

INFORMED CONSENT – REVISION PLASTIC SURGERY

**Siamak Agha-Mohammadi MD PhD FACS
Board Certified, American Board of Plastic Surgery
Plastic Surgery Body Contouring Center
Phone: 949-644-2442**

INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you concerning revision plastic surgery(s), its risks, as well as alternative treatment(s).

In addition to the consent forms for primary plastic surgery procedures, 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 revision plastic surgery as proposed by Dr. Siamak Agha and agreed upon by you.

GENERAL INFORMATION

Revision plastic surgery encompasses any cosmetic or reconstructive surgical procedure that has to be repeated after a previous procedure. Revision may be performed for functional or aesthetic purposes. There are many different techniques of plastic surgery revision but recreation of the primary procedure through the same or longer scars is unavoidable. It is impossible to totally remove the presence of a scar, yet plastic surgery may improve the appearance and texture of scars.

ALTERNATIVE TREATMENTS

Alternative forms of treatment consist of not treating the condition at all. It is important to understand that risks and potential complications are significantly higher with revision plastic surgery.

RISKS OF REVISION PLASTIC SURGERY

Every surgical procedure involves a certain amount of risk that is mentioned in the consent form for the particular procedure. 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, the risks and potential complications are significantly enhanced with each round of revision surgery. You should discuss each of them with Dr. Siamak Agha to make sure you understand all possible consequences of surgical revision. In addition, every procedure has limitations. These limitations in contour, shape and form, scar placement, scar quality, as well as symmetry are significantly higher and influenced by previous procedures.

LIMITATIONS OF REVISION PLASTIC SURGERY

In addition, every procedure has limitations. These limitations in contour, shape and form, scar placement, scar quality, as well as symmetry are significantly higher and influenced by previous procedures.

EXPECTATION AFTER REVISION PLASTIC SURGERY

The aim of revision surgery is to improve upon a previous surgical result. Although every effort is made to improve your results, given the complexity of these procedures no guarantee of this can be made by Dr. Siamak Agha.

ADDITIONAL SURGERY NECESSARY (Re-Operations)

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. Additional surgeries may be necessary to perform additional tightening or repositioning of body structures. Should complications occur, additional surgery or other treatments may be necessary. 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, especially after revision surgery. In some situations, it may not be possible to achieve optimal results with a single surgical procedure.

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.

INFORMED CONSENT – REVISION PLASTIC 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.

HEALTH INSURANCE

Most health insurance companies exclude coverage for cosmetic surgical operations or any resulting complications. Please carefully review your health insurance subscriber-information pamphlet. **Most insurance 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, 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. 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. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revision surgery will also be your responsibility. **In signing the consent for this surgery/procedure, you acknowledge that you have been informed about its risks and consequences and accept responsibility for the clinical decisions that were made along with the financial costs of all future treatments.**

___ I understand that with cosmetic surgery, I am responsible for the surgical fees quoted to me, as well as additional fees for anesthesia, facility (OR), and possibly laboratory, X-ray, and pathology fees.

Surgicenters, Outpatient Centers, and Hospitals often have rules that certain tissue/implants removed during surgery must be sent for evaluation which may result in additional fees. Please check with your surgeon to receive an estimate of any additional costs that you may be charged.

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.

INFORMED CONSENT – REVISION PLASTIC SURGERY

CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby authorize Dr. Siamak Agha-Mohammadi and such assistants as may be selected to perform the following procedure or treatment: **PLASTIC SURGERY REVISION (S)**

I have received the following information sheet:

INFORMED CONSENT – PLASTIC SURGERY REVISION (S)

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 I 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 of the procedures I seek, as well as those additional risks and complications, benefits, and alternatives. Understanding all of this, I elect to proceed.
5. I consent to be photographed or televised before, during, and after 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 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.
9. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
10. I understand that the surgeon's fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.
11. I realize that not having the operation is an option.
12. 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 (1-12).
I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Date _____ Witness _____