



Informed Consent

Myocutaneous Flap Surgery

Patient Name :

DOB :

INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you about myocutaneous flap surgery, 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 for surgery as proposed by your plastic surgeon and agreed upon by you.

GENERAL INFORMATION

Myocutaneous flap surgery involves the use of muscle flaps made from a particular donor muscle. The muscle, a portion of skin and other tissue is repositioned to the area of injury in order to reconstruct and aid in wound healing. The muscle flap maintains its own blood supply, and helps nourish the tissue that is transferred to the area of injury

ALTERNATIVE TREATMENTS

Depending on your needs, alternative forms of non-surgical and surgical reconstruction may be considered. You should discuss alternatives with your surgeon. Risks and potential complications are also associated with alternative surgical forms of treatment.

INHERENT RISKS OF MYOCUTANEOUS FLAP 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, you should discuss each of them with your plastic surgeon to make sure you understand all possible consequences of myocutaneous flap surgery.

SPECIFIC RISKS OF MYOCUTANEOUS FLAP SURGERY

Seroma:

Pockets of tissue fluid sometimes develop either at the donor or flap site. Additional procedures to drain this fluid accumulation may be necessary.

Change in Skin Sensation:

Skin which is transferred as part of the muscle flap will lack sensation. Numbness may occur in the transferred skin.

Skin Scarring:

Although good wound healing after a surgical procedure is expected, abnormal scars may occur both within the skin and deeper tissues. Scars may be unattractive and of different color than surrounding skin tone. There is the possibility of visible marks from sutures used for wound closure. Additional treatments may be needed to treat abnormal scarring after surgery.

Delayed Healing and Loss of Flap:

Wound disruption or delayed wound healing is possible. It is possible to have areas of the muscle flap die. This may require frequent dressing changes or further surgery to remove the non-living tissue. Some areas of the muscle flap skin may heal abnormally or slowly when there is reduced blood supply to tissue from prior surgery.

Fat Necrosis:

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

Microvascular Surgery:

Flap loss may result if a blockage occurs at the point of arterial or venous attachment.

Donor Site Morbidity :

Latissimus Dorsi flap – shoulder dysfunction, chronic pain, back contour asymmetry
Pedicle TRAM flap – abdominal bulge/hernia, bulge in the upper abdomen due to pedicle, disruption of breast crease, chronic pain, malposition of umbilicus

Acellular Dermal Matrix Usage:

Acellular Dermal (ADM) products can be used to reinforce the deep layers of closure of your abdominal wall if this area is used as a donor harvest site. These products have no cells and rely on your own cells to repopulate the matrix yielding added strength. Complications may include a lack of complete population requiring partial removal or secondary surgery, seroma or fluid production around the material, or the need for revision surgery for a number of reasons, possibly unrelated to the ADM.

GENERAL RISKS OF SURGERY

Healing Issues:

Certain medical conditions, dietary supplements and medications may delay and interfere with healing. Patients with massive weight loss may have a healing delay that could result in the incisions coming apart, infection, and tissue changes resulting in the need for additional medical care, surgery, and prolonged hospitalizations. Patients with diabetes or those taking medications such as steroids on an extended basis may have prolonged healing issues. Smoking will cause a delay in the healing process, often resulting in the need for additional surgery. There are general risks associated with healing such as swelling, bleeding, possibility of additional surgery, prolonged recovery, color changes, shape changes, infection, not meeting patient goals and expectations, and added expense to the patient. There may also be a longer recovery due to the length of surgery and anesthesia. Patients with significant skin laxity (patients seeking facelifts, breast lifts, abdominoplasty, and body lifts) will continue to have the same lax skin after surgery. The quality or elasticity of skin will not change and recurrence of skin looseness will occur at some time in the future, quicker for some than others. There are nerve endings that may become involved with healing scars from surgery such as suction-assisted lipectomy, abdominoplasty, facelifts, body lifts, and extremity surgery. While there may not be a major nerve injury, the small nerve endings during the healing period may become too active producing a painful or oversensitive area due to the small sensory nerve involved with scar tissue. Often, massage and early non-surgical intervention resolves this. It is important to discuss post-surgical pain with your surgeon.

