



# Dr Rory Dower

Specialist Plastic, Reconstructive & Aesthetic Surgeon

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Trading in Dr Rory Dower Inc  
2016/261711/21

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## INFORMED CONSENT FOR RECONSTRUCTIVE SURGICAL PROCEDURES

This is an informed-consent document that Dr Dower has prepared to help inform you concerning your surgery(s), its risks, as well as alternative treatment(s).

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent:

### RISKS OF SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. 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, we will need to discuss them to make sure you understand the possible consequences.

**Bleeding / Hematoma-** It is possible, though unusual, to experience a bleeding episode during or after surgery. Intraoperative blood transfusions may be required. Should post-operative bleeding occur, it may require an emergency treatment to drain the accumulated blood or blood transfusion. Hematoma can occur at any time following injury

**Seroma-** Fluid may accumulate after surgery. If this occurs it will need to be drained usually in the office and often multiple times before resolution

**Infection-** Infection is unusual after surgery. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary.

**Delayed Healing-** Wound disruption or delayed wound healing is possible. Some areas of the skin may not heal normally and may take a long time to heal. Some areas of skin may die, requiring frequent dressing changes or further surgery to remove the non-healed tissue. Smokers have a greater risk of skin loss and wound healing complications.

**Skin Discoloration / Swelling-** Some bruising and swelling normally occurs following surgery. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.

**Skin Sensitivity-** Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this resolves during healing, but in rare situations it may be chronic.

**Pain-** You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after surgery. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue.

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**Sutures-** Some surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible or produce irritation that requires removal.

**Skin Contour Irregularities-** Contour irregularities and depressions may occur after surgery. Visible and palpable wrinkling of skin can occur. Residual skin irregularities at the ends of the incisions or “dog ears” are always a possibility and may require additional surgery. This may improve with time, or it can be surgically corrected.

**Damage to Deeper Structures-** There is the potential for injury to deeper structures including nerves, blood vessels, muscles, and lungs (pneumothorax) during any surgical procedure. 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.

**Hand-** Decreased range of motion or loss of function of any or all parts of the hand is possible after surgery, depending on the extent of injury.

**Burn Scar Contracture-** Scar contracture following burns can cause limitation of movement of joints or limbs resulting in decreased function

**Flap Loss-** Due to anatomical variations or technical issues there is the possibility that all or part of the flap does not survive, necessitating further surgery.

**Skin Cancer Incomplete Excision-** It is possible that formal tissue analysis may identify that there may be incomplete removal of the skin cancer or the presence of a different tissue pathology. Additional surgery may be necessary if it is determined that the removal of the skin cancer is incomplete.

**Skin Cancer Recurrence-** Recurrence of cancer following complete excision can rarely occur

**Scarring-** All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different color than the surrounding skin tone. Scar appearance may also vary within the same scar. There is the possibility of visible marks from sutures used to close the wound after the removal of skin lesions and tumors. There is the possibility that scars may limit motion and function. In some cases, scars may require surgical revision or treatment.

**Change in Skin Sensation-** It is common to experience diminished (or loss) of skin sensation in areas that have had surgery. Diminished (or complete loss of skin sensation) may not totally resolve.

**Unsatisfactory Result-** Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. There is the possibility of a poor result. This would include risks such as unacceptable visible deformities, loss of function, poor healing, wound disruption, skin death and loss of sensation. You may be disappointed with the results of reconstructive surgery. It may be necessary to perform additional surgery to improve your results.

**Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray)-** Patients who are currently smoking, use tobacco products, or nicotine products (patch, gum, or nasal spray) are at a greater risk for significant surgical complications of skin dying, delayed healing, and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication.

**Allergic Reactions-** In rare cases, local allergies to tape, suture materials and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur to drugs used during surgery and prescription medications. Allergic reactions may require additional treatment.

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**Surgical Anesthesia-** Both local and general anesthesia involves risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

**Cardiac and Pulmonary Complications-** Surgery, especially longer procedures, may be associated with the formation of, or increase in, blood clots in the venous system. Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. Air travel, inactivity and other conditions may increase the incidence of blood clots traveling to the lungs. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pains, or unusual heart beats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment.

**Female Patient Information-** It is important to inform your plastic surgeon if you use birth control pills, estrogen replacement, or if you believe you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

## FINANCIAL DISCLAIMER

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I acknowledge that I have been informed that Dr Dower's practice charges fees that can be up to 3 times the Reference Price List (RPL), as determined unilaterally by the Department of Health.

I accept that I am personally responsible for the full payment of all services rendered by Dr Dower, and where there are shortfalls or non-payments by my medical scheme, I will settle my account timeously. Failing this, I accept that I will be liable for Debt recovery costs on an attorney and own client scale.

**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.**

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## CONSENT FOR SURGERY / PROCEDURE OR TREATMENT

1. I hereby authorize Dr. Dower and such assistants as may be selected to perform the following procedure or treatment:  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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 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.
6. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
  - a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
  - b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
  - c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-12).  
I AM SATISFIED WITH THE EXPLANATION.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date