

Consent to A General Plastic Surgery (Template)

Patient's Name: _____ Patient's Date of Birth: _____
Medical Record No. : _____ Name of Responsible
Physician: _____

I. Surgery to be implemented (please add a brief explanation for any complicated medical term)

1. Recommended Surgery (Site):

2. Recommended Reason for the Surgery:

(please note the specific side for the part with difference of left and right)

II. Statement of the Physician (please mark "V" for an item that has been notified to the patient and "X" for an item that hasn't been notified to the patient)

1. I have tried my best to explain the information relevant to the surgery in a way that the patient can understand, particularly involving the following items:

- Reason for the surgery, steps, range, risk and success rate of the surgery and possibility of blood transfusion
- Surgical complications and possible treatments
- Possible consequence of not implementing the surgery and other alternative treatments
- Any temporary or permanent symptom that may occur after the surgery
- I have delivered the additional surgery-related descriptive information the patient if any

2. I have left sufficient time to allow the patient to ask questions related to the surgery and have answered the questions too:

- (1)
- (2)
- (3)

Signature of the Physician Responsible for the Surgery:

Date: _____

Time: ____ (h) ____ (m)

III. Statement of Patient

1. The physician has explained to me and made me fully understand the information relevant to necessity, steps, risk and success rate of the surgery.
2. The physician has explained to me and made me fully understand the risks of other alternative treatments.
3. The physician has explained to me and made me fully understand the possible prognosis of the surgery and the risk of not implementing the surgery.
4. I've understood blood transfusion may be necessary during the surgery; **I** **agree** **disagree with blood transfusion.**
(Except for an emergent case as specified in Article 63 of the Medical Care Act.)
5. I have put up my questions and doubts regarding my condition, the surgery and treatment etc. and received replies.
6. I understand in case it is necessary to incise an organ or tissue during the surgery, the organ or tissue may be kept for a period of time in the hospital for the purpose of pathological analysis and report and the organ or tissue will be disposed discreetly as per relevant laws and regulations by the hospital.
7. I understand the surgery may be the most appropriate option at present but it cannot be ensured that the surgery would improve my condition definitely.

I agree with implementation of the surgery based on the statement above.

Signature of the Consenter:

Relation with the Patient: _____

Tel: (0) _____

Address: _____

Date: _____

Time: ____ (h) ____ (m)

Signature of the Witness:

Witness is unnecessary, Signature:

Date: _____

Time: ____ (h) ____ (m)

Remarks: _____

I. General Surgical Risks

1. Except for surgeries with local anesthesia, a small part of lungs may collapse and lose function during a surgery, resulting in an increase of the possibility of chest infection, which may require antibiotics and respiratory therapy.
2. Surgeries except for those with local anesthesia may cause vascular embolization accompanied by pain and swelling in legs. And coagulated blood clots may disperse and enter into lungs, causing a deadly danger; but such situation is not common.
3. Since the heart is under stress during a surgery, a heart disease or stroke may be induced.
4. Medical institutions and medical staff will try their best to provide a treatment and surgery to a patient; but the operation will not be necessarily successful and an accident that may even cause death still might happen.

II. The patient shall sign the field of "Signature of the Consenter" personally; but if the patient is a minor or unable to sign in the field personally, the person provided in Item 2, Article 13 of the Medical Care Act shall sign in the field <The Civil Law provides: an adult is a person whose age is 20 or above.>.

III. In case the consenter is not the patient, the relation between the consenter and the patient shall be filled in the field of "Relation with the Patient".

IV. As for the witness, the field may be left blank when there isn't any witness; but the box in front of "Witness is unnecessary" should be ticked and the person who ticks the box should leave a signature.

V. **Any medical activity relevant to a plastic or cosmetic surgery that is not necessary medically must not be executed for minors under the age of eighteen in accordance with Item 4.1 of Article 28, Physicians Act of Republic of China, Taiwan.** ◦

Description of A General Plastic Surgery (Template)

The description explains conditions of concerned patients and the purpose, method, benefit, possible complications, success rate and alternatives of a general plastic surgery, possible problems during recovery and possible consequences without implementing the surgery, which can be used as reference for discussions between patients and physicians. Please discuss with your physician if you still have any doubt after the physician gives his/her explanation before you sign on the consent.

I 、 Patient's Conditions: a disease, defect and aesthetic problem of various parts of the body.

II 、 Purpose & Benefit: the problem mentioned above may be corrected or improved with a plastic surgery

III 、 Method:

There are different methods of operation according to the causes of aesthetic problems of various parts of the body. The patient should inform her physician if she meets any one of the following conditions:

1. Likely to suffer from blood coagulation dysfunction.
2. Likely to suffer from scar hyperplasia.
3. Allergic to some drug.
4. Smoking and drinking.
5. Ever accepted a surgery before.
6. Taking medicines that may affect blood coagulation such as Aspirin, Vitamin E and Warfarin etc..
7. Suffering from a chronic disease such as diabetes, hypertension, heart disease and vascular sclerosis.