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 you may require a blood transfusion, though such occurrences are rare. Increased activity too soon after surgery can lead to increased chance of bleeding and additional surgery. It is important to follow postoperative instructions and limit exercise and strenuous activity for the instructed time. Do not take any aspirin or anti-inflammatory medications for at least 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. Hematoma can occur at any time, usually in the first three weeks following injury to the operative area. If blood transfusions are necessary to treat blood loss, there is the risk of blood-related infections such as hepatitis and HIV (AIDS). Heparin medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets.

Infection:

Infection is unusual after surgery. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary. It is important to tell your surgeon of any other infections, such as ingrown toenail, insect bite, or urinary tract infection. Remote infections, infection in other part of the body, may lead to an infection in the operated area.

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. 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.

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.

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.

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.

Skin Discoloration / Swelling:

Some bruising and swelling will normally occur. 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.

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.

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.

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.

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.

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.

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.

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 may occur and persist after surgery. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue or due to tissue stretching.

Cardiac and Pulmonary Complications:

Pulmonary complications may occur secondarily to blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. 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 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.

Venous Thrombosis and Sequelae:

Thrombosed veins, which resemble cords, occasionally develop in the area of the breast or around IV sites, and usually resolve without medical or surgical treatment. It is important to discuss with your surgeon any birth control pills you are taking. Certain high estrogen pills may increase your risk of thrombosed veins.

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.

Drug Reactions:

Unexpected drug allergies, lack of proper response to medication, or illness caused by the prescribed drug are possibilities. It is important for you to inform your physician of any problems you have had with any medication or allergies to medication, prescribed or over the counter, as well as medications you now regularly take.

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 bodies before any surgery is performed. Additional surgery may be necessary to attempt to diminish asymmetry.

Surgical Wetting Solutions:

There is the possibility that large volumes of fluid containing dilute local anesthetic 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 can occur following surgery.

Unsatisfactory Result:

Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. The body is not asymmetric and almost everyone has some degree of unevenness which may not be recognized in advance. One side of the face may be slightly larger, one side of the face droopier. The breast and trunk area exhibits the same possibilities. Many of such issues cannot be fully corrected with surgery. The more realistic your expectations as to results, the better your results will be in your eye. Some patients never achieve their desired goals or results, at no fault of the surgeon or surgery. 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.

ADDITIONAL ADVISORIES

Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray):

Patients who are currently smoking or use tobacco 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 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. 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.

I have smoked and stopped approximately _____ ago. I understand I may still have the effects and therefore risks from smoking in my system, if not enough time has lapsed.

It is important to refrain from smoking at least 4 weeks before surgery and until your physician states it is safe to return, if desired. I acknowledge that I will inform my physician if I continue to smoke within this time frame, and understand that for my safety, the surgery, if possible, may be delayed.

Smoking may have such a negative effect on your surgery that a urine test just before surgery may be done which will prove the presence of Nicotine. If positive, your surgery may be cancelled and your surgery, scheduling fee, and other prepaid amounts may be forfeited. Honestly disclose smoking to your surgeon.

Sleep Apnea / CPAP:

Individuals who have breathing disorders such as “Obstructive Sleep Apnea” and who may rely upon CPAP devices (constant positive airway pressure) or utilize nighttime oxygen are advised that they are at a substantive risk for respiratory arrest and death when they take narcotic pain medications following surgery. This is an important consideration when evaluating the safety of surgical procedures in terms of very serious complications, including death, that relate to pre-existing medical conditions. Surgery may be considered only with monitoring afterwards in a hospital setting in order to reduce risk of potential respiratory complications and to safely manage pain following surgery.

Please consider the following symptoms of sleep apnea:

I am frequently tired upon waking and throughout the day

I have trouble staying asleep at night

I have been told that I snore or stop breathing during sleep

- I wake up throughout the night or constantly turn from side to side
- I have been told that my legs or arms jerk while I'm sleeping
- I make abrupt snorting noises during sleep
- I feel tired or fall asleep during the day

It is important for you to inform and discuss any of the above symptoms that you have experienced with your surgeon.

Off-Label FDA Issues:

There are many devices, medications and injectable fillers and botulinum toxins that are approved for specific use by the FDA, but this proposed use is “Off-Label”, that is not specifically approved by the FDA. It is important that you understand this proposed use is not experimental and your physician believes it to be safe and effective.

I acknowledge that I have been informed about the Off-Label FDA status of _____ and I understand it is not experimental and accept its use.

Medications and Herbal Dietary Supplements:

There are potential adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Aspirin and medications that contain aspirin interfere with bleeding. These include non-steroidal anti-inflammatories such as Ibuprofen and Neurofen. It is very important not to stop drugs that interfere with platelets, such as Clopidogrel, which is used after a stent. It is important if you have had a stent and are taking Clopidogrel that you inform the plastic surgeon. Stopping Clopidogrel may result in a heart attack, stroke and even death. Be sure to check with your physician about any drug interactions that may exist with medications which you are already taking. If you have an adverse reaction, stop the drugs immediately and call your plastic 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.

Obesity:

There is clinical evidence to suggest that risk of complications associated with anaesthesia and surgery is increased with obesity (BMI of more than 30). This may result in poor wound healing, infection, wound breakdown, poor scarring and suboptimal aesthetic result.

Sun Exposure – Direct or Tanning Salon:

The effects of the sun are damaging to the skin. Exposing the treated areas to sun may result in increased scarring, color changes, and poor healing. Patients who tan, either outdoors or in a salon, should inform their surgeon and either delay treatment, or avoid tanning until the surgeon says it is safe to resume. The damaging effect of sun exposure occurs even with the use sun block or clothing coverage.

Travel Plans:

Any surgery holds the risk of complications that may delay healing and your return to normal life. Please let the surgeon know of any travel plans, important commitments already scheduled or planned, or time demands that are important to you, so that appropriate timing of surgery can occur. There are no guarantees that you will be able to resume all activities in the desired time frame.

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. Weight changes can affect the result of surgery; it is essential when assessing results of surgery that your weight is similar to that at the time of surgery.

Interference with Sentinel Lymph Node Mapping Procedures:

Breast surgery procedures that involve cutting through breast tissue, similar to a breast biopsy, can potentially interfere with diagnostic procedures to determine lymph node drainage of breast tissue to stage breast cancer.

Body-Piercing Procedures:

Individuals who currently wear body-piercing jewelry in the surgical region are advised that an infection could develop from this activity.

Future Pregnancy and Breast Feeding:

This surgery is not known to interfere with pregnancy. If you are planning a pregnancy, your breast skin may stretch and offset the results of surgery. You may have more difficulty breast feeding after this operation.

Female Patient Information:

It is important to inform your plastic 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. It is the responsibility of patients to ensure that they are not pregnant at the time of surgery. Anaesthetic and medication used may affect the foetus and/or jeopardize the pregnancy.

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 for return to surgery to 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.

DVT/PE Risks and Advisory:

There is a risk of blood clots, Deep Vein Thrombosis (DVT) and Pulmonary Embolus (PE) with every surgical procedure. It varies with the risk factors below. The higher the risk factors, the greater the risk and the more involved you must be in both understanding these risks and, when permitted by your physician, walking and moving your legs. There may also be leg stockings, squeezing active leg devices, and possibly medicines to help lower your risk.

There are many conditions that may increase or affect risks of clotting. Inform your doctor about any past or present history of any of the following:

- _____ Past History of Blood Clots
- _____ Family History of Blood Clots
- _____ Birth Control Pills
- _____ Swollen Legs
- _____ History of Cancer
- _____ Large Dose Vitamins
- _____ Varicose Veins
- _____ Past Illnesses of the Heart, Liver, Lung, or Gastrointestinal Tract.

_____ I understand the risks relating to DVT/PE and how important it is to comply with therapy as discussed with my surgeon. The methods of preventative therapy include:

- _____ Early ambulation when allowed
- _____ Compression devices (SCD/ICD)

_____ ASA protocol when allowed (Aspirin)

_____ Heparin protocol when allowed

_____ Enoxaparin protocol when allowed

The risks of DVT/PE may be almost as great as the prophylactic therapy when involving Aspirin, Heparin, and Enoxaparin. Be aware that if your surgery is elective, those patients with very high risks should consider not proceeding with such elective surgery.

