids). Talk to your doctor if you have a history of trouble with any pain medication. Tell your doctor about your history with addiction of any kind. If you are a chronic pain patient being followed by a pain therapy practitioner, you may be asked to see this practitioner preoperatively to assist you in the management of your pain during the post-operative period. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissues or due to tissue stretching.

### **Infection:**

You may get an infection after any procedure. Sometimes these infections aren't directly linked to the part of the body that was operated on, like pneumonia or a urinary infection. The infection can be minor or even life-threatening. If you get an infection, you may need more treatment like antibiotics, hospitalization, or surgery. Tell your doctor about any history of serious infections, such as methicillin-resistant *Staphylococcus aureus* (MRSA). You should also tell your doctor about less serious infections or injuries you've had recently. Infections or wounds in other parts of the body may lead to an infection in the area where you've had surgery.

### **Scars:**

All surgeries leave scars, even surgeries that fix other scars. Some are more visible than others. Dr. Wigod will try to make sure your scar is as small and barely visible as possible. However, everyone heals differently. Your scar may be more visible than for other people. Some scars may be raised, thick, and wide. Some may be discolored, uneven, painful, and may look bad. With some surgeries, scar tissue may form around deeper structures. This may cause other issues in the area that's been operated on. You can try to reduce scarring by following your surgeon's advice. You must rest and avoid sun. Sun exposure to the treated areas may result in increased scarring, color changes, and poor healing. Patients who tan, either outdoors or in a salon, should inform their surgeon and either delay treatment, or avoid tanning until the surgeon says it is safe to resume. You may be advised to use massage exercises, ointments, and compression garments.

### **Stitches:**

You may see or feel stitches after your surgery. The stitches may poke through your skin. They may even irritate your skin. You may need to have them removed.

### **Skin Discoloration/Swelling:**

It's normal to see some bruising and swelling after surgery. The skin near the surgical site may look either lighter or darker than the rest of the skin. Although it is rare, swelling and changes to your skin color may last for a long time. In rare situations, this may be permanent.

### **Change in Skin Sensation:**

You may have less or no feeling in the skin after surgery. Reduced skin sensation may not come back after surgery.

**Contour Irregularities:**

You may see wrinkles, folds, uneven spots, shapes, and dents in your skin or along the incision after surgery. Any extra skin at the ends of some incisions (dog ears) may get better with time, or can be fixed with surgery after a suitable period of observation (months). Uneven spots in the skin may also come from uneven fat under the skin. These can come from scarring or fat death (called “fat necrosis”). Uneven spots can get better over time.

**Delayed Healing:**

Some areas of your skin may not heal normally or may take a long time to heal. Some of your skin may die or peel off. If this happens, you may need frequent bandage changing or more surgeries to remove tissue that isn't healing. If you have less blood supply to parts of your body from past surgeries or radiation therapy, you may be at greater risk for trouble healing. Your surgery results may not be as good. Smokers have a greater risk of skin loss and trouble healing.

**Bleeding:**

You may have bruising or bleeding after your procedure. How much you bleed or bruise can vary. You might have mild bruising that heals easily. You might also have serious blood loss that requires medical attention. You may need blood transfusions or other procedures to stop the bleeding and drain any collected blood. Each procedure has its own risks. In very rare cases, a blood transfusion may give you a known or unknown infection. Be sure to tell your surgeon about every medication and non-prescription herb or supplement you are taking. Some such medications may increase the risk of bleeding during or after surgery.

**Drains:**

During your surgery, your doctor may need to put in a drain(s). A drain is a small tube that removes fluid away from the surgery site. You will be told how to care for your drain. Putting the drain will require a small separate cut. The drain will be taken out when your doctor feels you don't need it anymore. When the drain is taken out, the site will remain open to drain any leftover fluid under the wound. The small hole will close in a short time. It is very important to minimize activity other than walking in the week after drain removal.

**Seromas (Fluid Build-Up):**

In some cases, fluid may build up between your skin and the tissue below it after the surgery, trauma, or heavy exercise. It especially may happen after drain removal. If this occurs, the seroma may need to be drained. The fluid may need to be aspirated with a syringe and needle several times. Rarely, it may be necessary to put in a drain.