IV 、 Expected Result: aesthetic problems of various parts of the body may be improved or corrected

V 、 Possible Complications, Probability of Sequelae and Treatments:

1. Major bleeding: major intraoperative or postoperative bleeding may occur. If major postoperative bleeding occurs, the patient may need an emergent surgery or blood transfusion. And the patient must not take aspirin or any other anti-inflammatory analgesic 10 days prior to the surgery in order to prevent the risk of major bleeding.
2. Local bleeding, bruise, hematoma or postoperative bleeding, which needs continuous compression for hemostasis or a debridement to remove the hematoma.
3. Wound infection, which needs a continuous antibiotic therapy or debridement.
4. Hypertrophic scar, which is not common. The scar may be not nice-looking and present a different color from that of surrounding skin. Another therapy including surgery may be needed for treat an abnormal scar.
5. It will take a long time to heal the wound: wound dehiscence or long-time healing is possible. And very few patients may suffer from ulcers and necrosis of skin. Frequent dressing change or further a surgery may be required to remove the necrotic tissue. Smoking may increase the probability of skin necrosis and complications relevant to wound healing significantly.
6. Allergic Reaction: there are a few cases of allergy to tape, suture and disinfectant. A systemic allergic reaction may occur during the surgery or medication. Allergic reaction needs an additional treatment.
7. Medical institutions and medical staff will try their best to provide a treatment and surgery to a patient; but the operation will not be necessarily successful and an accident that may even cause death still might happen.

VI 、 Alternatives: a non-invasive therapy may be adopted

VII 、 Possible Problems during Postoperative Recovery Period:

1. It is normal that swelling and blood stasis appear in some part of the body. And swelling may vanish within several weeks after the surgery; but blood stasis may persist for 3 weeks or longer.
2. The patient will feel numb in some part and the feeling may not resume to normal until it has lasted for several weeks or months.

VIII 、 Supplementary Description:

1. Existing surgical expense is limited to existing surgery and for any further surgery or subsequent treatment, the expense will be calculated separately.
2. As smoking may inhibit bloodstream of skin and affect wound healing accordingly; it would be better for a smoker to quit smoking for one month prior to accepting such surgery.
3. If you are a patient who is taking any anticoagulant drug, please discuss with your internist about the feasibility of stopping taking such drug for 1 - 2 weeks since such drug may cause a disturbance of blood coagulation and affect wound healing.
4. Cares for Postoperative Wound:
 - 1) Cold Compress: cold compress for the wound for 15 to 20 minutes every 40 minutes may alleviate swelling and thermalgia. In case swelling and blood stasis continue in 7 days after the surgery, please adopt warm compress (for 15 to 20 minutes every 40 minutes) for the wound.
 - 2) Cleaning: you may use cool or warm boiled water or saline solution to clean your wound. And wipe your wound after it is cleaned up. Do not rub your wound hard and keep it dry and clean.
 - 3) Application of Ointment: please clean up your wound once in the morning and evening respectively at first. Next you should use a sterile cotton swab to apply a thin layer of ointment.
 - 4) Other methods of wound care may be different for various surgical methods.

IX 、 Literatures:

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4. Fearmonti R, Bond J, Erdmann D, Levinson H. A review of scar scales and scar measuring devices. *J Plast Surg.* 2010;10:354-363.
5. Bisbal, J., del Cacho, C., and Casalots, J. Surgical treatment of axillary hyperhidrosis. *Ann. Plast. Surg.* 18: 429, 1987.
6. Clark CP. Blepharoplasty and browlift. *Selected Read Plast Surg.* 2001;9:1.
7. Pacella SJ, Nahai FR, Nahai F. Transconjunctival blepharoplasty for upper and lower eyelids. *Plast Reconstr Surg.* 2010;125:384-392.
8. Ching S, Thoma A, McCabe RE, Antony MM. Measuring outcomes in aesthetic surgery: A comprehensive review of the literature. *Plast Reconstr Surg.* 2003;111:469-480; discussion 481-462.
9. Klassen A, Jenkinson C, Fitzpatrick R, Goodacre T. Patients' health related quality of life before and after aesthetic surgery. *Br J Plast Surg.* 1996;49:433-438.
10. von Soest T, Kvalem IL, Skolleborg KC, Roald HE. Psychosocial factors predicting the motivation to undergo cosmetic surgery. *Plast Reconstr Surg.* 2006;117:51-62; discussion 63-64.
11. Alsarraf R. Outcomes research in facial plastic surgery: A review and new directions. *Aesthetic Plast Surg.* 2000;24:192-197.

X 、 Questions from the Patient and Her Family:

- (1) _____
- (2) _____
- (3) _____

Patient (or Family/ Legal Representative): _____ (Signature & Seal)

- I have understood the description stated above and agree to accept the general plastic surgery (please sign on the Consent to A General Plastic Surgery).
- I have understood the description stated above and disagree to accept the general plastic surgery.

Relation with the Patient: _____ (Required)

Physician for Explanation: _____ (Signature & Seal)

Date & Time: