



The Association of Plastic & Reconstructive Surgeons of Southern Africa

AUTHORISATION FOR ABDOMINOPLASTY

INTRODUCTION:

This informed-consent document helps your plastic surgeon inform you about your proposed surgery, its risks, and alternative treatment. It is important that you read this information carefully and have all your questions answered.

- 1 I authorise Dr Dower and his assistant(s) to perform on me an operation known as an abdominoplasty (tummy tuck).
- 2 The nature and effects of this operation, the risks and complications involved, as well as alternative methods of treatment, have been fully explained to me by Dr Dower and I understand them.

The following points, among others, have been specifically made clear:

- a) A long transverse scar across the lower abdomen results from this operation. The exact quality of this scar is not predictable since different individuals scar differently.
 - b) Areas of the abdomen may have altered sensation after the operation. This is often temporary but may be permanent.
 - c) Fluid (seroma) may accumulate beneath the abdominal skin. This may require drainage or aspiration. It may be necessary to repeat this procedure a number of times.
 - d) Complications after abdominoplasties are similar to those after any surgical procedure i.e. bleeding, infection and wound breakdown.
 - e) Skin loss may occur with this procedure. This may require skin grafting or another secondary surgical procedure.
 - f) There will be swelling and discolouration around the abdominal area for a number of weeks.
 - g) There will be a scar around the umbilicus, and its appearance may be altered.
 - h) In association with abdominoplasty, complications such as deep vein thrombosis in the legs and pelvis, pulmonary embolism, and even death, have been reported
- 3 I authorise Dr Dower to perform any other procedure that he may deem desirable in attempting to improve the condition stated in paragraph 1 or any unhealthy or unforeseen condition that may be encountered during the operation.
 - 4 I consent to the administration of anaesthetics by a suitably qualified doctor.

- 5 The practice of medicine and surgery is not an exact science. I, therefore, understand that no guarantee or assurance can be given by Dr Dower as to the results that may be obtained.
- 6 The two sides of the human body are not the same and can never be made the same.
- 7 I have authorised Dr Dower to take clinical photographs. Such photographs remain the property of Dr Dower
- 8 I am not known to be allergic to anything except:

- 9 In the event of a contractual dispute, or any other cause of action, litigation shall ONLY be instituted in a court of the Republic of South Africa
- 10 Additional costs may occur should complications result from surgery. These costs would also be the responsibility of the patient.

I certify that I have read the above authorisation, that the explanations referred to therein were made to my satisfaction, and that I fully understand such explanations and the above authorisation.

Patient:

Print name _____

Signature _____

Date _____

Witness:

Print name _____

Signature _____

Date _____
