Consent for body contouring post massive weight loss

Date

Dear

Age Gender
Address

You have come to Dr. with the following concerns.

This document is for you to read thoroughly and understand the standard procedure for your proposed surgery, sequelae, possible complications. Kindly feel free to seek any clarification after reading this document. You need to sign the document after you understand it along with the kin you would want to be the witness for the whole process on your behalf. You need to allow us to share your medical records, information about your operation, condition and medical records as needed with this kin of yours.

1 DETAILS OF PROPOSED PROCEDURE

A. Pre anaesthesia check-up (OR as advised by Anaesthetist for the case)

A1-List of essential and optional investigations

CBC
Urine routine
Complete coagulation profile (BT, CT, PT, aPTT)
S. Creatinine
BSL—R (F and PP if known diabetic)
Viral Markers (HIV, HCV, HbSAg)
ECG (2 D echo if required)
X ray chest
USG
Covid test

A2—Opinion from Physician Dr.
A3—FITNESS FOR SURGERY FROM Dr.

I---------- Contact number

II---------- Contact Number

i---ANAESTHETIST---with explanation of risk in anaesthesia—GA/ Spinal/epidural 9 Please check anaesthesia information sheet)

ii—PHYSICIAN---Some patients may need transient ICU monitoring-

Pre-operative protocol

1. You will need to stop the following medicines or food items at least 2 weeks prior to your surgery - Garlic, certain painkillers, blood thinners, green tea, all herbal medicines and supplements
2. You will need to stop smoking 3 weeks prior to surgery and continue the restriction 3 weeks post-surgery. Alcohol should be avoided around the surgery.
3. You will be advised to come empty stomach at least 6 hours before proposed surgery time.
4. You may be advised to continue or discontinue certain morning doses of routine medication for example if you are on an antihypertensive, morning dose of blood pressure medication needs to be taken and if you are a diabetic the morning dose of your **diabetes medication** needs to be **omitted.**
5. Shaving of the areas to be operated as advised by your treating surgeon.
6. You will be advised to take a whole body bath with betadine scrub on the previous night as well as morning of the surgery.
7. Report to hospital on time as directed by treating surgeon
8. Removal of dentures and contact lenses if any.

Photography consent and protocol – Your treating surgeon will take your photograph for documentation, publication or research purposes. Strict privacy will be maintained by covering your eyes

B **Type of anaesthesia and options available**

You will be given general anaesthesia for the procedure

A urine catheter may be put depending on the duration of surgery

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C. Details of proposed surgical procedure

The following areas are often treated through body contouring after MWL. The areas that are more bothersome are identified and addressed on priority. The sequence of the procedure should be decided with the surgeon.

Abdomen: Excess skin hanging down over the pubic region is often the distorting feature that most concerns and bothers patients. It retains moisture, leads to poor hygiene and rashes due to skin rubbing. The surgical procedure to remove it is known as a panniculectomy.
Sometimes to provide improved contours on the waist, back and flanks, the plastic surgeon needs to perform a belt lipectomy, (also known as a torsoplasty or a circumferential lipectomy). In belt lipectomy, the incision goes all the way around the patient's midsection at the level of the lower waist. Liposuction can also be combined to improve the contours of the flank. The abdominoplasty and belt lipectomy incisions are placed so that the resulting scar is hidden within most underwear and swimsuits.

Buttocks/upper thighs: This is usually performed as a continuation of an abdominal procedure. Lower body lift trims excess skin on the buttocks and thighs and can be achieved through belt lipectomy.

Thighs: A medial thigh lift is designed to remove excess skin from the upper thighs. It involves an incision along the inner thigh starting at the groin and extending as far as the knee. It removes excess skin and re drapes the remaining skin before closing the long incision, leaving the patient with tighter and more attractive thighs.

Breasts: Breast lift or mastopexy can be accomplished with or without augmentation (using an implant) depending on need and expectation of the patient. The breasts which usually droop to the umbilicus are lifted to a more upright and full position by trimming excess of skin and reorienting breast tissue. Scars are placed almost always hidden inside the area covered by the bra.

Arms: The extra hanging skin on the arms of bariatric patients appears on the underside of the upper arms and is referred to as "bat wings". Incisions are made from the armpit to the elbow to remove this excess of skin and create a more pleasing contour. The resulting scar is fairly well hidden on the underside of the arm. It is termed as brachioplasty and can be combined with mastopexy.

Face and neck: Face lift and neck lift procedure involves removing excess skin around the face or neck after weight loss. It is similar to a traditional facelift, except that more skin needs to be removed. The scar is placed in front of the ear and curves around the ear and into the hairline.

Staging of procedures
The exact plan for body contouring after MWL is individualized by the plastic surgeon as per patient need and expectation. A contouring of multiple areas can be planned together.
An "upper body lift" involves combination of surgeries to the arms, back, and breasts/chest.
A "lower body lift" involves combination surgeries to the hips, thighs, abdomen, and buttocks.

Timing: The body contouring surgery is usually suggested approximately 18-24 months following the start of any massive weight loss program or bariatric surgery. This time allows the skin to shrink as much as possible and your nutrition to be stabilized and optimized.

The Plastic surgeon works in association with a bariatric surgeon and team to determine the appropriate timing for body contouring.

Hospital stay
There are tubes (drains) usually placed in the wound to drain excess fluid. The discharge from the hospital can be expected once drains are removed. The usual stay in the hospital is from one to four nights depending on the area or areas operated.

Approximate duration of surgery- 3-6 hours

Position change – Intra-operative change of position may be done as per requirement.

Following facilities are not available at the abovementioned set up.

ICU---

Ventilator

DVT pump

Back up arrangements if needed will be--

Discharge instructions

1. Medicines-

Antibiotics---

Pain killers---

Other medicines- stool softeners

Instructions for routine medication you were already taking

Diabetes,

hypertension,

Anticoagulants,

Thyroid

2. Other instructions-

Wear pressure garments as advised continuously for 6 to 8 weeks. It can be taken off for bathing or if uncomfortable for one to two hours a day. Drink 2 to 3 litres liquids including water daily. Avoid sweets and fried food. Bathing can be done postoperative day 3 onwards. Visit the hospital on post operative day 3 to 5. Avoid bending, lifting heavy weights and strenuous activities. Gradual increase in physical activities as tolerated from post operative day 5. You will experience pain and soreness in the first few days, and have help handy. You can resume light work by second week as per your comfort

E Discharge summary format---These are the discharge notes you will be given in writing

Name of the operation

Date

Name of the surgeon

Anaesthetist

Name of the procedure

Operation notes

Untoward events during operation and stay

F. **Postoperative follow up –** 2 to 3 visits in first 2 weeks following discharge, then one month followed by 3 months for up to a year

Special precautions to be taken at home

List of common complications with incidence in current literature.

Uncommon complications

Common

Skin irregularity

There can be small bumps and contour irregularities over the treated area of abdomen, breasts, arms or thighs following the procedure. This tends to settle down over a few weeks to months (2 to 3 months).

Scars

There will be scars from the surgery. They may be red at first, then purple, and then fade
over 12 to 18 months.

Sometimes the scars may become wider, thicker, red or painful, and you may need to have surgery to correct them. Please do discuss with your doctor if any of your old scars are like that.

Swelling, bruising and pain

There will be some swelling and bruising of the operated part after the operation, and this can take some time to settle.

Increased or reduced sensation

After the surgery, most patients will feel some alteration in the sensation in the skin of their operated part. This may be like a pricking sensation, loss of sensation, or discomfort as nerves try to recover.

Change over time

The appearance of your operated area will change as a result of ageing or other circumstances not related to your surgery, such as putting on or losing weight. You may need further surgery or other treatments to maintain the results of the tummy tuck. Carefully exercising the muscles and keeping your weight steady will help to maintain the result of the surgery.

Unusual

Bleeding

Bleeding is unusual but possible, and you may need a blood transfusion or another operation (or both) to stop the bleeding. Any bleeding usually happens during or soon after the surgery, and will be taken care of by the surgeon. Before the surgery please share the details of all medicines that you may be taking that increase the risk of bleeding such as antiplatelet drugs as well as certain over the counter medications (Ayurvedic /Alternative Medicines) and foods like garlic, etc

Seroma

This is when fluid collects in the operated area. We will occasionally be putting a drain to remove the fluid but the fluid can still collect and may affect the final result of the surgery. This may require needle aspiration and rarely reinsertion of a drain for correction.

Infection

We will be taking all precautions to prevent infections, but this may happen and you may need antibiotics, this can affect the final result of the surgery.

Healing problems

Sometimes, wounds can take longer than normal to heal, or the edges come apart. Usually these problems are put right by dressing the wounds, but they can prolong recovery and make scars worse. Smokers are more likely to have healing problems.

Extrusion

This is where deep stitches poke out through the skin. These can easily be removed.

Asymmetry

The scars will not be exactly symmetrical and might have small bulges. In case of belt lipectomy the tummy wall above the scar is thicker than below the scar, so a fatty bulge may remain above the scar. Liposuction can help with this. Also, the belly button can be slightly off-centre with a prominent scar.

Extremely rare

Damage to deeper structures

Although rare, the surgery can damage deeper structures, including nerves, blood vessels, muscles and the bowel (the part of the intestine behind the abdominal wall). This damage may be temporary or permanent.

Loss of blood supply to skin, fat or the belly button

Some areas of skin, fat or belly button may die (called necrosis) if the blood supply has been lost

during surgery. This may mean that you need another operation, which can affect the final result of the surgery.

Loss of skin and tissue for future surgery

The skin and fat that will be removed during tummy tuck could be used for reconstruction in cases of breast reconstruction (autologous breast reconstruction) and if you ever need that procedure the option of using this tissue will not be available to you. Breathlessness and need for respiratory support for

a few days after operation may be rarely required. This is when your abdominal muscles are tightened during abdominoplasty. Extra cost may be charged for the same.

Unsatisfactory result

Sometimes, patients are not satisfied with the result of their surgery. This may be to do with the look or feel of the part operated, or the shape of the operated part not meeting expectations. It is very important that you share your expectations with your surgeon, before you have the surgery, about the look and feel you want, and whether this can be safely achieved.

Allergic reaction

Very rarely, allergic reactions to tape, stitches or solutions have been reported.

Certificates and papers to be handed over to authorised person to be notified by the patient.---------- (fill the name of kin)

Discharge card

Relevant landline numbers

Estimate for the procedure with undertaking for payment by the patient.

Clause of exclusion stating patient's desires that cannot be fulfilled

(Patient should prepare the list of what are the outcomes expected by the patient at the end of the procedure. The operating surgeon will in turn write down what can be achieved, what is possible and what is not possible.)

Signature of the patient

Signature of the doctor

Signature of the kin/witness