

INFORMED CONSENT – UPPER BODY LIFT SURGERY

The Aesthetic Centers
Board Certified Plastic Surgeons
Phone: 949-644-2442

INSTRUCTIONS

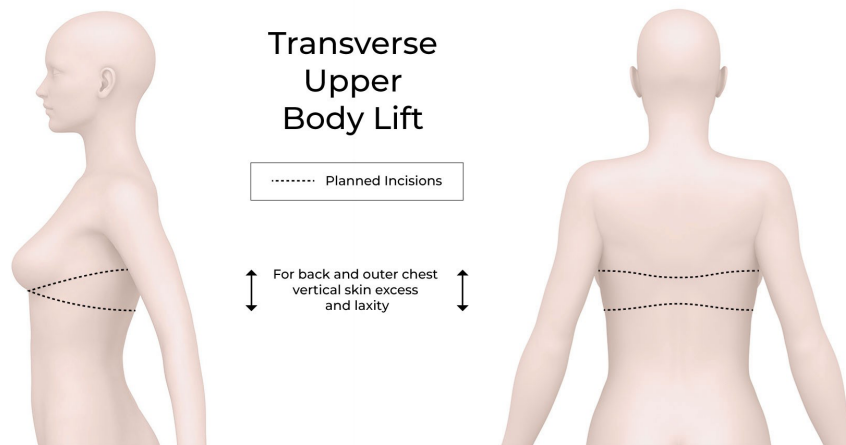
This is an informed-consent document that has been prepared to help inform you concerning **upper body lift surgeries**, their risks, as well as alternative treatment(s).

It is important that you read this information carefully and completely. This consent form is used in addition to the **General Consent** form that covers general risks and complications associated with surgery. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by your plastic surgeon and agreed upon by you.

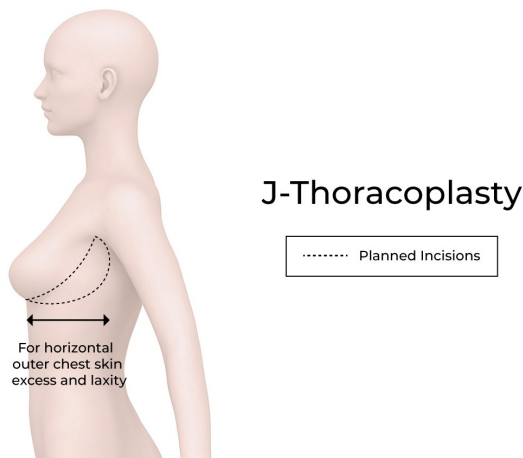
GENERAL INFORMATION

An upper body lift describes one or more upper body procedures that are done individually or together in-order to remove excess skin and fatty tissue from the middle back, outer chest, and upper abdomen. These can be achieved through:

1) Bra-line or Transverse Upper Body Lift: This procedure is performed to correct midback and outer chest vertical skin laxity. The surgery removes midback skin and fat that is typically seen as a roll(s). Incisions are made over the midback skin markings and the excess tissue is excised over the back muscle. Incisions are then closed with sutures.



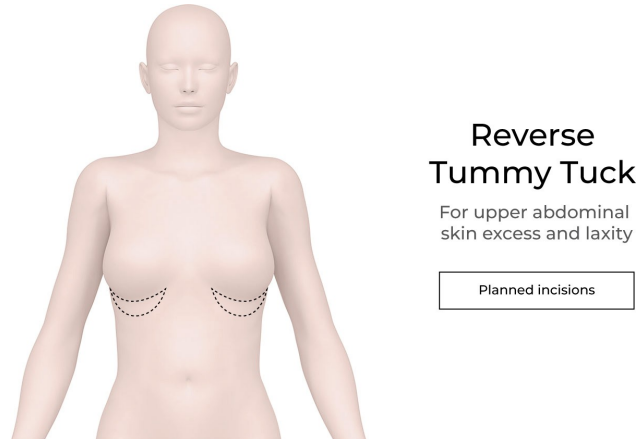
2) J-Thoracoplasty. This procedure is performed to correct outer chest circumferential (horizontal) skin laxity. The surgery removes outer chest skin and fat, starting at the arm pit and finishing at the breast mammary crease. Skin and fat from this area are then excised and the back incision is pulled forward and anchor-sutured at the junction between outer breast and chest. Incisions are then closed with sutures.



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3) Reverse Abdominoplasty with or without inframammary crease reconstruction. This procedure is performed to remove the lower chest/upper abdominal skin and tissue excess that may appear as a roll under the breast. The roll may extend over the outer chest and midback and merge the back roll. An incision is made over the mammary crease and upper abdominal markings. The excess skin and fat are then excised over the muscle and the upper abdominal tissue is lifted and anchored sutured at the mammary crease.

Alternatively, a reverse tummy tuck may be achieved through elevation of the inframammary crease and reconstruction of the crease at a higher position. In this manner, the whole breast unit is repositioned higher on the chest and the upper abdominal skin is lifted with it.



You may be having one or more of these procedures as per your request. Upper body lift procedures are typically performed with breast lift and enhancement and/or arm lift surgeries.

These procedures are not a surgical treatment for being overweight. Obese individuals who intend to lose weight should postpone all forms of body contouring surgery until they have reached a stable weight. The tight closure of excessively fatty tissues is more likely to be followed by wound healing complications. Furthermore, significant weight loss after body contouring surgery could result in undesirable contours and sagging of skin.

You must understand that multiple procedures may lengthen the time of surgery and may increase the likelihood of complications. Also, overweight patients must accept an increased probability of complications.

