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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 for surgery as proposed by your surgeon and agreed upon by you.

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, you should discuss each of them with your surgeon to make sure you understand all possible consequences.

This is general information pertaining to surgical procedures. This may not be specific to your operation. Your surgeon can give you more specific tailored information as / if required.

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 or blood transfusion. Intraoperative blood transfusion may also be required. Hematoma may contribute to capsular contracture, infection or other problems. Do not take any aspirin or anti-inflammatory medications for ten days before or after surgery, as this may increase the risk of bleeding. Non-prescription herbs and dietary supplements can increase the risk of surgical bleeding. If blood transfusions are necessary to treat blood loss, there is the risk of blood-related infections such as hepatitis and HIV (AIDS).

Infection

Infection is unusual after surgery. Risk of infection is increased when inserting foreign materials into the body. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary. Infections with the presence of any implant (if used) are harder to treat than infections in normal body tissues. If an infection does not respond to antibiotics, the implant may have to be removed. After the infection is treated, a new implant can usually be reinserted.

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. Be careful not to place any hot water bottles, heating pads, warm bean bags etc. on or near any surgical site as you will sustain a burn injury. Be cautious even close to a hot iron or hot stove.

Skin Contour Irregularities

Contour and shape irregularities may occur. Visible and palpable wrinkling of skin may occur. Residual skin irregularities at the ends of the incisions or "dog ears" are always a possibility when there is excessive redundant skin. This may improve with time, or it can be surgically corrected.

Major Wound Separation

Wounds may separate after surgery. Should this occur, additional treatment including surgery may be necessary.

Sutures

Most 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 suture removal.

Skin Discolouration / Swelling

Some bruising and swelling normally occur. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discolouration 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.

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 colour than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There is the possibility of visible marks in the skin from sutures. In some cases scars may require surgical revision or treatment.

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 the type of procedure being performed. Injury to deeper structures may be temporary or permanent.

Firmness

Excessive firmness can occur after surgery due to internal scarring. The occurrence of this is not predictable. Additional treatment including 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. Areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue. Individuals who have decreased blood supply to tissue from past surgery or radiation therapy may be at increased risk for wound healing and poor surgical outcome. Smokers have a greater risk of skin loss and wound healing complications.

Fat Necrosis

Fatty tissue found deep in the skin might die. This may produce areas of firmness within the skin. Additional surgery to remove areas of fat necrosis may be necessary. There is the possibility of contour irregularities in the skin that may result from fat necrosis.

Asymmetry

Symmetrical body appearance may not result after surgery. Factors such as skin tone, fatty deposits, skeletal prominence, and muscle tone may contribute to normal asymmetry in body features. Most patients have differences between the right and left side of their body before any surgery is performed. Additional surgery may be necessary to attempt to improve asymmetry.

Allergic Reactions

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

Cardiac and Pulmonary Complications

Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anaesthesia. Pulmonary emboli can be life-threatening or fatal in some circumstances. Inactivity and other conditions may increase the incidence of blood clots traveling to the lungs causing a major blood clot that may result in death. It is important to discuss with your physician any past history of swelling in your legs or blood clots that may contribute to this condition. Cardiac complications are a risk with any surgery and anaesthesia, even in patients without symptoms. If you experience shortness of breath, chest pain or unusual heart beats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment.

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Surgical Anaesthesia

Both local and general anaesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anaesthesia or sedation. I realise the anaesthesia may have to be changed possibly without explanation to me. Although modern anaesthesia is considered safe I understand that certain complications may very occasionally result from the use of any anaesthetic, such as drug reactions (usually minor), respiratory, recovery problems and although extremely unlikely, death (1:250,000). Other risks and hazards include minor throat discomfort post operatively (temporary only), as well as injury to vocal cords, or teeth (very rare). Please inform the anaesthetist regarding any previous dental work.

Seroma

Infrequently, fluid may accumulate between the skin and the underlying tissues following surgery, trauma or vigorous exercise. Should this problem occur, it may require additional procedures for drainage of fluid.

Shock

In rare circumstances, your surgical procedure can cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. If surgical shock occurs, hospitalization and additional treatment would be necessary.

Pain

You will experience pain after your surgery. Pain of varying intensity and duration. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue or due to tissue stretching.

Surgical Wetting Solutions

There is the possibility that large volumes of fluid containing dilute local anaesthetic drugs and epinephrine that is injected into fatty deposits during surgery may contribute to fluid overload or systemic reaction to these medications. Additional treatment including hospitalization may be necessary.

Persistent Swelling (Lymphedema)

Persistent swelling in the legs can occur following surgery.

Other

You may be disappointed with the results of surgery. Infrequently, it is necessary to perform additional surgery to improve your results.

Long-Term Results

Subsequent alterations in the appearance of your body may occur as the result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause or other circumstances not related to your surgery.

Unsatisfactory Result

Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. You may be disappointed with the results of surgery. Asymmetry, unanticipated shape and size, loss of function, wound disruption, poor healing, and loss of sensation may occur after surgery. Size may be incorrect. Unsatisfactory surgical scar location or appearance may occur. It may be necessary to perform additional surgery to improve your results.

