



**KARIN GERME (ABDOMİNOPLASTİ)
AMELİYATI İNGİLİZCE
BİLGİLENDİRİLMİŞ ONAM FORMU**

Dokuman No	YÖN.RB.145-01
Yayın Tarihi	24.07.2014
Rev.No	01
Rev.Tarihi	10.10.2016
Sayfa No	4/1

**ABDOMINOPLASTY (TUMMY TUCK) SURGERY
INFORMED CONSENT FORM**

Dear Patient, Dear Parent / Guardian

This form has been prepared to inform patients and their relatives about the surgery. The form should be read and then approved as a legal requirement. The information forms are provided to explain the foreseen risks and adverse conditions (complications) of surgical treatments, and to disclose information about other treatment options. Most of the identified risks are defined to meet the needs of patients in many circumstances. However, this form should not be considered as a document containing the risks of all forms of therapy. Depending on your own personal health condition or medical knowledge, your plastic surgeon can provide you different or additional information.

Please read carefully all the information listed below and do not sign the form on the last page before finding the answers to all your questions.

GENERAL INFORMATION:

Abdominoplasty or "**tummy tuck**" is a cosmetic surgery procedure used to make the abdomen more firm. The surgery involves the removal of excess skin and fat from the middle and lower abdomen in order to tighten the muscle and fascia of the abdominal wall. Tummy tuck surgery is not an obesity treatment. Obese individuals, before this surgical procedure should loose weight as much as possible. There are many techniques used in tummy tuck surgery by cosmetic surgeons. Tummy tuck surgery can be performed along with other correction surgeries for body lines. This surgery can not eliminate the excessive fat in belly. This surgery can not eliminate the fissures in the skin. Only may eliminate the fissures in the skin on lower abdominal area that to be taken.

Preoperative Period :

During this period, your surgeon will remind you some of the issues to be followed. Especially if you smoke, you must quit smoking 2 weeks before the surgery and two weeks later after surgery. You shouldn't expose to sun for long hours. Please discontinue taking aspirin and Vitamin E in this period and also avoiding hard diet regimes. Having flue or another infection can lead to postponement of the surgery.

A drawing will be made for preoperative planning of the details of the intervention. Following this, photo shooting required for the comparison of the status before and after surgery will be completed.

Surgery:

Depending on the extent of the surgery, an abdominoplasty surgery can take 1 to 5 hours. The incision is made often 8 -10 cm below the navel, hidden under lingerie above the hairy line. A second incision is made around the navel up to the surgeon's preference. After the operation, the incision line is closed, as preference, with metal staples or individual stitches on the skin or hidden stitches under the skin and covered with dressings. One or two tubes called as drain might be placed to evacuate the excess liquid accumulated in the region. During the operation a urinary catheter is usually applied to use in the first day. After you stand up, the urinary catheter will be taken out.

Postoperative Period:

In the postoperative period, you should be required to lie up in a position to refer as V-position, thus tension in the operation area will be tried to be reduced. This position is a position where your body starting from the lower back is heighted 45 degrees. From time to time, you will be allowed bending your legs, taking lying position. You are asked to move your legs frequently from the first postoperative hours.

Postoperatively, an abdominal brace will be applied to cover the stomach. This pressure adjustable abdominal brace is utilized to keep firm the operative area, and avoid the swelling.

You are not allowed to eat anything in the first hours after the operation. Usually the first feeding made with liquid food, once breaking gas occurs comfortably, a soft food diet is started. Following weeks to surgery, you should usually increase the number of meals by limiting the amount and avoid gas forming foods.

The first postoperative day is the most troubled period. In this period some pain relievers and sometimes sleep medicines are given in order to spend this period more comfortable, also swelling and pain may be presented in the abdominal region in the first few days. However, the pain can be controlled with pain relievers. The drains are taken out averagely in 1-3 days, and not melting stitches on the skin are removed in 1-3 weeks. There is no need to take out the melting stitches applied under skin as a blind stitch.



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The most feared complication of tummy tuck surgery is embolism. In order to avoid this problem, if it's a case, some blood thinner drugs are given and the varicose stockings are used. Embolism may develop in spite of all this. If you or in the family there is embolism history, this must be informed. The most important mechanism of the embolism is the motionlessness of the legs for a long time. For this reason, until you are allowed to stand up, would be appropriate to move your legs and hips in bed. Massage applied to legs and calf of the legs will be very useful. You will be assisted, when, for the first time, you are allowed to stand up. Dizziness and feeling faint are likely occur while getting up. To prevent this, before getting up, sitting on the edge of the bed and looking onwards for a while, may be relaxing. Similarly, in the early days would not be right to walk upright and stretch, when you stand up. Due to the tension on your abdominal area, bending slightly can be helpful.

The first two days after the surgery, edema occurs. During this period, the body blisters, movement becomes difficult. Edema usually begins to decrease after the third day and movements become easier.

You should spend 2-3 nights in the hospital. You are expected to rest at home for a week.

First week after surgery should be aware of smoking. Please note that, smoking can cause a delay in wound healing. From the second week after the operation you may start progressively return to your social life. However, for a period of six weeks, you are expected to not do heavy work.

Usually from the following week, having a shower is allowed without soaking the operation areas. From the second week you may have a complete shower. You are not allowed to swim in pool or in the sea before fourth week. For the six weeks after surgery, sauna, solarium, steam bath, sun bath and heavy sports are objectionable. The scar of the surgical incision, especially in the first months after surgery (3-4 months), may appear to worsen, visible, red and itchy. Over time, especially after the sixth month, lighten color, flatten scar and decreasing itching are expected. This process continues up to two years. At the end of two years will remain a skin colored scar even it's thin, on the operation area. Hiding this scar under bikini line or underpants is planned in the preoperative period. Postoperatively, long-lasting, especially, sometimes permanent numbness may occur in the navel area. They are expected to get better over time.

Alternative Treatment:

In normal weight patients with firm abdominal wall, limited fat accumulation and quality and tense skin, the liposuction accompanied by vacuum may be considered as an alternative. Diet and exercise programs can be effective in reducing body fat, but the skin does not take effect on sagging skin. In case of the excess and sagging skin, the method of liposuction can not be a solution by itself.

Risks of abdominoplasty Surgery:

Every surgical procedure has a certain amount of risk. There are also risks and complications in abdominoplasty surgery. The comparison of risks and benefits of the intervention required by the person is essential. Although many patients, man or woman, don't experience below stated complications, please discuss the risks, possible complications and results with your plastic surgeon until you are convinced and sure to understand the issue at all points.

Bleeding: a rare entity of bleeding is likely to encounter during or after surgery. In case of postoperative bleeding, the accumulated blood (hematoma) must be drained as an emergency and blood transfusion may be needed. Starting ten days prior to surgery Aspirin or any anti-inflammatory drugs must not be taken, since they may increase the risk of bleeding.

Infection: Infection is not a usual condition after this type of surgery. If any infection develops, the treatment includes use of antibiotics or an additional surgery.

Change in Skin Sensation: The formation of numbness, topognosis and edema (swelling) on the incision area are normal states. This is usually a temporary condition and the disappearance may take up to 6-12 months.

Numbness may rarely be permanent. Meanwhile, on the areas where the muscle membranes are folded, sutures may be felt by hand.

Body Line Disorders: After abdominoplasty surgery may develop some disorders in body lines. In addition may develop also visible skin folds that may be felt by hand.

Scar on the skin: On the incision line and around navel area scars in red color will appear; these scars will be gradually fading (at least 6 months needed). If abnormal wound healing occurs, a significant scar tissue can form (hypertrophic scar / keloid). Excessive scarification is unusual. In rare cases, may occur abnormal scars. Scars can be ugly and may have a different color than skin. Abnormal scarification may need additional treatment, including surgery.



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Anesthesia: Both local and general anesthesia carries risks. Unwanted situations even death are likely to occur in all surgical anesthesia and sedation operations.

Asymmetry: After abdominoplasty, the symmetrical body appearance may not be obtained. An asymmetry may also present previously in the body, due to factors such as skin tension, fat deposits, body overhangs.

Late recovery: Separation of fractures or delayed healing is possible. Some areas of the stomach may heal abnormal or slow. On the incision line or navel area, partial or complete skin lost may occur. Especially smoking and inattention to walking and lying positions in the early postoperative period may cause this situation.

Allergic Reactions: In rare cases, allergic reactions to bandages and suture materials, or to creams have been reported. More serious systemic reactions may develop to drugs used during treatment or prescribed after surgery.

Pulmonary Complications: Pulmonary complications may develop due to pulmonary embolism and atelectasis after general anesthesia. Lungs can be closed in small areas. This situation increases the risk of lung infection. The use of antibiotics and respiratory physiotherapy may be required. Both complications may require hospitalization and additional treatment. In some cases, pulmonary embolism may be life-threatening and have fatal consequences.

Seroma: liquid may accumulate between the abdominal wall and skin. Additional treatment may require for the liquid drainage.

Pain: After abdominoplasty a chronic pain rarely occurs due to nerve endings left in scar tissue.

Belly-Button: Bad placement or lost of belly button, scarification or unacceptable image may occur.

Not Satisfactory Results:

You may be disappointed because of the result of the intervention you underwent. Asymmetry in scars, bad placement of the navel, differences of counter which may cause asymmetry on the tissues above the incision line. In addition, the pubic hair may move upward. This kind of images may not be satisfactory. An additional surgery may be needed to correct this kind of results.

Long-Term Effects: Some changes in body lines, except surgical area may occur due to aging, pregnancy and putting weight. Also, if in the future any breast cancer develops and breast reconstruction is needed, the abdomen skin after the abdominoplasty surgery would not be able to use.

CONSENT FOR SURGERY/PROCEDURE OR TREATMENT BY PATIENT

1. I hereby authorize Dr. (MD) and such assistants as may be selected to perform the following procedure or treatment: ABDOMINOPLASTY (TUMMY TUCK) SURGERY

I have received the following information sheet: INFORMED CONSENT: ABDOMINOPLASTY (TUMMY TUCK)

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 involve risk and the possibility of complications, injury, and sometimes death.

4. I acknowledge that no guarantee or representation has been given by anyone as to the results that may be obtained.

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 have been informed about all the samples and documents obtained during my treatment / approach could be used for educational purposes.

8. I consent to the disposal of any tissue, medical devices or body parts which may be removed.

9. 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.

10. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.

11. I understand that the surgeons' 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.



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12. I realize that not having the operation is an option.
13. It has been explained to me in a way that I understand by my doctor.
14. Doctor were answered all the questions that I asked in a way that I can understand.
15. I know that I dont have to give approval for treatment/approach If I dont want and / or I know that I cant able stop the treatment/approach at the desired stage.
16. I am informed about the stuff who will apply the treatment.
17. I got my health and mental competence to decide statement.
18. I know the above treatment or procedure to be undertaken, there may be alternative procedures or methods of treatment, there are risks for the procedure or treatment proposed.

The estimated duration of the process: 180-360 minutes. Procedure duration may extend with further approaches up 6 hours.

Important properties of the medicines that may used: I have been informed about the important features (what it used for, how it used, benefits, side effects) of the medicines that will used during the my treatment/approach in the hospital.

Lifestyle recommendations that are critical to the patient's health: I have been informed about postoperative lifestyle advices that I supposed to do (Diet, bathe, drug use, moves that has to be done or not done).

How to access medical assistance on the same subject in case of need: I have been informed about how to access medical assistance on the same subject such as own doctor, a different doctor, clinic that treated and contacting 112 in emergency.

Phone numbers to contact us: Hospital Phone: +902122746925 – 4442593

You can directly contact to your doctor to get detailed information about the treatment.

Please declare with your own hand writing that understand what you read and understand about your illness/surgery, treatment duration, surgery, possible side effect that may accur and all possible risks:

.....
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Date:...../...../..... Time:.....

IF THE PATIENT'S CONSCIOUS	IF THE PATIENT'S UNCONSCIOUS AND ACCOMPANIED BY HIS/HER LEGAL REPRESENTATIVE
Patient's Name Surname :..... Address :..... Phone :..... Signature :	legal representatives* or guardians Name Surname :..... Address :..... Phone :..... Signature :
Doctor Name Surname: Signature:	Doctor Name Surname: Signature:
Witness **:: Name Surname: Signature:	Witness **:: Name Surname: Signature: