

# Consent to Abdomen 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 Abdomen Plastic Surgery (Template)

The description explains conditions of concerned patients and the purpose, method, benefit, possible complications, success rate and alternatives of abdomen 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:**

Abdominal tissue prolapse means wrinkles produced by relaxation of abdominal fascia, skin and subcutaneous fat of a male or female after childbirth due to excessive expansion during pregnancy or obesity.

## **II 、 Purpose & Benefit:**

The purpose of the surgery is to remove excessive skin and fat of lower abdomen and tighten abdominal muscle. As the surgery is a surgery for not losing weight, but reshaping body figure; overweight patients shouldn't accept various figure reshaping surgeries until they have reduced their weights.

## **III 、 Method:**

Different surgical techniques will be used in abdominal plasty to remove excessive skin and fat and tighten fascia. And a scar that is 25 - 30 cm long will appear above the pubis after the surgery. Navel may be deformed and needs a plastic surgery in case too much skin is removed. Abdominal plasty can be combined with other figure reshaping surgeries including liposuction.

## **IV 、 Expected Benefits:**

Obvious wrinkle and prolapse of skin may still appear after liposuction that is used to improve the appearance of abdomen due to relaxation of skin and muscle. So you need to consider an abdominal plasty (tummy tuck) if you want a flat abdomen and waist line.

## **V 、 Possible Complications, Probability of Sequelae (including but not limited to the following) and Treatment:**

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. 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. Infection: it is not common after the surgery and antibiotic therapy or additional surgery may be required in case of infection.
3. Change of Skin Sensation: dysesthesia or no feeling may appear in lower abdominal skin, which may not return to normal.
4. Uneven or depressed skin surface: obvious or touchable wrinkle may appear after the plastic surgery.
5. Scar: hypertrophic scar is not common. The abdominal scar may be not nice-looking and present a different color from that of surrounding skin. Another therapy including surgery may be needed for the scar.

6. Anesthesia Risk: local anesthesia and general anesthesia both have risks and various kinds of surgical anesthesia or sedation drugs may cause complications even death.
7. Asymmetric Body Shape: body shape may not be asymmetric after an abdominal plasty due to skin elasticity, fat distribution, bulging parts of skeleton and muscle tension of the patient.
8. Wound disruption or long-time wound healing: wound at some parts of the abdomen is not easy to heal or need a long time to heal and skin necrosis may appear in some parts, which may need frequent dressing changes or surgical removal of necrotic tissue. Smoking may increase the probability of skin necrosis and complications relevant to wound healing significantly.
9. Allergic Reaction: there are a few cases of local allergy to tape, suture and disinfectant. A serious systemic allergic reaction may occur during the surgery or medication. Allergic reaction needs an additional treatment.
10. Respiratory Complication: caused by blood clot (pulmonary embolism) or local pulmonary collapse after general anesthesia. If such case appears, the patient will need hospitalization for further treatment, sometimes pulmonary embolism is fatal.

**VI 、 Possible problems during postoperative recovery period:**

1. Change of Skin Sensation: dysesthesia or no feeling may appear in lower abdominal skin, which may not return to normal.
2. Uneven or depressed skin surface: obvious or touchable wrinkle may appear after the plastic surgery.
3. Hematoma and accumulation of subcutaneous tissue fluid, which commonly will be absorbed and drainage will be required if volume of the fluid is much or infection appears.
4. Asymmetric Body Shape: body shape may not be asymmetric after an abdominal plasty due to skin elasticity, fat distribution, bulging parts of skeleton and muscle tension of the patient.

**VII 、 Literatures:**

1. <http://en.wikipedia.org/wiki/Abdominoplast>
2. Analysis of Complications From Abdominoplasty: A Review of 206 Cases at a University Hospital Annals of Plastic Surgery: March 2007 - Volume 58 - Issue 3 - pp 292-298
3. Abdominoplasty and Abdominal Contour Surgery: A National Plastic Surgery Survey. Plastic & Reconstructive Surgery: January 2007 - Volume 119 - Issue 1 p426-427

**VIII 、 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 abdomen plastic surgery (please sign on the Consent to Abdomen Plastic Surgery).
- I have understood the description stated above and disagree to accept the abdomen plastic surgery.

Relation with the Patient: \_\_\_\_\_(Required)

Physician for Explanation: \_\_\_\_\_(Signature & Seal)

Date & Time: