



Patient consent form for abdominoplasty surgery (tummy tuck) Part 2 of 3

This is an 'informed consent document'. It explains the risks of and alternatives to a tummy tuck. **It is important that you read this information carefully and completely. Please initial each page** to show that you have read it. Also, sign the consent form at the end of this part 2 for the surgery you have agreed to. For more information on the surgery, see part 1. For information on care after a tummy tuck, please see part 3.

What is abdominoplasty surgery?

Abdominoplasty surgery, commonly known as a tummy tuck, is an operation to remove extra skin, scars, stretch marks and fat from the tummy, and sometimes to tighten the tummy muscles.

What is the alternative treatment?

Losing weight and exercising to tighten up the tummy muscles may help. For some younger patients, liposuction (where fat is sucked out through a tube inserted into small cuts) can help. This can be done on its own, or with a tummy tuck.

What are the main risks and complications of a tummy tuck?

As with all operations, there are risks involved in having a tummy tuck. Although the risks are unlikely, it is important to weigh them up against the potential benefit of the surgery. Discuss each of them with your plastic surgeon to make sure you understand the potential complications and consequences.

Complications associated with the surgery

- **Scars**

There will be scars from the surgery. These will usually be red at first, then purple, and then fade to become paler over 12 to 18 months. The main scars are across the lower tummy and around the belly button. The shape of the scars will depend on the type of tummy tuck you had. Occasionally, scars may become wider, thicker, red or painful, and you may need to have surgery to correct them.

- **Bleeding**

Heavy bleeding is unusual but possible, and you may need a blood transfusion or another operation (or both) to stop the bleeding. Any bleeding usually happens immediately after, or soon after, surgery. Before the surgery your surgeon will discuss any medicines that increase your risk of bleeding, and it is important to control high blood pressure.

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- **Seroma**
This is where fluid collects in the abdomen. That fluid may need to be drained by having a needle through the skin, or by having another operation. This can affect the final result of the surgery.
- **Infection**
If you get an infection of the wound you may need antibiotics or another operation. This can affect the final result of the surgery.
- **Swelling, bruising and pain**
There will be some swelling and bruising of the tummy after the operation, and this can take months to settle. There may be long-term pain, but this is uncommon.
- **Feeling full and 'paralytic ileus'**
You may find that you feel full after eating relatively small amounts of food. Rarely, a segment of bowel can 'switch off' for a few days, causing a swollen tummy, vomiting and constipation. This is rare and will settle, but it may delay your return to eating normally.
- **Healing problems**
Sometimes, wounds take longer than normal to heal, or the edges come apart. Usually these problems are put right by dressing the wounds, but they can prolong recovery and make scars worse. Smokers are more likely to have healing problems.
- **Extrusion**
This is where deep stitches poke out through the skin. These can easily be removed.
- **Increased or reduced sensation**
After the surgery, most patients will get some alteration in the sensation in the skin of their lower tummy. Sometimes, the change in sensation may be permanent. . You may also experience a pricking sensation, discomfort and tender spots as nerves try to recover.
- **Asymmetry**
The scars will not be exactly symmetrical and might have small bulges. The tummy wall above the scar is thicker than below the scar, so a fatty bulge may remain above the scar. Liposuction can help with this. Also, the belly button can be slightly off-centre.
- **Damage to deeper structures**
Although rare, the surgery can damage deeper structures, including nerves, blood vessels, muscles

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and the bowel (the part of the intestine below the stomach). This damage may be temporary or permanent.

- **Loss of blood supply to skin, fat or the belly button**

Some areas of skin, fat or belly button may die (called necrosis) if the blood supply has been lost during surgery. This may mean that you need another operation, which can affect the final result of the surgery.

There can be lumpiness where necrosis has happened.

- **Unsatisfactory result**

Sometimes, patients are not satisfied with the result of their tummy tuck. This may be to do with the look or feel of the tummy, or the shape of the tummy not meeting expectations. It is very important that you talk to your surgeon, before you have the surgery, about the look and feel you want, and whether this can be safely achieved with a good outcome.

- **Change over time**

The appearance of your tummy will change as a result of ageing or other circumstances not related to your surgery, such as putting on or losing weight. You may need further surgery or other treatments to maintain the results of the tummy tuck. Carefully exercising the muscles and keeping your weight steady will help to maintain the result of the surgery.

- **Allergic reaction**

Rarely, allergic reactions to tape, stitches or solutions have been reported. If you have an allergic reaction you may need extra treatment.

Risks of anaesthetic

- **Allergic reactions**

You could have an allergic reaction to the anaesthetic.

- **Chest infection**

There is a small risk of chest infection. The risk is higher if you smoke.

- **Blood clots**

Blood clots can form in the leg (called a deep vein thrombosis or 'DVT'). These cause pain and swelling and need to be treated with blood-thinning medication. In rare cases, part of the clot breaks off and goes to the lungs (called a pulmonary embolus or 'PE'). The risk of this is higher if you smoke, are overweight or are taking the contraceptive pill.

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- **Heart attack or stroke**

A heart attack or stroke could be caused by the strain surgery places on your heart. You will be assessed for the risk of this before your surgery.

- **Death**

As with all surgery, it is possible to die as a result of the operation.

Further risks specific to you or the procedure

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It is important that you have all of your questions answered before signing the consent form on the next page.

You can change your mind at any time, even after you have signed the consent form.

Disclaimer

This document is designed to give you useful information. It is not advice on your specific needs and circumstances. It does not replace the need for you to have a thorough consultation, so you should get advice from a suitably qualified medical practitioner. We – The BAAPS and BAPRAS – have no liability for any decision you make about the surgery you decide to have.

Date of review: February 2021 (produced February 2016)

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Patient consent form – abdominoplasty (tummy tuck)

(Affix identification label here)

Name:

Address:

Date of birth:

Hospital number:

NHS number:

Sex: Male [] Female []

Further procedures that may become necessary:

.....

Type of anaesthetic to be used:

General [] Regional [] Local [] Sedation only []

Consultant’s name:

Has the procedure, alternative procedures and treatments and all associated risks (as well as any risks of not having this procedure) been explained to you? Yes [] No []

Have you been able to ask questions and raise concerns with the doctor? Yes [] No []

Have any questions you had been answered to your satisfaction? Yes [] No []

Do you understand the risks of the procedure and those specific to you (including scars, bleeding, infection, swelling, pain, healing problems, seroma, extrusion of stitches, increased or reduced sensation, asymmetry, damage to other structures, loss of blood supply to skin, fat or the belly button, unsatisfactory result, change over time, the need for a further operation)? Yes [] No []

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Do you understand the risks of the anaesthetic and those specific to you (including allergic reaction, chest infection, DVT, PE, heart attack, stroke, death)? Yes No

Do you agree to the following?

- Receiving a blood transfusion, if necessary, during or after the procedure Yes No
Tissue taken from you being used for research Yes No
Photos being taken for diagnosis and treatment Yes No
Anonymous photos being used for teaching Yes No
Medical students being in the operating theatre for the purposes of learning Yes No

Do you want to go ahead with the procedure? Yes No

Patient's signature:..... Date:.....

Patient's name (in block capitals):.....

Surgeon

Sign below to confirm that you have explained the information in this document to the patient and you believe that they understand it.

Doctor's signature:..... Date:.....

Doctor's name (in block capitals):.....

Phone number:.....

Job title:.....

Anaesthetist

Sign below to confirm that you have explained the information in this document to the patient and you believe that they understand it.

Anaesthetist's signature: Date:.....

Anaesthetist's name (in block capitals):.....

Phone number:.....

Job title:.....

Interpreter

Sign below to confirm that you have explained the information in this document to the patient and you believe that they understand it.

Interpreter's signature:..... Date:.....

Interpreter's name (in block capitals):.....

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Your initials:





Doctor's confirmation of consent (to be signed on the day of surgery if this form was signed before then)
Sign below to confirm that you have made sure that the patient has no further questions and that they would still
like to go ahead with the procedure.

Doctor's signature:..... Date:.....

Doctor's name (in block capitals):.....

Phone number:.....

Job title:.....

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