

# **INFORMED CONSENT-THIGH LIFT SURGERY**

## **INSTRUCTIONS**

This is an informed-consent document that has been prepared to help your plastic surgeon inform you of thigh lift surgery, its risks, as well as alternative treatments.

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 plastic surgeon.

## **INTRODUCTION**

Thigh Lift surgery is a surgical procedure to remove excess skin and fatty tissue from the thighs. Thigh lifting is not a surgical treatment for being overweight. Obese individuals who intend to lose weight should postpone all forms of body contouring surgery until they have been able to maintain their weight loss.

There are a variety of different techniques used by plastic surgeons for thigh lifting. Thigh lifting can be combined with other forms of body-contouring surgery including suction-assisted lipectomy or performed at the same time with other elective surgeries.

## **ALTERNATIVE TREATMENTS**

Alternative forms of management consist of not treating the areas of loose skin and fatty deposits. Suction assisted lipectomy surgery may be a surgical alternative to thigh lifting if there is good skin tone and localized thigh fatty deposits in an individual of normal weight. Diet and exercise programs may be of benefit in the overall reduction of excess body fat.

Risks and potential complications are associated with alternative forms of treatment that involve surgery.

## **RISKS OF THIGH LIFTING**

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with thigh lifting. 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 the following complications, you should discuss each of them with your plastic surgeon to make sure you understand all possible consequences of thigh lifting.

## **Risks of Thigh Lifting surgery continued**

**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. Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may increase the risk of bleeding.

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

**Change in skin sensation**- Diminished (or loss of) skin sensation in the lower abdominal area may not totally resolve after thigh lifting.

**Skin contour irregularities**-Contour irregularities and depressions may occur after thigh lifting. Visible and palpable wrinkling of skin can occur.

**Skin scarring**- Excessive scarring is uncommon. In rare cases, abnormal scars may result. Scars may be unattractive and of different color than surrounding skin. Additional treatments including surgery may be necessary to treat abnormal scarring.

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

**Asymmetry**-Symmetrical body appearance may not result from thigh lifting. Factors such as skin tone, fatty deposits, bony prominence, and muscle tone may contribute to normal asymmetry in body features.

**Delayed healing**-Wound disruption or delayed wound healing is possible. Some areas of the legs may not heal normally and may take a long time to heal. Some areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue.

Smokers have a greater risk of skin loss and wound healing complications.

## **Risks of Thigh lifting surgery, continued**

**Allergic reactions**-In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions which are more serious may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

**Pulmonary complications**-Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli) or partial collapse of the lungs after general anesthesia. Should either of these complications occur, you may require hospitalization and additional treatment. Pulmonary emboli can be life-threatening or fatal in some circumstances.

**Seroma**-Fluid accumulations infrequently occur in between the skin and the muscle. Should this problem occur, it may require additional procedures for drainage of fluid.

**Long term effects**- Subsequent alterations in body contour may occur as the result of aging, weight loss or gain, pregnancy, or other circumstances not related to thigh lifting.

**Pain**- Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue after thigh lifting

**Persistent leg swelling**- Thigh lifting may interfere with the natural lymphatic drainage of the leg and in some circumstances may lead to persistent leg swelling.

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

### **ADDITIONAL SURGERY NECESSARY**

Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with thigh lifting. 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.

## **Risks of Thigh Lifting surgery, continued**

### **HEALTH INSURANCE**

Most health insurance companies exclude coverage for cosmetic surgical operations such as thigh lifting or any complications that might occur from surgery. Please carefully review your health insurance subscriber-information pamphlet.

### **FINANCIAL RESPONSIBILITIES**

The cost of surgery involves several charges for the services provided. The total includes fees charged by your doctor, the cost of surgical supplies, anesthesia, laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revisionary surgery would also be your responsibility.

### **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). 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 plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the 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 on the next page.**

# CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby authorize Dr. \_\_\_\_\_ and such assistants as may be selected to perform the following procedure(s) or treatment(s):
- \_\_\_\_\_

I have received the following information sheet(s):  
**INFORMED-CONSENT FOR**

\_\_\_\_\_

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 involves risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
5. I consent to the photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration if applicable.
9. 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  
SIGN A OR B

A. I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9) I HAVE BEEN ASKED IF I WANT A MORE DETAILED EXPLANATION, BUT I AM SATISFIED WITH THE EXPLANATION, AND DO NOT WANT MORE INFORMATION.

