

	T.C. SULEYMAN DEMIREL UNIVERSITY PLASTIC AND RECONSTRUCTIVE AND AESTHETIC SURGERY DEPARTMENT CONSTENT FORMS ABDOMINOPLASTY (LIFTING OF ABDOMEN)				
KOD	KRY.02.PR.03	YAY.TAR.	05.02.2024	REV.NO:01	SAYFA SAYISI: 5

ABDOMINOPLASTY (LIFTING OF ABDOMEN) INFORMED CONSENT FORM

The objective of this form is to enable your participation into the decision making process about your healthcare by informing you.

This form has been designed in order to meet the needs of many patients under most conditions, nevertheless, it should not be considered as a document containing the risk of the entire applicable treatment. Based upon your individual healthcare, your physician may provide you with different or additional information.

After acquiring the advantages and possible risks of diagnosis, medical treatment and surgical interventions, it is up to your decision whether or not to accept these procedures. You are entitled to refuse to be informed except for the legal and medical necessities or withdraw your consent at any time.

Abdominoplasty (belly lifting) is an intervention toward removal of the excess skin and fat in the abdominal area. The abdominal skin will be lifted downward from above the belly as far as the ribs, and excess parts will be removed. The belly button will be moved and stitched elsewhere. If necessary, liposuction (fat vacuuming) operation will also be made on the upper and lower sections of the abdomen. This operation will not remove the excess fat at the sides of the waist completely. This operation will not eliminate the cracks on the skin. The cracks on the skin at the lower section of the abdomen will be removed only.

Anticoagulant agents such as aspirin should be avoided 10 days before surgery.

Significant illnesses in the patient history and any permanently used medicine should absolutely be reported to the doctor.

Do not eat anything after the time you are told. This period contains the 6 hours before the operation.

Blood analyses necessary for you will be made on or before the date of surgery. Similarly, your anesthesia consultation shall be made in the pre-surgery period, and the form of anesthesia to be implemented shall be decided upon.

A drawing shall be made in your room for planning of the procedure details before the surgery. After that, photo shootings necessary before and after the surgery will be completed.

Urinary catheter is generally implemented for use on the first day during surgery. Urinary catheter shall be withdrawn after you standing up.

In the post-operative period, you will be ensured to lay down in a position we call as "V" position, and the tenseness to occur in the surgery spot will be tried to be mitigated. This position is when your trunk is elevated by 45 degrees from your waist. You will be occasionally allowed to adduct your legs toward your trunk, and simultaneously to take your body into lying position. You will be asked to move your legs frequently from the first hours after the surgery.

An abdominal corset holding tight your abdomen will be applied after the surgery. The abdominal corset which adjustable pressure is used to keep the surgery area still and help prevent distention.

You are not allowed to eat anything in the first hours after surgery. Generally first nutrition allowed are liquid food. After passing gas becomes easy, soft food nutrition will start.

In the first post-operative weeks you are required generally to increase the number of your meals with a limitation of the amount, and to avoid flatulent food.

The first day after operation is the most troublesome period. For your comfort in that period, painkillers and occasionally sleeping pills are used.

The most feared complication (adverse result) of abdominoplasty surgeries is embolism (clot formed in veins leaving the spot to clog vessels of the lungs and the brain). To avoid that, anticoagulant medicines and varicose socks for legs are administered. Embolism may still develop. An embolism history in you or your family should be absolutely notified. The most important mechanism forming embolisms is long lasting inactivity. Therefore, you should move your legs, frequently move your hip in bed and better not lie in the same position until you are permitted to leave the bed. Occasional leg and calf massage is useful.

You will have assistance when you are first allowed to get up. Dizziness and feeling bad standing up for the first time is not rare. To prevent that, it would be useful to sit at the edge of the bed for a long time standing up for the first time and to stand up looking across. Similarly, it would not be right to walk upright and to stretch on the first days. It would be useful to bend slightly because of your stretched belly.

The first two days after the operation is the period in which the body has edemas. In that period the body blisters making movements harder. Generally edemas diminish after the third day and movements get easier.

The period for your stay in the hospital after the surgery is 2-3 nights. You are expected to have a home rest for the first weekend after you are allowed to go home.

Be careful about cigarettes in the first week after the operation. Remember that smoking adversely affects the process of scar recovery.

You are allowed to return your social life slowly starting from the second week after the operation. However, you are expected not to do heavy work for a period of six weeks.

In general, you are allowed in the first week to take half showers without wetting the surgery zone. Full shower can be taken starting from the second week. You are not allowed to go in the pool and sea before the fourth week.

Sauna, solarium, steam bath, sunbathing and heavy sports are inconvenient for the six weeks after the operation.

Long lasting and sometimes permanent abirritation may occur in the post-operative period particularly under the belly region. They are expected to get better in time.

Complications of the Abdominoplasty Operation (Adverse Outcomes)

- **Scars:** The incision from the operation may be red itchy and very evident especially in the first months (3-4 months) after the surgery. The operation scar's color is expected to turn lighter and the itching to become less in time, especially after the sixth month. This process continues for a period of two years. Even after two years, a small and skin color surgery scar would remain in the surgery area. During the operation plan, it will be tried to leave that scar within the pant and bikini line.

You will have an operation scar that will be red-pink in the first weeks and to fade in time to remain behind your underwear (or bikini). The scar will be there for life.

The scar can be swollen and evident from the skin as a result of abnormal wound recovery (hypertrophic scar/cheloid).

Where your surgery scar meets the median plane, there might be a 2-3 cm perpendicular scar caused by your former navel spot. This scar relates to how much your skin permit stretching.

There will be permanent surgery scars around the navel. These are marks because the navel changed its place.

- **Hemorrhage:** Hemorrhage can be seen during the surgery and until a few weeks after the operation. Blood transfusion can be necessary in view of the amount of lost blood.
- **Infection:** Widespread infection can be seen in the scar lines, under the abdominal skin. Necessary measures against infection (antibiotic use, operation in sterile environment, medical dressing etc) are taken.
- **Image:** Continuation or recurrence of the problem existing at the time of application, that is, loose abdominal skin and poor or unsatisfactory appearance, may occur.
- **Excessive scar:** Prominent scar tissue may be formed as a result of abnormal scar healing (especially dark skins).
- **Necrosis (tissue death)** Opening on the scar line due to necrosis (tissue death), extended period of medical dressing and care (the risk is important especially in those smoking cigarettes and tobacco).
- **Sense:** Sensory impairment may occur in the abdominal skin and the scar line. The impairment may go away in months or rarely be permanent.

Additional Surgical Procedures that can be Necessary

There are different conditions that might affect surgery results in early and late period. Although risks and complications (adverse outcomes) other than the mentioned risks can be seen, these are also rare. Additional treatments and surgical incision may be required in case of complication. There is no certainty in medicine and surgery. Although good results are expectable, no guarantee can be given about the outcomes.

Alternative Therapies

It is an elective surgical intervention. Although not a complete alternative to surgery, some problems may diminish with sport and massage.

Diagnosis_____

Treatment/procedure to be applied_____

Should you not intend to be informed about the purpose, duration, advantages, success ratio, potential risks and complications and alternative options of the treatment to be applied and as well as about the subsequent potential risks in case you do not accept the treatment, please declare so below with your hand writing.

I hereby declare that;

My attending physician informed me about my disease, the treatment option to be applied, its duration, advantages, success ratio, the fact that it does not necessarily guarantee the recovery of current status, period of healing, potential risks and complications, alternative techniques, the potential situations I will experience on the condition that I reject the treatment and compulsory performance of an additional operation/intervention/procedure if deemed necessary and s/he answered all my questions regarding these matters.

Above mentioned procedure has been disclosed to be performed on myself/patient I legally represent by the physicians, nurses as well as other healthcare professionals under the authority, surveillance and control of my attending physician.

I have been informed that if required, anesthesia will be performed by an anesthetist, sedation will be performed by an anesthetist or another physician competent in sedation and local anesthesia will be performed by my attending physician.

While being entitled to make decision and think straightly, I accept the medical procedure to be performed, and consent that my attending physician and his/her team will carry out any medical treatment option/surgical technique/intervention they deem to be necessary.

I authorize the hospital to examine, inspect, dispose of or keep the tissues or organs removed during the procedure for which I have consented above.

I allow my medical reports to be used for scientific researches provided that my identifying information is kept hidden.

I understand and accept that the procedure can be performed with the attendance of a medical school student, a specialist student of medicine and a physician making clinical observation under the supervision of a chief physician in Suleyman Demirel University and affiliated hospitals.

Please fill in the relevant fields by typing "I read, understood" with your handwriting.

Patient's

Full Name:

Signature:

Date:

Time:

Date of Birth:

Legal Representative's

Full Name:

Degree of Relationship

Signature

Date:

Time:

Reason why the consent is delivered by legal representative of the patient:Patient is not conscious ☐Patient is under 18 ☐Other: ☐Patient is not entitled to make
decision ☐Emergency ☐

Witness'

Full Name:**Informing Physician's**

Signature

Date:

Time:

Full Name:**Interpreter's (If required)**

Signature

Date:

Time:

Full Name:

Informed consent is delivered by the patient himself/herself if s/he is older than 18 years old, by the patient himself/herself together with his/her legal representative if the patient is aged between 15 and 18 and by the representative of the patient if the patient is under 15 years old and/or is unconscious and/or is not entitled to make decision and in case of emergency.