



AMERICAN SOCIETY OF  
PLASTIC SURGEONS®

# Informed Consent

**Lower Body Lift Surgery: Buttocks Lift, Lower Back Skin Excision, Outer Thigh Lift, Waist Skin Excision, Abdominoplasty, Anterior Thigh Lift, and Monsplasty**

**INSTRUCTIONS**

This is an informed consent document to help you learn more about body lift surgery (also called lower body lift, belt lipectomy, circumferential lipectomy, or torsoplasty). You'll learn about the surgery, its risks, and other treatment(s) you might choose.

It is important that you read the whole document carefully. Please initial each page. Doing so means 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 INFORMATION**

A lower **body lift** is a type of surgery that removes loose skin and fat from the abdomen, hips, outer thighs, waist, back, and buttocks. There are a variety of different techniques used by plastic surgeons for a body lift. When performed by Dr. Siamak Agha, a lower body lift typically includes a circumferential or 360 degree incision through which Dr. Agha will perform:

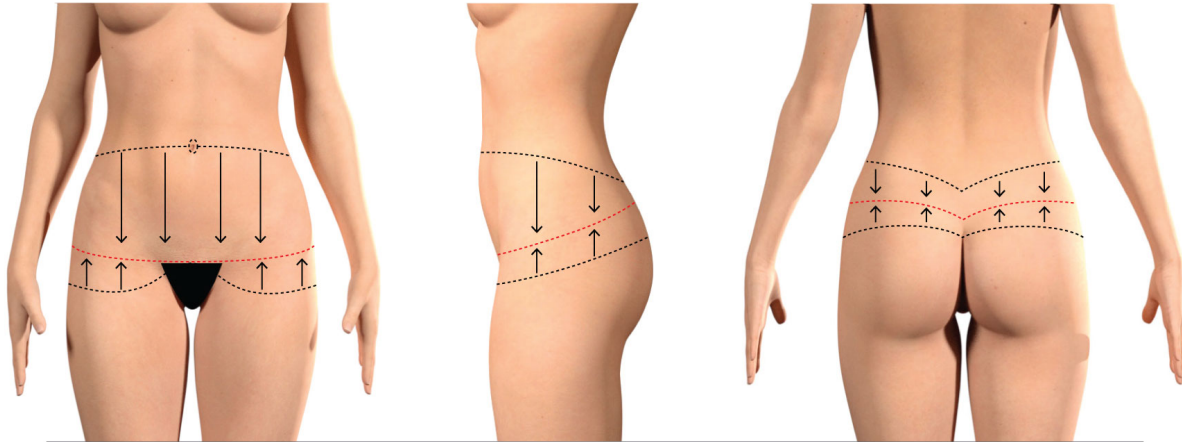
1) **Abdominoplasty with monsplasty** (pubic lift). An abdominoplasty involves removal of excess abdominal skin and fat, creation of a new umbilical opening, and tightening of the muscles of the abdominal wall.

2) **Buttock lift with lower back skin excision**. A buttock lift removes excess loose skin and fat of the lower back and upper buttocks. The upper buttocks are then lifted and sutured to the lower back incision. A buttock lift will smoothen out the buttock contour and skin. It also results in flattening of the buttocks projection. A buttock lift without buttock augmentation will result in smaller buttocks.

3) **Anterior (front) thigh lift**. In an anterior (front) thigh lift surgery, excess skin and fat from your upper thigh fronts are removed. This procedure involves dis-continuous undermining of the thigh skin and fat over the thigh muscle, lifting of the thigh tissues, and re-suturing them at a higher position with anchoring sutures.

4) **Outer thigh lift with waist skin excision**. In an outer thigh lift surgery, excess skin and fat from your outer upper thighs and waist are removed. This procedure involves dis-continuous undermining of the thigh skin and fat over the thigh muscle, lifting of the thigh tissues, and re-suturing them at a higher position with anchoring sutures.