\_\_\_\_\_  
Patient or Person Authorized to Sign for Patient

Date \_\_\_\_\_ Witness \_\_\_\_\_



**FARAHMAND  
PLASTIC SURGERY**

B. I CONSENT TO THE TREATMENT OR PROCEDURE AND HAVE AND RECEIVED, IN SUBSTANTIAL DETAIL, THE NATURE AND RISKS OF THE TREATMENT. OTHER ALTERNATIVE TREATMENTS AND INFORMATION ABOUT THE MATERIAL RISKS OF THE TREATMENT HAVE BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND.

\_\_\_\_\_  
Patient or Person Authorized to Sign for Patient

Date \_\_\_\_\_ Witness \_\_\_\_\_



**FARAHMAND  
PLASTIC SURGERY**

**Pre-operative care**

1. Do not take aspirin, aspirin containing compounds, blood thinning products, no vitamin E, no homeopathic medicines, no ibuprofens for two weeks prior to surgery. Do not drink alcohol two days prior to surgery. Do not take any of the above mentioned products for one week after surgery. You may take TYLENOL in place of aspirin if needed.
2. Arrange for transportation to and from the surgical facility with a family member or friend. You will not be able to drive after surgery.
3. It is advisable to take some time off from work. You will want to discuss this with the Doctor. The amount of time will vary depending on the type of work that you do.
4. Arrange for someone to be with you for at least 24 hours after surgery.
5. Please do not wear any jewelry, make-up, or nail polish to the surgical facility on surgery day.
6. If you should become ill, please notify our office before surgery.
7. May take XANAX night before surgery with sip of water. Do not take Xanax on the day of surgery.
8. Do not eat any food or drink any liquids (including coffee, tea, and water) after midnight and nothing at all the morning of surgery... unless Dr. Farahmand ordered you to take medications. Your stomach must be completely empty for your safety. If you have taken anything by mouth, we will cancel your surgery. You may brush your teeth the morning of surgery.
9. It is your responsibility to keep your pre-operative appointment. Surgery will be cancelled if the required pre-operative testing is not completed.

**Surgery Day**

1. Call the surgical facility \_\_\_\_\_ the day before surgery to determine what time to report for registration.
  2. Remove all make-up, jewelry, and nail polish.
  3. Wear comfortable clothing, preferably a button front shirt. (BREAST SURGERY PATIENTS—Please bring a sports bra with front closure, no wires. This may be purchased at Target and is called Jogbra)
  4. If you have any questions, please do not hesitate to call our office at 332-2388.
- I have read the pre-operative information and fully understand its contents.

Patient \_\_\_\_\_ Acct# \_\_\_\_\_  
Witness \_\_\_\_\_

Date \_\_\_\_\_  
Date \_\_\_\_\_

# **FARAHMAND PLASTIC SURGERY**

Patient: \_\_\_\_\_

Surgery Date: \_\_\_\_\_

## **Post-Operative Instructions – Thigh Lift**

The following instructions should be followed closely except when overruled by specific procedural instructions. You must follow your surgeon's instructions as indicated for Thigh Lift surgery. Notify Dr. Farahmand of any unusual changes in your condition and feel free to call the office with any questions.

1. You **MUST HAVE AN ADULT DRIVE YOU** home from the facility. You will not be allowed to drive yourself home after surgery. After surgery you **MUST HAVE A RESPONSIBLE ADULT STAY WITH YOU** a minimum of 24 hours. You **CANNOT** be left alone. The 24 hours begin when you are discharged from the office or hospital. Have everything ready at home **PRIOR** to surgery. Make arrangements for someone to stay with you. Let the person or persons know you cannot be left alone. This is important because of the danger of falling and you may lose the concept of time for the day and overmedicate yourself.
2. The effects of anesthesia can persist for 24 hours. You must exercise extreme caution before engaging in any activity that could be harmful to yourself or others.
3. **DRINK** fluids to help rid the body of the drugs used in surgery. If you have straws in the house you will tend to drink more fluids the first few days after surgery.
4. Diet may be as tolerated. Eating foods that are bland and soft for the first day or so – foods like after you have had the flu – may be best tolerated. You must eat more than crackers and juice, otherwise you will continue to feel weak and will not heal as well. **REMEMBER** to take the medications with a little something to eat or you will get sick to your stomach.
5. Please avoid the use of alcoholic beverages for the first 24 hours (it dilates blood vessels and can cause unwanted bleeding) and as long as pain medications are being used (dangerous combination).
6. Take only medications that have been prescribed by Dr. Farahmand for your postoperative care and take them according to the instruction on the bottle. Your pain medication may make you feel "spacey"; therefore, have someone else give you your medications according to the proper time intervals.
7. If you experience any generalized itching, rash, wheezing or tightness in the throat, stop taking all medications and call the office immediately, as this may be a sign of a drug allergy.
8. You can expect moderate discomfort, which should be helped by the pain medications. The greatest discomfort is usually during the first 24 hours. Thereafter, you will find that you require less pain medication.
9. Call (239) 332-2388 if you have: **SEVERE PAIN** not responding to pain medication; Swelling that is greater on one side than the other; incisions that are **RED OR FEVERISH**; a **FEVER**; or if any other questions or problems arise.
10. Keep any **DRESSINGS ON, CLEAN AND DRY**. Do not remove them until instructed to do so. There may be some bloody drainage on the dressings. If you have excessive bleeding or the bandages are too tight, call the office immediately.

# **FARAHMAND PLASTIC SURGERY**

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Patient:

Surgery Date:

11. After surgery it is important to have a bowel movement within a day or two. If you do not, you may take over the counter laxatives to encourage your bowels to move.
12. Minimal activity for the first 48 hours. No house cleaning, furniture rearranging, etc. Relax, be pampered, and let your body heal. The less energy you use on doing things, the more energy your body can focus on healing.
13. Limit lifting, pulling or pushing for 10 days.
14. Position after surgery is different with different types of surgery. If your surgery is from the waist up we ask that the head of the bed be elevated 45 degrees. This requires a pillow under the small of your back, two pillows under your shoulders and head, and if you have a pillow under each elbow you will relax and stay in position.
15. You are requested to remain within a reasonable traveling distance of the office for approximately ten days.
16. Once cleared to shower you may do so every day. Please do not use the bathtub for 2 weeks.
17. NO SMOKING for the first 7 postoperative days. Any cheating will delay healing.
18. You may drive two days after anesthesia, once you are off the pain pills, and when you experience no pain with this activity (you need to be able to react quickly).
19. All surgeries involve some scarring, which can take up to a year to fade. No matter how small they may be, we still want them to heal as well as they are able. Exposing red scars to the sun can cause permanent discoloration. A good sunscreen (SPF 15 or higher) can help and will protect the surrounding tissues that might not feel a sunburn developing while the nerves are healing. Sunlight can even reach scars under a swimsuit, so take adequate precautions.
20. DO NOT use a hot tub for 4 weeks.
21. AVOID sports or strenuous activities 4 to 6 weeks as your surgeon gives you clearance during your post-operative visits. This is to avoid any unnecessary complications (bleeding, bruising, swelling).
22. You may return to work when you feel able and are cleared to do so by your surgeon.
23. Feel free to call upon us at any time. We want you to be as comfortable as possible during your healing period.



## Pre-operative Check List

Patient _____ Date _____	Acct# _____ Surgery date _____
	<b>Initials</b>
_____ Financial Policy/ Consent signed	_____
_____ Copy of Insurance card in chart	_____
_____ Consents signed	_____
_____ Orders / Scripts (Done and Signed)	_____
_____ Labs Done by _____	_____
_____ Mammo _____ / EKG _____	_____
_____ Patient consent to treatment	_____
_____ Mentor implant acknowledgement	_____
_____ Mentor consent for silicone implants	_____
_____ Pregnancy waiver / _____ peer review (disclosure)	_____
_____ Photos taken (check book if not sure)	_____
_____ Green Sheet (Read __, Gone over __, Signed __)	_____
_____ Must explain to all cosmetic patients: Surgical cost information (Given to patient) *If further surgery should be necessary, for any reason, the patient will be responsible for the cost of the facility and anesthesia. Approximately \$2200.	_____
_____ Post operative instructions given to hospital patients	_____
_____ Sized Garment, Size _____	_____
_____ Weight _____ lbs. For all liposuction, abdominoplasty, and breast reduction patients	_____
_____ Must Order Breast , Chin, mandibular implants	_____
_____ Size: _____ Catalog number _____	_____
_____ Reminder on all the following procedures:	_____
1. Abdominoplasty	
2. Thigh lifts	
3. Inner thigh liposuction	
Patients need to shave pubic area the night before Surgery	_____
_____ Always mark orders for surgery as follows:	_____
"Patient not to be sedated until seen by Dr. Farahmand	_____

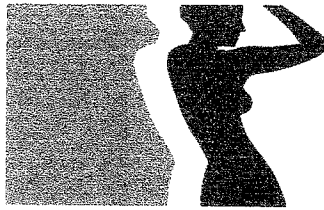


**FARAHMAND  
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**Pre-Operative Shopping List**

The following is a list of items that should be purchased prior to surgery in order to prepare for and more easily recover from surgery.

Have	Need
_____	<b>Prescriptions</b> – have your prescriptions filled prior to surgery to save time on the way home when you won't be feeling up to stopping.
_____	<b>Tylenol</b> or a generic form of this drug – this will be the drug of choice once you do not need the prescription strength pain medications.
_____	<b>Multivitamin</b> – to take prior to surgery and during your recovery for maximum health.
_____	Germ-inhibiting soap, such as <b>Dial</b> , <b>Safeguard</b> , or <b>Lever 2000</b> – to bath with prior to surgery in order to minimize germs.
_____	<b>Straws</b> – you need to drink a lot of fluids after surgery in order to help get the anesthesia out of your body quicker and straws will help you drink more.
_____	<b>Frozen Peas</b> – these are great as “ice packs” for facial areas. Get 2-4 packages so that you can use 1 or 2 and have the others freezing.
_____	<b>4 X 4 gauze and paper tape</b>
_____	<b>Q-tips</b>
_____	<b>Hydrogen Peroxide</b>
_____	<b>Gentle foods</b> – to encourage eating and not upset the stomach initially.
_____	Clear Soda (not diet): Ginger Ale, 7-Up, Sprite
_____	Plain crackers, saltine not buttery
_____	Soups, water based not cream based
_____	Pudding / Applesauce
_____	Jello
_____	Toast
_____	<b>Other</b> _____
	_____



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**Pregnancy Waiver for Surgical Procedure**

Patient \_\_\_\_\_

Acct# \_\_\_\_\_

To Whom it may concern:

I, \_\_\_\_\_, choose to waive a serum pregnancy Test.

I am positive I am not pregnant at this time.  
In the event that I should discover otherwise, I agree to take full responsibility.

Surgical Date: \_\_\_\_\_

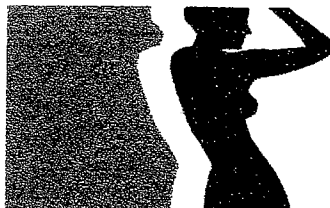
\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

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**FARAHMAND  
PLASTIC SURGERY**

**Audrey Farahmand MD**

**SURGICAL COST INFORMATION**

**OUR GOAL IS TO GIVE EACH AND EVERY PATIENT THE BEST RESULTS. UNFORTUNATELY APPROXIMATELY 5% OF ALL PLASTIC SURGERY PROCEDURES WILL REQUIRE REVISION(S) DUE TO EXCESS SCAR TISSUE.**

**SHOULD THIS HAPPEN, OUR POLICY IS TO ONLY CHARGE FOR FACILITY COSTS AND ANESTHESIA. THE CHARGE WILL BE APPROXIMATELY \$2200.00. YOU WILL NOT BE CHARGED FOR THE DOCTOR'S TIME.**

**THIS REVISION POLICY ABOVE IS APPLICABLE TO SCAR TISSUE ONLY FOR OUR BREAST AUGMENTATIONS. NOT INCULDED ARE DEFLATIONS OR CHANGING THE SIZE OF IMPLANTS.**

\_\_\_\_\_  
**PATIENTS SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**WITNESS SIGNATURE**



**FARAHMAND**  
**PLASTIC SURGERY**

(239) 332-2388  
Fax (239) 332-2382

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Fort Myers, Florida 33912

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## **Illicit/Illegal Drugs and Surgery Warning**

**WARNING:** If you have used or are planning to use illicit/illegal drugs within 72 hours of your surgical procedure, it could severely interfere with your anesthesia. It could cause a wide range of medical and surgical complications. The drug using patient having surgery needs special attention in order to avoid interactions and complications. Please speak to Dr. Farahmand about your drug use so that she may review the different drugs and their clinical effects and the problems which could be encountered.

If you have used illicit/illegal drugs 72 hours prior to your surgery it is recommended that you reschedule your surgery to another date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Audrey E. Farahmand, M.D.  
Plastic & Reconstructive Surgeon