

Fairfield County Plastic Surgery

Lower Body lift/ Lateral thigh lift/ Inner Thigh Lift / Buttock lift

Patient's Name: _____

All surgery has risks and complications. No procedure is risk free. The risks are small but do exist. Complications are kept to a minimum by making sure that you are well prepared for surgery, both physically and mentally. All medical conditions such as epilepsy, hyperthyroidism, kidney disease, high blood pressure and diabetes must be under control. If you have a medical condition of which we are unaware it is your responsibility to let us know. In general, if you have an acute illness such as the flu, a bad cold or an infected pimple, it is safer to cancel the surgery and reschedule when you are in the most optimal condition. If you develop an acute illness which may require cancellation of surgery please let us know immediately. Sometimes medication may cure the problem and avoid cancellation. Smoking increases the risk of bleeding during and after surgery. Smoking impairs wound healing and causes tissue necrosis. Smoking should be avoided for three weeks before and after surgery. Blood thinners such as aspirin and Advil must be avoided for at least **three weeks** before surgery. Please review the list of blood thinning medications we have given you.

GENERAL:

Surgery you do not need--Purely elective surgery
Realistic expectations are the key to success

PROBLEM

Skin excess - stretch marks, excessive weight loss, loss of elasticity
Fat excess - diet resistant

WHAT WILL USUALLY BE HELPED?

Excess skin removal, Excess fat removal

WHAT WILL NOT BE HELPED?

Knee and lower outer thigh ! "Stretch marks",
Fat along flanks, Muscle will not be strengthened.

GOALS:

Improve body contour, Improve appearance both in and out of clothing

LIMITATIONS:

Cannot eliminate stretch marks, Generalized obesity cannot be corrected, Muscle strength will not be improved.

HOW LONG WILL IT LAST?

Usually 5 - 10 years (sometimes less/more) until present condition has recurred

ALTERNATIVES:

Leave everything as it is (adverse consequences?)
Diet - may reduce fat, but skin still a problem
Exercise - muscles may improve, but skin and fat still a problem
Suction lipectomy - fat may improve, but skin still a problem

Dermolipectomy - reduces fat and skin

SURGICAL TECHNIQUE / ANESTHESIA /FACILITY/ RECOVERY

discuss in detail with Dr. Kirwan
General anesthesia
Hospital operating room vs. Ambulatory surgical center with 23 hour stay
Incisions/
limited undermining
Dressings /support garments
drains
Foley catheter after surgery
Blood Transfusion - autologous / non-autologous
Post-op hospitalization
Unable to sit for 14 days, lay or stand.
Restrictions and return to normal activities 6 weeks for moderate lifting, 12 weeks for unrestricted activity.

TRADE-OFFS:

Temporary: Fairly rapid (6 weeks) resolutions of most changes listed as temporary is expected but final contouring will not be complete for a minimum of six (6) months.
50% minor post-operative wound infection (Total body lift) 40% delayed healing (TBL)
transient lymphedema
swelling of mons pubis
Seroma
30% delayed wound healing (Medial thigh lift)
10% delayed healing lateral thigh lift
Discoloration/swelling including ankles and calves
Discomfort (pain /sensitivity)

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*Numbness of skin

TRADE-OFFS continued:

Lumps/ irregularities
Numbness of skin
infection
hematoma
superficial skin necrosis with delayed wound healing
deep vein thrombosis
pulmonary embolus
Blood loss requiring transfusion of non-Autologous blood
Restricted activity

Permanent:

***Scars - scars may require revision**

*Asymmetry

RISKS/ COMPLICATIONS:

- hematoma, (more common in smokers and patients with high blood pressure)
 - infection,
 - keloid and widened scars, common and may require later revision
 - skin slough superficial or deep
 - wound separation
 - step deformity, depressed scar
 - pulmonary emboli
 - deep venous thrombosis 1.1%
 - death secondary to emboli
 - fat emboli with extensive liposuction
- There is a charge for the operating room and surgical facility for a revision.

Even though the risks and complications cited above occur infrequently, they are the ones that are peculiar to the operation or of greatest concern--other complications and risks can occur but are even more uncommon. The risks of surgery are comparable to the risks you take everyday when driving or riding in an automobile.

Any and all of the risks and complications can result in:

Additional surgery / Time off work

Hospitalization / Expense to you

Insurance usually DOES NOT cover this procedure; treatment of complications may or may not be covered by insurance.

On occasion, surgical revision may be indicated following the original surgery. If planned or performed within one (1) year after the original surgery and if insurance does not cover these revisions, there will be no charge by the surgeon but a facility fee will be charged for use of the operating or treatment room and an anesthesia fee will be charged .

NO GUARANTEE--The practice of medicine and surgery is not an exact science; although good results are expected, there cannot be any guarantee, nor warranty, expressed or implied, by anyone as to the results that may be obtained.

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COMMENTS:

**If a smoker--must be off cigarettes for three (3) weeks before surgery and remain off cigarettes for three (3) weeks after surgery; much greater risk for scarring, poor healing, hair loss, skin loss in smokers.
***Must be off all aspirin containing products and Vitamin E for two (3) weeks before surgery and two (3) weeks after surgery. (Check all medications with us; some medications such as Motrin and Advil may also affect clotting.)

If there is any item on this consult sheet that you do not understand, mark it and call the office. An explanation or additional information will be provided. Share the information we provide you with your husband or other interested family members or friends. I will be happy to meet with them if you wish.

I have read this form and had the opportunity to discuss any related questions.

Date: _____ Patient: _____

Date: _____ Surgeon: _____

Copied and provided to patient by: _____ A copy of this consultation was provided to me: _____ (Patient's signature)

NOTHING BY MOUTH AFTER MIDNIGHT / RELEASE FROM RESPONSIBILITY and PEER REVIEW

Date: _____ Time: _____

_____(name of patient or myself) has not had anything to eat or drink, including water, since midnight, in preparation for surgery scheduled today. (Pre-operative medications can be taken with a sip of water). I authorize Dr. Kirwan or Dr. Rosen to disclose complete information concerning his medical findings and treatment of the undersigned, from the initial office visit until date of conclusion of such treatment, to those individuals who in Dr. Kirwan's or Dr. Rosen's sole determination, are required to receive such information for the purposes of *medical treatment, medical quality assurance and peer review.*

Patient

Parent Or Guardian If Applicable

Witness Signature: _____