5) **Liposuction** of your waist, back, thighs, and buttocks may be planned and performed at the same time as a lower body lift to enhance patient contour and/or to harvest fat for **fat transfer** to buttocks or breasts (if desired and planned). In a liposuction, fat is pulled out from the body using a cannula. In fat transfer, fat from other parts of the body is injected into the buttocks or breasts.

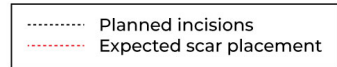


Tummy Tuck  
Monsplasty  
Anterior Thigh Lift

Outer Thigh Lift  
Waist Excision

Buttocks Lift  
Lower Back Skin Excision

## Lower Body Lift



**Buttocks Enhancement with Lower back flaps and fat transfer.** To overcome buttock flattening that results from a buttock lift, you may elect to have buttocks augmentation with your own lower back/upper buttocks fat pads. **This is not part of the lower body lift and is an added procedure.** These pads are called flaps since they are mobilized with their own blood supply. Flaps can be used to enhance the projection of the upper 1/2 of the butt. Flaps are permanent and typically do not resorb or decrease in size.



## Buttock Augmentation

with lower back excess fat pads



In addition, liposuctioned fat can also be transferred into the lower buttocks. Fat is first harvested with a liposuction cannula from various locations such as the back and flanks, lower abdomen, thighs, etc. The fat is then washed, cleaned, mixed with antibiotics and then injected into the lower buttock 1/2 to reshape the buttocks. About 35% or more of this fat can resorb in the first 12 weeks. What remains after 12 weeks, is typically permanent. Added fat as flaps or injected can increase in size with weight gain and reduce in size with weight loss. **To learn more about the complications of fat transfer, please read the Buttocks Fat Transfer Consent Form.**

In our practice, a "lower body lift with buttocks augmentation" starts on the back. After harvesting fat via liposuction from the lower back and flanks, the lower back and upper buttocks excess skin is removed. The buttocks are then pulled over the lower back flaps and the harvested fat is injected into the lower buttocks. The patient is then turned on his/her front and the anterior thigh lift and abdominoplasty are completed. A lower body lift can be combined with other forms of body contouring surgery, including liposuction, buttocks enhancement, upper body contouring, etc.

**Circumferential abdominoplasty** also known as the belt lipectomy also uses a circumferential or 360 degrees incision through which your plastic surgeon will perform an abdominoplasty with waist skin excision and a buttocks lift. This is an operation to remove excess skin and fatty tissue from the middle and lower abdomen, continuing around the hips to the center of the lower back like a belt. This operation does not include a formal thigh lift. A circumferential abdominoplasty can be combined with other forms of body contouring surgery, including liposuction, buttocks enhancement, upper body contouring, etc.

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 will lengthen the time of surgery and increase the rate of potential complications. Also, overweight and diabetic patients must accept an increased probability of complications.

### **ALTERNATIVE TREATMENTS**

You do not have to have a body lift to change how your body looks. Some other ways to deal with loose skin and extra fat without surgery may exist. Liposuction may be a different surgery to consider if you have normal weight, good skin tone, and have most of your fat in your belly area. Diet and exercise may help you lose weight and improve your body's shape. Other types of surgery may have their own risks and potential complications.

### **RISKS OF BODY LIFT SURGERY**

Every surgery has risks. These risks are outlined in our General consent form. It is important that you understand the risks and the possible problems. All procedures have limits. Choosing to have surgery means comparing the risks and benefits. Most patients do not face problems, but you should talk about them with your plastic surgeon. Make sure you understand all possible outcomes of your body lift surgery.

### **SPECIFIC RISKS OF BODY LIFT SURGERY**

Fortunately, major complications after surgery are rare. However, minor complications are more common in body lift surgery than other plastic surgery procedures since the surgery is so much more involved and often combines multiple procedures that are being done at the same time and through the same incision. Thus, there is a cumulative effect. The most common complications of body lift surgery are healing issues.

