

Consent for Brachioplasty (Arm Reduction)

I have discussed the operation with Dr. Kohout and I have received information on the possible risks and complications of surgery. The risks include, but are not limited to those listed below:

ANAESTHETIC RISKS

All anaesthetics have risks which should be discussed with your anaesthetist prior to the procedure.

GENERAL RISKS OF SURGICAL PROCEDURES

- Areas of the lungs may collapse (atelectasis), possibly leading to chest infection/pneumonia. Treatment of this complication may need admission to a hospital, intravenous antibiotics and chest physiotherapy.
- Clots in the legs (deep vein thrombosis or DVT) with resultant pain and swelling. Rarely part of this clot may break off and go to the lungs (pulmonary embolus or PE) which can be fatal.
- A heart attack because of strain on the heart or a stroke, both of which can be fatal.
- Bleeding may occur. At worst, this will require return to the operating theatre to evacuate the blood clot and to stop the bleeding.
- There will be bruising after surgery. This usually settles after approximately 2 weeks
- Wound infection may complicate the operation. The infection is usually treated with antibiotics, oral or intravenous, depending on its severity. This may lead to the wound opening up and / or increased scarring.
- Dehiscence or reopening of the wound may occur. This usually happens as a result of infection and is managed by treating the infection. Dehiscence in the absence of infection can be treated by resuturing the wound.
- Allergies to anaesthetic agents or antiseptic solutions
- Scarring: surgery results in scars, which may heal in unexpected ways. Unfavourable healing may result in scars that are wide, pigmented, lumpy, red, itchy, uncomfortable or even painful longterm or even permanently.

SPECIFIC RISKS OF BRACHIOPLASTY

- Collection of blood or fluid under the operated skin. Because armlift is usually an extensive operation, blood can collect under the repositioned arm skin. This usually happens within the first 24 hours after surgery. Rarely, it may require return to the operating theatre. More commonly, fluid collects under the skin without any obvious ill effects. Removal of this serum is a painless process but may require several visits to the plastic surgeon's office.
- Skin loss in the highest extent of the repositioned arm skin occurs in approximately 2% of operations. This complication is more common in smokers and it is therefore very important that you stop smoking at least two weeks before surgery. Skin loss is also more common in medical conditions such as diabetes.
- Fat underneath the skin may not survive surgery and oily discharge may persist from the wounds for some weeks after surgery.
- The scar, which is designed to lie in the creases along the top of the arm, may descend in to the upper arm under the action of gravity. This means that the scar may, with time, no longer be hidden within creases and may be more visible.
- There may be numbness in the upper part of your arm skin after surgery. This usually recovers with time. However it may be permanent.
- Blood clots in arm veins may cause arm swelling. The clots may travel to the lungs causing severe breathing difficulty and, rarely, death. With adequate precautions, which are routinely taken, including medications and early mobilisation, these complications are uncommon.
- Injury to the nerves and blood vessels to the arm. This may result in severe bleeding or partial paralysis of the arm. Numbness in part of the arm can sometimes also result.

- Swelling in the forearm and hand sometimes results. This generally settles with time without specific treatment, but compression garments may occasionally be needed.
- Asymmetry of result. Your arms may not look the same after surgery. Although great care is taken to produce a symmetrical result, some asymmetry after surgery is relatively common, in terms of the skin tightness, shape and length of the scar and arm skin contour.

PATIENT CONSENT

- The doctor has explained my condition and the proposed procedure. I understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes. The doctor has explained other relevant treatment options and their associated risks.
- I have been given an Information Sheet** about the procedure and its risks. I was able to ask questions and raise concerns with the doctor about my condition, the procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand that Smoking increases the risks of surgery and if I choose to smoke, I accept these higher risks.**
- I understand that the procedure may include a blood transfusion. I understand that if organs or tissues are removed during the surgery, that these may be retained for tests for a period of time and then disposed of sensitively by the hospital. The doctor has explained to me that if unforeseen events happen during the procedure, they will be treated accordingly.
- I understand that no guarantee has been given as to the results of the procedure.
- I understand that secondary, revisional operations may be required in some cases. I also understand that charges will be made for the use of the operating room, whether in the day surgery or in the hospital, and for any materials required. I agree to be responsible for these charges. A secondary surgical fee may be charged.
- I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me as to the results of the operation or procedure; nor are there any guarantees against unfavourable results.
- I consent to be photographed before, during and after the surgery; that these photographs shall be the property of the doctor and may be used for scientific and educational and promotional purposes. You will not be identified in any photo or video.
- Some operations require secondary or multiple procedures to obtain a better result. There may be a fee if a secondary procedure is required

On the basis of the above statements, I request to have the procedure performed.

Patient signature/Parent signature

X

Name

Date

Doctor's signature

X

Date