ADDITIONAL SURGERY NECESSARY

There are many variable conditions that may influence the long-term result of surgery. 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 of body structures. 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 this surgery. 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. You and your surgeon will discuss the options available should additional surgery be advised. There may be additional costs and expenses for such additional procedures, including surgical fees, facility and anesthesia fees, pathology and lab testing.

PATIENT COMPLIANCE

Follow all physician instructions carefully; this is essential for the success of your outcome. 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 plastic 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 physician states it is safe. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

REVISION POLICY

Surgical revision surgery is a common part of elective surgery. Your procedure will not stop you from aging, sagging, scarring, or experiencing ongoing skin changes that are more genetically controlled. If the cosmetic result of your surgery does not match the consultant's expectations, revision surgery will be provided free of charge, provided this is identified by the consultant within 12 months of the surgery. This is usually carried out at least 3 to 12 months after the initial surgery to allow inflammation to settle. If the cosmetic result of your surgery meets the consultant's expectations, any revision surgery will be chargeable at the prevailing rates. Revision policy and courtesy discounts only apply to patients who comply with post-op orders and visits.

FINANCIAL RESPONSIBILITIES

Self Funding:

The total fees quoted include:

Pre-operative assessment and tests before admission if necessary.

Hospital accommodation and meals if necessary.

Nursing care and facilities.

Theatre fees, drugs and dressings.

Consultants' fees (excluding consultation fees).

Prosthesis.

Imaging, physiotherapy, pathology and histology.

Take home drugs for up to 5 days and antibiotics for the prescribed period (except for day surgery at the Clinic).

Removal of stitches, dressings if required.

Post-operative consultation by the surgeon, usually at 3 months and as required up to 1 year

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The treatment of any related physical conditions or complications that become apparent within 30 days of discharge provided a) such conditions or complications are treated at the Hospital/Clinic b) that you have followed the post-operative advice given.

Booking of surgery is confirmed only on payment of a deposit. For surgeries carried out in the hospitals, the hospital will arrange collection of the remaining fees. There is a non-refundable £250 administration charge within this fee (which will be retained in all cancellations/rescheduling).

Cancellation of the booking within 14 days of the surgery date will incur a charge equivalent to 50% of the deposit.

Cancellation of the booking within 48 hours of the surgery date will incur a loss of the full deposit.

Cancellation must be done through speaking with a member of the CC Kat Aesthetics Clinic (Tel: 0845373181) either in person or over the telephone. Emails, written cancellation or voice messages are not accepted as they may not be received.

I understand and unconditionally and irrevocably accept the above ____

Private Medical Insurance

You have been given the CSSD code/codes and fees for your surgery. Insurance companies and individual policies do vary considerably with respect to the remuneration. You are therefore advised to clarify your level of coverage with your insurance company. Shortfalls and payments are your responsibility.

I understand and unconditionally and irrevocably accept my financial responsibilities ____

SECOND CONSULTATION AND WAIVER

It is good medical practice for patients to attend a second consultation (free of charge) pre surgery. This is to allow patients to ask further questions and to prepare fully for the surgery and recovery.

I have attended the second consultation ____

I have waived my right to this consultation and its potential benefit ____

TWO WEEKS COOLING OFF PERIOD AND WAIVER

The GMC Good Practice Guidelines suggest a minimum of 2 weeks between consultation and surgery. This is to ensure that patients have a reasonable period of time to reflect on the implication of the proposed surgery, to make a fully informed decision without any pressure to proceed and to ask any further questions.

I am freely electing to waive my right to this cooling off period and confirm that I wish to proceed with the proposed treatment ____

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 plastic 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 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 or treatment: Myocutaneous Flap Surgery

I have received, read and signed the relevant Informed Consent Form.
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 understand what my surgeon can and cannot do, and understand there are no warranties or guarantees, implied or specific about my outcome. I have had the opportunity to explain my goals and understand which desired outcomes are realistic and which are not. All of my questions have been answered, and I understand the inherent (specific) risks to the procedures I seek, as well as those additional risks and complications, benefits, and alternatives. Understanding all of this, I elect to proceed.
5. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
6. I consent to the disposal of any tissue, medical devices or body parts that may be removed.
7. 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.
8. I realize that not having the operation is an option.
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

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9).
I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Date _____ Physician _____