### **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. There are nerve endings that may become involved with healing scars during surgery such as liposuction, 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:**

Some areas of your belly, sides, back, or buttocks may not heal normally. They may take a long time to heal. Some of your skin may die or peel off. If this happens, you may need frequent dressing 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 a greater risk for delayed healing. Thus, your surgery results may not be as good. Smokers have a greater risk of skin loss and trouble healing.

### **Major Wound Separation:**

If you have healing issues, your incisions may separate after surgery. Should this occur, you may have an open wound which will require dressing changes, prolonged healing and possibly additional surgery.

### **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.

### **Pain:**

You will have pain after surgery. The pain you feel after surgery may vary in how strong it is and how long it lasts. Some people have continued pain. This may happen if some nerves are stuck in the scar tissue after surgery (neuromas) or to the tissue stretches.

### **Umbilicus (Belly Button):**

After surgery, your belly button may be moved. It may also look different. You may develop a scar near your belly button or you may lose it. Fixing it may require either bandage changes or more surgeries.

### **Scars:**

All surgeries leave scars. Some scars are seen more clearly than others. Wounds are likely to heal after surgery, but can leave long, visible scars that will not go away. Unusual scars may occur in the skin and in the tissues beneath. Scars may look bad and be a different color than your other skin. The same scar may look different on the right and left side of your body. The stitches may leave a mark on your skin. These scars may be raised and red in the first few weeks or months. They usually fade over time. However, some patients can have "hypertrophic" or "keloid" scars, which means you can clearly see and feel them. They may be red, and they do not go away. You may need more treatments, like medication and/or surgery to fix this.

**Pubic Distortion:**

In rare cases, you may see changes in the shape of your pubic area. If this happens, you may need more treatment, including surgeries. You may also see changes in your urine stream.

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

In rare cases, fluid may build up between your skin and the tissue below it after the surgery. If this occurs, it may need to be drained. To solve this problem, doctors usually put in a drain.

**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 use your drain. Putting the drain may require a small separate cut. The drain will be taken out when your doctor feels you don't need it anymore.

**Re-Loosening of Skin:**

Patients with significant skin laxity 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. Almost all patients who have a body lift will see their skin begin to loosen with time. This is due to your body stretching and moving. Patients who have lost a lot of weight are at a higher risk of having their skin loosen again.

**Flattening of the Buttocks:**

Unless you are having buttocks enhancement and reshaping, you may have a flatter buttock after a body lift surgery. This is because your surgeon will pull your buttock skin up to tighten it. To lessen flattening, your surgeon may do certain procedures during the surgery or later. You and your surgeon should discuss these possible procedures.

**Change in Sensation:**

It is common for your sense of touch in the areas where you've had surgery to change slightly. Most often, patients will have less sensation or loss of skin sensation in the surgery area. Your sense of touch will usually come back; it is rare to have permanent changes in sensation. However, reduced or lost skin sensation may not completely return after surgery. There is a very small risk of motor nerve injury, which may result in having trouble with how your legs and lower body work.

**Skin Contour Irregularities:**

After surgery, you may notice changes to the shape of your skin. You may see or feel wrinkles. The skin at the ends of any cuts or "dog ears" may change if there is extra skin. Such skin folds may get better with time, or it can be fixed with surgery.

**Asymmetry:**

You may not have a perfectly even (symmetrical) body 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. Most patients have visible differences between the right and left side of their bodies even before surgery. Reducing these differences may require more surgery.

**Bleeding:**

It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood or you may require a blood transfusion, though such occurrences are rare. Increased activity too soon after surgery can lead to increased chance of bleeding and additional surgery. It is important to follow postoperative instructions and limit exercise and strenuous activity for the instructed time. Do not take any aspirin or

anti-inflammatory medications for at least ten days before or after surgery, as this may increase the risk of bleeding. Non-prescription “herbs” and dietary supplements can increase the risk of surgical bleeding. Hematoma can occur at any time, usually in the first three weeks following injury to the operative area. If blood transfusions are necessary to treat blood loss, there is the risk of blood-related infections such as hepatitis and HIV (AIDS). Heparin medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets.

**Infection:**

Infection is unusual after surgery. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary. It is important to tell your surgeon of any other infections, such as ingrown toenail, insect bite, or urinary tract infection. Remote infections, infections in other parts of the body, may lead to an infection in the operated area.

**Sutures:**

Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible or produce irritation that requires suture removal.

**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.

**Fat Necrosis:**

Fatty tissue found deep in the skin might die. This may produce areas of firmness within the skin. Additional surgery to remove areas of fat necrosis may be necessary. There is the possibility of contour irregularities in the skin that may result from fat necrosis.

**Drain Breakage:**

Drains are placed at the site of surgery to prevent seroma formation. Rarely, one of your drains may break at the time of removal. If that happens, exploration of the surgical site may be needed in order to remove any broken segment.

**Pain Catheter Breakage:**

Rarely, pain catheters may break at the time of removal after surgery. If that happens, exploration of the surgical site may be needed in order to remove any broken segment.

**Surgical Anesthesia:**

Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

**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 treatment would be necessary.

**Surgical Wetting Solutions:**

There is the possibility that large volumes of fluid containing dilute local anesthetic drugs and epinephrine that is injected into fatty deposits during surgery may contribute to fluid overload or systemic reaction to these medications. Additional treatment including hospitalization may be necessary.

**Persistent Swelling (Lymphedema):**

Persistent swelling in the legs can occur following surgery.

**Unsatisfactory Result:**

Although good results are expected, there is no guarantee or warranty expressed or 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.

**Deep Vein Thrombosis (DVT), Cardiac and Pulmonary Complications:**

DVT is the development of a blood clot in a deep vein, which typically occurs in the leg region. These clots can move through the bloodstream and cause harm to the vital organs of the body. Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. 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 causing a major blood clot that may result in death. It is important to discuss with your physician any past history of swelling in your legs or blood clots that may contribute to this condition. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pain, or unusual heart beats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment.

**Allergic Reactions:**

In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations or 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 treatment.

**Tissue Settling and Scar Migration:**

Body Lift surgery involves removing excess skin and tissue and suturing the incisions closed in multiple layers. However, after surgery, often patients experience some degree of skin stretching, scar descent, and tissue laxity. This is because, tissues settle after most plastic surgery procedures in response to gravity. Thus heavier areas settle more and less heavy areas. For examples, a bigger thigh may pull on the incisions more and thus settle more than a leaner thigh. This means that your results of surgery will not be as tight as on the day of surgery. However, despite this tissue settling that can occur within the first few months, most patients still experience immense improvement of their contour.



**Inability to Follow Instructions Before and After the Procedure:**

With any procedure, your surgeon will give you instructions to follow the surgery. Following these instructions will help you heal faster. It will reduce your risk of complications and increase the chance of a good result.

Such instructions may include telling you how to take care of your bandages or dressings. They may limit activities, including exercise, lifting, fast movements, bathing, sun exposure, or traveling. Your doctor may make suggestions about the clothes you wear. You may also get instructions about the medications and supplements to take and what to eat. It is very important for you to follow these instructions. If you can't follow any of the instructions you've been given, it's important to tell your surgeon. Not following your doctor's instructions can cause problems with healing and may affect the results of your surgery.

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 critical that the patient keeps follow up visit appointments, failure to return for follow up appointments and failure to come in for a check-up when the patient is advised may result in complications and permanent damage.

Follow all physician instructions carefully; this is essential for the success of your outcome.

**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. Siamak Agha, Dr. Lee Pu, and the doctor’s assistants to do the **Body Lift Surgery**.
2. I got the information sheet on Body Lift Surgery.
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 SURGERY 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