Body-Piercing Procedures

Individuals who currently wear body-piercing jewellery are advised that an infection could develop from this activity.

Obesity

Patients with a high body mass index or being overweight have a higher anaesthetic and surgical risk. Weight loss will reduce this risk and general morbidity. The thicker the fat layer where surgery is performed the poorer the blood supply and the higher the risk of wound problems, infections and fat necrosis. Surgical complication occur more frequently with patients who are obese, smoke, and have a history of lung or other chronic underlying medical conditions.

High blood pressure

High blood pressure that is not well controlled with medication may cause excess bleeding during or after surgery. Accumulations of excess blood under the skin may delay healing and cause scarring.

Children

All minors should be accompanied by two adults, one to drive and one to support the child. The peri-operative support of the child is very important. The parent/guardian to be contactable at all times. Children often require a pre-medication before surgery.

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 and 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 anaesthesia and recovery from anaesthesia, 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. Please indicate your current status regarding these items below:

I am a non-smoker and do not use nicotine products. I understand the potential risk of second-hand smoke exposure causing surgical complications.

I am a smoker or use tobacco / nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products.

It is important to refrain from smoking at least 6 weeks before surgery and until your physician states it is safe to return, if desired. Generally patients should discontinue smoking for two weeks after surgery. Although it helps to stop smoking for several weeks before surgery, this does not eliminate the increased risks of long-term smoking.

Female Patient Information

It is important to inform your surgeon if you use birth control pills, estrogen replacement, or if you suspect you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy. **Anaesthetic agents can be harmful to the fetus of a pregnant woman. General anaesthesia should be avoided during pregnancy whenever possible. I hereby state that I am not pregnant and accept the responsibility of making this determination.**

Intimate Relations After Surgery

Surgery involves coagulating of blood vessels and increased activity of any kind may open these vessels leading to a bleed, or hematoma. Activity that increases your pulse or heart rate may cause additional bruising, swelling, and the need to return to surgery and control bleeding. It is wise to refrain from intimate physical activities until your physician states it is safe.

Mental Health Disorders and Elective Surgery

It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery and often are stressful. Please openly discuss with your surgeon, prior to surgery, any history that you may have of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted. **I have been advised that postoperative depression is common after any form of cosmetic surgery.** Such depression is usually related to the immediate postoperative discomfort, anxiety over distorted appearance (swelling and bruising), and limitation of activities and socializing. I understand that as appearance improves and as I return to my usual activities and interests, these feelings should disappear.

Medications

There are potential adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Be sure to check with your physician about any drug interactions that may exist with medications which you are

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already taking. If you have an adverse reaction, stop the drugs immediately and call your surgeon for further instructions. If the reaction is severe, go immediately to the nearest emergency room. When taking the prescribed pain medications after surgery, realize that they can affect your thought process and coordination. **Do not** drive, **do not** operate complex equipment, **do not** make any important decisions and do not drink any alcohol while taking these medications. Be sure to take your prescribed medication only as directed.

Additional Surgery Necessary (Re-Operations)

There are many variable conditions that may influence the long-term result. It is unknown how your tissue may respond or how wound healing will occur after surgery. Secondary surgery may be necessary to perform additional tightening or repositioning. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently. 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 is no guarantee or warranty expressed or implied, on the results that may be obtained. In some situations, it may not be possible to achieve optimal results with a single surgical procedure.

Important points are, but not limited to:

Follow all the surgeon's instructions carefully, this is essential for the success of your outcome.

Before Surgery

Ensure you are happy with all decisions and are fully informed. You must have peace of mind in all respects or see your surgeon again before surgery. This is a list of questions patients frequently ask before and after surgery.

- When can I return to normal activity?
- When can I return to work?
- When can I bath/shower?
- Do I change the bandage?
- Are there any diet restrictions due to my surgical procedure?
- Do I need crutches after surgery?
- Can I bear weight on the extremity on which I had surgery?
- Are there any special instructions?
- What should I watch for that I would need to call your office?
- Ensure your support systems are in place so as to alleviate any additional stressors after the operation.
- Allocate enough time to recover. (Discuss with your surgeon)
- Please wear comfortable clothes and loose fitting sleeves.
- **Do not** apply oil, lotion or make-up on the face, neck or body before coming to surgery.
- **Do not** eat or drink anything for at least 6 hours before the procedure.
- If you take chronic medication, please do so on the day of the procedure, after discussing this with your doctor.
- Please arrive in good time for your appointment, at least 1 hour beforehand.
- In some cases, your doctor/surgeon may feel that you will benefit from pre-medication to reduce your anxiety and make you feel relaxed.
- If this is the case, your doctor/surgeon may request that you come earlier for your appointment so you can take the pre-medication.
- **Do not be late, your surgery may be cancelled.**
- You must be available and contactable for the entire day of your surgery, as time schedules change. Your operation may be cancelled if you are not contactable.
- Stop smoking. This is imperative as one cigarette decreases your skin's blood supply by 90% for 90 minutes and thus without blood supply, you will not heal and run the risk of wound breakdown, skin death and many other severe complications.
- Stop all medication, herbs and supplements unless cleared by your surgeon. Medicine containing **ASPIRIN / SALICYLATE** should **NOT** be taken **TWO WEEKS** prior to the operation, seeing that it could excessive bleeding. Examples are, but are not limited to: ANALGEN, ASPRO, CODASPAZOL, CODIS, CONTRADOL, DISPIRIN, DOLOXENE, EQUAGESIC, GRANDPA, MED LEMON, TENSTON, TRICODIEN, VEGANIN, VOLTAREN, FLURBIPROFEN, KETOPROFEN, PIROXICAM, DIFLUNISAL, INDOMETHACIN, OXAPROZIN, SULINDAC, FENBUFEN, MYPRODAL, PHENYLBUTAZONE, ARNICA.

- **Do not take any medication, herb or supplement unless authorized by your surgeon.**
- When going in for your procedure please ensure that you switch your cell-phone off. Please empty your bladder before the procedure.

After Surgery

A responsible adult must take you home after the procedure and you must remain in the company of a responsible adult for the remainder of the day.

- The procedure will not be undertaken if you arrive without an escort, or fail to have assistance in the early recovery phase.
- You may not drive, operate equipment or participate in any other activities that require alertness or coordination (e.g. swimming, cycling, etc.) for at least 24 hours following the procedure/operation.
- If you are taking any regular medication, ask your doctor when you should take your next dose after the procedure.
- Use medication as prescribed and contact your surgeon if side effects occurs or wish to deviate from medication protocol.
- **Do not** eat or drink if you are nauseous.
- Introduce any fluids or foods slowly after anaesthesia.
- If you tolerate clear fluids, you may then progress onto solids.
- If you have not passed urine within 6-8 hours of being discharged home, please contact the doctor/surgeon at the telephone numbers provided.
- The anaesthesia may result in amnesia (loss of memory). This is temporary, sometimes lasting for a few hours.
- All plasters and bandages should remain on the wounds until the sutures are removed or otherwise instructed by your surgeon.
- Preferably keep all dressings dry until advised by your surgeon.
- It is imperative that your surgeon has your correct contact details in order to follow up with you on the days following your procedure.
- Should you go home with a drain, make sure you or your support is aware of how to operate a drain or contact your surgeon.
- Should you not be able to contact your surgeon urgently in case of an emergency, report to the nearest 24 hours emergency unit / hospital.
- It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted.
- Protective dressings and drains should not be removed unless instructed by your surgeon.
- Successful post-operative function depends on both surgery and subsequent care.
- Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation and the need for return to surgery. It is wise to refrain from intimate physical activities after surgery until your surgeon states it is safe.
- It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

I agree to follow the instructions given to me by my surgeon, either written or verbal, to the best of my ability before, during, and after the above-named procedure(s) and that I will, as soon as possible, notify him of any questionable or potentially unhealthy conditions that may arise.

Medical Aid

Most medical aids exclude coverage for cosmetic surgical operations or any complications that might occur from cosmetic surgery. Most medical aid plans exclude coverage for secondary or revisionary surgery due to complications of cosmetic surgery.

Financial Responsibilities

The cost of surgery involves several charges for the services provided. The total includes fees charged by your surgeon, the cost of surgical supplies, anaesthesia, laboratory tests, and possible outpatient facility charges. Depending on whether the cost of surgery is covered by a medical aid, you will be responsible for necessary co-payments, deductibles, and charges not covered. The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome.

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Additional costs may occur should complications develop from the surgery. Secondary cosmetic surgery or day-surgery charges involved with revision surgery will also be your responsibility. I understand that "touch-up procedures" are occasionally needed in cosmetic and aesthetic surgery. If determined that such procedures are needed, the surgeon may / may not charge a fee for his / her services. Regardless, fees for anaesthesia, supplies, and the operating room will usually be required and charged.

I understand in the event any tissue is deemed potentially pathological it will be sent to pathology and I will be responsible for a separate pathology bill.

I understand and agree that any dispute or litigation with respect to the treatment/ procedure financial implications/account disputes of the above will be heard and settled in the city in which the procedure occurred in South Africa, and the laws of South Africa shall govern all aspects of such dispute or litigation.

In signing the consent for this surgery/procedure, you acknowledge that you have been informed about its risk and consequences and accept responsibility for the clinical decisions that were made along with the financial costs of all future treatments.

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), including no surgery. 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 surgeon may provide you with additional or different information which is based on all the facts in your particular case and the current 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 form.

I certify that I have read and filled out the patient registration and medical history form fully and correctly to the best of my knowledge. I hereby state that the written information I furnished my "surgeon" and / or "The Surgical Institute" is complete and correct and that I have disclosed all my known medical conditions, allergies, or adverse reactions to medical preparations. I understand that withholding medical information could lead to complications or problems that may have been prevented if that information were known prior to surgery.

Patient Name	<input style="width: 95%;" type="text"/>	Patient Surname:	<input style="width: 95%;" type="text"/>
Date:	<input style="width: 95%;" type="text"/>	Signature	Witness
Time:	<input style="width: 95%;" type="text"/>		