

THIGHPLASTY CONSENT

1. I hereby authorize the above-named surgeon(s) to perform a surgical operation known as thighplasty. Patient Initials_____

2. The procedure has been explained to me by the above doctor, and I understand the nature and consequences including possible risks of the procedure. Patient Initials____

3. The following risks and side effects have been specifically made clear to me:

a. That there are always scars following this procedure. Every effort will be made to make them as inconspicuous as possible.

b. That there may be swelling in the legs and/or arms which can persist for several weeks and, in rare cases, longer following the procedure.

c. There may be discoloration of the skin (black and blue) for several weeks.

d. There may be scattered areas of numbness over the legs and/or arms following surgery which may persist for an indefinite period of time.

e. That no guarantee has been made as to the amount of improvement either in terms of apparent age or the permanency of the result.

f. That at times fluid or blood may accumulate in the operative sites which may require aspiration or drainage.

g. Surgery necessary to perform the procedure, as in all surgery, involves certain risks, including but not limited to the following:

- Bleeding
- Infection
- Tissue Damage
- Nerve Injury
- In rare cases, death or other serious bodily injury.
- Patient Initials _____

4. I recognize that during the course of the operation, unforeseen conditions may necessitate additional or different procedures than those set forth above. Also, emergency conditions may require performance of additional medical procedures. I therefore further authorize and request that the above-named doctor(s) perform such procedures as are, in his professional judgment, necessary and desirable, including but not limited to, procedures involving pathology and radiology. The authority granted under this Paragraph 4 shall extend to remedying conditions that are not known to the above doctor at the time the operation is commenced. 5. I consent to the administration of anesthetic to be applied by or under the direction and supervision of the above doctor, anesthesiologist that he selects and to the use of such anesthetics as he may deem advisable. Patient Initials_____

6. Because of any special conditions you may have such as high blood pressure, etc, your risk of undesirable side effects are greater than normal and you should consider that factor of added risk in your decision of whether or not to proceed with the surgery. Patient Initials _____

7. I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees or representations have been made as to the ultimate result of the operation or procedure. Patient Initials _____

8. I consent to be photographed before, during and after the treatment; that these photographs shall be the property of the above doctor and may be published in scientific journals and/or shown for scientific reasons. Patient Initials _____

9. I agree to keep the above doctor informed of any change of address so that he can notify me of any late findings, and I agree to cooperate with the above doctor in my care after surgery until completely discharged. Patient Initials _____

10. I understand that the doctors' fees are separate from the anesthesia and hospital charges, and the doctor's fees are agreeable to me. There may be a fee if a secondary procedure is required. Personal expectations vary; please ensure that you have liaised with your doctor and he has understood your expectations of surgery. Some operations require secondary or multiple procedures to obtain a better result. Patient Initials _____

11. Secondary surgical procedures are much more difficult than primary procedures. The operations for repair are much more complex than the primary operations because of scarring and more bleeding and bruising. The possibility of nerve damage and poor healing is greater and most importantly, the results are unpredictable. It is important for the patient to realize that the results of secondary surgery will never be as predictable as those of primary surgery. If a secondary procedure is necessary, further expenditure will be required, namely surgeon's fees, the use of the operating room, anesthesia and possibly hospitalization. Before embarking on secondary surgery, you should be aware of your possible future commitments to multiple procedures in order to gain an acceptable result for yourself. Patient Initials _____

12. I have read the above consent and fully understand the same and do authorize the above doctor to perform this surgical procedure on me. Patient Initials _____

Patient's Name (Please Print) _____

Patient's Signature _____

Date _____

Witness _____

Date _____

