

INSTRUCTIONS

This is an informed-consent document that has been prepared to help your cosmetic surgeon inform you of brachioplasty surgery, its risks as well as alternative treatments. It is important that you read this information carefully and completely. You will be asked to electronically sign this consent when checking in to our office on the day of your surgery. There is no need to print this document.

ARM REDUCTION SURGERY RISKS

Every surgical procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of the surgical revision of scars.

1. **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 (hematoma). Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may contribute to a greater risk of bleeding.
2. **Infection** - Infection is unusual after surgery. Should an infection occur, additional treatment including antibiotics or additional surgery may be necessary.
3. **Scarring** - All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur both within the skin and in the deeper tissues. Scars may be unattractive and of different color than the surrounding skin. There is the possibility of visible marks from sutures used to close the wound. Scars may also limit motion and function. Additional treatments including surgery may be needed to treat scarring.
4. **Damage to deeper structures** - Deeper structures such as nerves, blood vessels and muscles may be damaged during the course of surgery. The potential for this to occur varies according to where on the body surgery is being performed. Injury to deeper structures may be temporary or permanent.
5. **Unsatisfactory result** - There is the possibility of an unsatisfactory result from the surgery. Surgery may result in unacceptable visible deformities, loss of function, wound disruption, skin death and loss of sensation. You may be disappointed with the results of surgery.
6. **Allergic reactions** - In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions, which are more serious, may result from drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.
7. **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.

ADDITIONAL SURGERY NECESSARY

In some situations, it may not be possible to achieve optimal results with a single surgical procedure. Multiple procedures may be necessary. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with type of surgery. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although good results are expected, there cannot be any guarantee or warranty expressed or implied on the results that may be obtained.



FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by your doctor, the cost of surgical supplies, laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed.

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information that is based on all the facts in your particular case and the state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.

1. I hereby authorize Dr. Nuveen and such assistants as may be selected to perform the following procedure or treatment: **BRACHIOPLASTY**

I have received the following information sheet: **BRACHIOPLASTY SURGERY CONSENT**

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 has been given by anyone as to the results that may be obtained.

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

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

9. The above information has been explained to me in a way I understand and as completely as possible, to my satisfaction.

a. I understand that there are options available to the proposed treatment including the option to do nothing.

b. I accept the well known, common, and uncommon risks of this procedure and I consent to the performance of the described procedure.

I CONSENT TO BRACHIOPLASTY SURGERY.

Patient Name: _____ Signature: _____

Date: _____ Witness: _____

YOU WILL SIGN THIS DOCUMENT ELECTRONICALLY WHEN CHECKING IN TO OUR OFFICE ON THE DAY OF YOUR SURGERY.

THERE IS NO NEED TO PRINT THIS DOCUMENT.