ALTERNATIVE TREATMENTS

Alternative forms of management consist of not treating the areas of loose skin and fatty deposits. Liposuction may be a surgical alternative to an upper body lift if there is good skin tone and localized fatty deposits in an individual of normal weight. Diet and exercise programs may be of benefit in the overall reduction of excess body fat and contour improvement. Risks and potential complications are also associated with alternative surgical forms of treatment.

RISKS OF UPPER BODY LIFT SURGERIES

Every surgical procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although, the majority of patients do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you completely understand all possible consequences of upper body lift surgeries.

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General Risks of Surgery

Please view and complete our Consent form for General risk of Any surgery.

Specific Risks of Body Lift Surgery

Healing Issues: Certain medical conditions, dietary supplements and medications may delay and interfere with healing. Patients with massive weight loss may have a healing delay that could result in the incisions coming apart, infection, and tissue changes resulting in the need for additional medical care, surgery, and prolonged hospitalizations. Patients with diabetes or those taking medications such as steroids on an extended basis may have prolonged healing issues. Smoking will cause a delay in the healing process, often resulting in the need for additional surgery. There are general risks associated with healing such as swelling, bleeding, and the length of surgery and anesthesia that include a longer recovery and the possibility of additional surgery, prolonged recovery, color changes, shape changes, infection, not meeting goals and expectations, and added expense to the patient. Patients with significant skin laxity (patients seeking facelifts, breast lifts, abdominoplasty, and body lifts) will continue to have the same lax skin after surgery. The quality or elasticity of skin will not change and recurrence of skin looseness will occur at some time in the future, quicker for some than others. There are nerve endings that may become involved with healing scars during surgery such as suction-assisted lipectomy, abdominoplasty, facelifts, body lifts, and extremity surgery. While there may not be a major nerve injury, the small nerve endings during the healing period may become too active producing a painful or oversensitive area due to the small sensory nerve involved with scar tissue. Often massage and early non-surgical intervention resolves this. It is important to discuss post-surgical pain with your surgeon.

Delayed Healing: Wound disruption or delayed wound healing is possible. Some areas of the back, chest, or abdomen may not heal normally and may take a long time to heal. Some areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue. **Smokers have a greater risk of skin loss and wound healing complications.**

Major Wound Separation: Wounds may separate after surgery. Should this occur, additional treatment including surgery may be necessary.

Damage to Deeper Structures: There is the potential for injury to deeper structures including nerves, blood vessels, muscles, and lungs (pneumothorax) during any surgical procedure. The potential for this to occur varies according to the type of procedure being performed. Injury to deeper structures may be temporary or permanent.

Widened Back and Outer Chest Scars: The back and chest skins are under frequent movement and tension. This may result in widening of these scars and poor scar quality.

Scar Firmness: Excessive firmness can occur after surgery due to internal scarring. The occurrence of this is not predictable. Additional treatment including surgery may be necessary.

Scar Migration: Scars can migrate in response to skin tightening and gravity. This may cause in scars becoming more visible.

Pain: You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after surgery. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue or due to tissue stretching.

Asymmetry: Symmetrical body appearance may not result after surgery. Factors such as skin tone, fatty deposits, skeletal prominence, and muscle tone may contribute to normal asymmetry in body features. Most patients have differences between the right and left side of their bodies before any surgery is performed. Additional surgery may be necessary to attempt to diminish asymmetry.

Persistent Swelling (Lymphedema): Persistent swelling can occur following upper body lift surgeries.

Unsatisfactory Result: Although good results are expected, there is no guarantee or warranty expressed or

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implied, on the results that may be obtained. You may be disappointed with the results of surgery. Asymmetry, unanticipated shape and size, loss of function, wound disruption, poor healing, and loss of sensation may occur after surgery. Size may be incorrect. Unsatisfactory surgical scar location or appearance may occur. It may be necessary to perform additional surgery to improve your results.

Metabolic Status of Massive Weight Loss Patients: Your personal metabolic status of blood chemistry and protein levels may be abnormal following massive weight loss and surgical procedures to make a patient lose weight. Individuals with abnormalities may be at risk for serious medical and surgical complications, including delayed wound healing, infection or even in rare cases, death.

ADDITIONAL SURGERY NECESSARY (Re-Operations)

There are many variable conditions that may influence the long-term result of surgery. It is unknown how your tissue may respond or how wound healing will occur after surgery. Secondary surgery may be necessary to perform additional tightening or repositioning of body structures. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with this surgery. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. In some situations, it may not be possible to achieve optimal results with a single surgical procedure.

PATIENT COMPLIANCE

Follow all physician instructions carefully; this is essential for the success of your 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 activity needs 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. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation and the need for return to surgery. It is wise to refrain from intimate physical activities after surgery until your physician states it is safe. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

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.

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CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby authorize Dr. Siamak Agha, Dr . Le e Pu, and such assistants as may be selected to perform the following procedure or treatment: **UPPER BODY LIFT**

I have received the following information sheet:

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2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involves risk and the possibility of complications, injury, and sometimes death.
4. I understand what my surgeon can and cannot do, and I understand there are no warranties or guarantees, implied or specific about my outcome. I have had the opportunity to explain my goals and understand which desired outcomes are realistic and which are not. All of my questions have been answered, and I understand the inherent (specific) risks of the procedures I seek, as well as those additional risks and complications, benefits, and alternatives. Understanding all of this, I elect to proceed.
5. I consent to be photographed or televised before, during, and after the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
8. I consent to the utilization of blood products should they be deemed necessary by my surgeon and/or his/her appointees, and I am aware that there are potential significant risks to my health with their utilization.
9. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
10. I understand that the surgeon's fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.
11. I realize that not having the operation is an option.
12. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
 - a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
 - b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
 - c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-12).
I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Date _____ Witness _____ bv