**Damage to Deeper Structures / Loss of Function:**

There is the potential for injury to deeper structures including nerves, blood vessels, lymphatics, muscles, and lungs (pneumothorax) during any surgical procedures. The potential for this to occur varies according to the type of procedure being performed. Injuries to deeper structures may be temporary or permanent. Positioning during surgery may also contribute to loss of function risk.

**Asymmetry:**

You will not have a perfectly even (symmetrical) result after surgery. It's normal for the left and right sides of your body to be slightly different, due to your unique skin tone, fat deposits, bone structure, and muscle tone. Almost all patients have visible differences between the right and left side of their bodies before surgery. Reducing these differences may require more surgery.

**Poor Results:**

Although most people have good results from this surgery, there is no guarantee. Everybody is different and no one's body is perfectly symmetrical or even. Many issues with unevenness cannot be fully fixed with surgery. The more realistic your expectations are, the better your results will be. Some patients never get their desired results. This is not the fault of the surgeon or procedure. You may not be happy with the results of your surgery. These results can sometimes include unevenness, unexpected shape and size, and loss of function. You may also have wounds, poor healing, scars, changes in appearance, or loss of feeling. In some cases, the issue for which you had surgery could come back. You may choose to have more surgery

to get a result you are happy with.

It can be stressful to see results you don't like. Before surgery, talk to Dr. Wigod about any doubts you have. Tell him if you have a history of depression or mental health disorders. Although most people are happy after surgery, it's impossible to predict what effect surgery may have on your mental health.

### **NEED FOR MORE SURGERY (RE-OPERATION)**

Many things may affect the results of your surgery. This can be after surgery or in the future. You may need to have more surgeries to get the results you want. This can include tightening, moving, shifting, or removing things. The results from surgery are not permanent. They are likely to change over time. In the future, you may want to make more changes to the appearance or function of your body for various reasons. These changes may come because of aging, sun exposure, weight loss or gain, pregnancy, and menopause. It could also include other factors not related to your surgery.

There will be additional costs for further procedures like this. This includes surgical fees, facility and anesthesia fees, and pathology and lab testing.

### **MAJOR RISKS OF SURGERY**

#### **Surgical Anesthesia:**

Both local and general anesthesia involve risks. There is a possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation. Nausea and vomiting are minimized by medication protocols, but may still occur. Notify Dr. Wigod if you have a family history of Malignant Hyperthermia.

#### **Allergic Reactions:**

In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations, and injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur in response to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatments. It is important to notify your physician of any previous allergic reactions.

#### **Drug Reactions:**

Unexpected drug allergies, lack of proper response to medication, or illness caused by prescribed drugs may occur. It is important for you to inform Dr. Wigod of any problems and allergies you have had with any prescribed or over the counter medications, as well as medications you are currently taking on a regular basis. Provide Dr. Wigod with a list of medications and supplements you are currently taking. There is a possibility that the large volumes of fluid containing dilute local anesthetic drugs and epinephrine injected into fat deposits during surgery may contribute to fluid overload or systemic reactions.

#### **Shock:**

In rare circumstances, your surgical procedure can cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. If surgical shock occurs, hospitalization and additional treatments will be necessary.

#### **Venous Thrombosis (Clot) and Sequelae:**

Thrombosed veins, which resemble cords, occasionally develop around IV sites, and usually resolve without medical or surgical treatments.

Surgery under general anesthesia is associated with an increased risk for deep venous thrombosis (DVT) and pulmonary embolism (PE). Pulmonary emboli can be life threatening or fatal in some circumstances. Inactivity and other conditions may increase the incidence of blood clots traveling to the lungs, which may result in death. It is important to discuss with your physician any past history of swelling in your legs or blood clots and any family history of abnormal clotting that may contribute to this condition.

Measures are taken at the time of your surgery to minimize such events occurring. You may be advised to use a blood thinner for a short time after surgery. It is important to discuss with Dr. Wigod if you or your

family have a history of DVT/PE. Certain high estrogen pills, obesity, history of cancer, history of inflammatory bowel disease, etc. may increase your risk of thrombosed veins and the development of DVT/PE.

**Cardiac and Pulmonary Complications:**

Pulmonary complications may occur secondary to blood clots (pulmonary emboli), fat deposits (fat emboli), pneumonia, or partial collapse of the lungs after general anesthesia. You are encouraged to walk and do deep breathing exercises to minimize pulmonary problems. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pains, or unusual heartbeats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatments.

**ADVISORIES**

**PATIENT COMPLIANCE**

Follow all surgeon instructions carefully; this is essential for the success of your surgical outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activities need to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. It is important that you participate in follow-up care and return for aftercare to promote your recovery after surgery.

**Exercise After Surgery:**

Recovery from surgery involves coagulation of blood vessels and sealing of tissue planes. Increased activity of any kind may open these vessels, leading to bleeding, or hematoma. Activity that increases your pulse or heart rate may cause additional bruising, swelling, seroma, and the need for return to surgery to control bleeding. It is necessary to refrain from all physical activity, with the exception of walking, for 6 weeks after surgery or until Dr. Wigod states it is safe. This applies to all surgeries.

**Medications and Herbal Dietary Supplements:**

There are potential adverse reactions that occur as a result of taking over-the-counter, herbal, and/or prescription medications. Aspirin and medications like it interfere with forming blood clots, and therefore may contribute to more bleeding issues. Tylenol is safe, however. You should discuss with the staff specifically which medications you may continue safely.

**Smoking, Vaping, Second-Hand Smoke Exposure, Nicotine Products:**

Patients who are currently (or recently ceased) smoking or use tobacco or nicotine products (vaping, patch, gum, or nasal spray) are at greater risk for significant surgical complications of skin loss, delayed healing, and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may have a significant negative effect on anesthesia and recovery from anesthesia, and can lead to coughing and possibly increased bleeding. If you are a smoker or vaper, consider yourself to have been advised to cease weeks before and after your operation and accept the additional risks of your smoking history.

**Mental Health Disorders and Elective Surgery:**

It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvements rather than perfection. Any surgery may be stressful to your mental health. Complications or less-than-satisfactory results are sometimes unavoidable, may require additional surgeries, and may add to this stress. Please openly discuss with Dr. Wigod any past history of significant emotional depression or mental health disorders. Body Image disorders like Body Dysmorphic Disorder or Anorexia should be addressed prior to surgery. Although most patients benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

**Sleep Apnea/CPAP:**

Individuals who have obstructive sleep apnea and who may rely upon CPAP devices (continuous positive

airway pressure) or utilize nighttime oxygen are advised that they are at a substantive risk for respiratory arrest and death when they take narcotic pain medications following surgery. Surgery may be considered only with a plan to safely manage your breathing and pain following surgery.

Please consider the following symptoms of sleep apnea: frequently tired upon waking and throughout the day, loud snoring, stopped breathing during sleep, waking up throughout the night or constantly turning from side to side, legs or arms jerking while sleeping. It is important for you to inform Dr. Wigod and discuss any of the above symptoms that you have experienced.

### **Nails:**

To determine your vitals status during surgery, your anesthesia provider may require access to your fingernails for monitoring. Make sure to have at least two fingernails free of nail polish or acrylic nails on the date of your surgery.

### **Jewelry:**

Jewelry should not be brought with you at the time of your surgical procedure. Items, such as earrings, wedding rings, and necklaces should be removed and placed in a safe place.

### **Body Piercing:**

Individuals who currently wear body-piercing jewelry in the surgical region are advised that an infection or burn could develop from this activity. Body-piercing jewelry should be removed prior to your surgical procedure.

### **Future Pregnancy and Breastfeeding:**

Plastic surgery is not known to interfere with subsequent pregnancy. If you are planning a pregnancy, your skin may stretch and offset the results of surgery. Breast surgery patients may have more difficulty breastfeeding after operation.

### **Female Patient Information:**

It is important to inform Dr. Wigod if you use birth control pills or estrogen replacement, or if you suspect you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy. You should use alternative birth control around surgery.

### **Travel Plans:**

Any surgery holds the risk of complications that may delay healing and your return to normal life. Please let Dr. Wigod know of any travel plans or important commitments that were already scheduled or planned, or time demands that are important to you, so that you may change your plans as necessary. There are no guarantees that you will be able to resume all activities in the desired timeframe. Allow at least 10-14 days prior to travel via airplane. Medications may be required should you have a long flight/trip to prevent DVT/PE in the immediate post-operative period.

### **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. Mark Wigod and the doctor's assistants to do the procedure as discussed.
2. I got the information sheet on my specific procedure.
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 PROCEDURE 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