

Patient agreement to investigation or treatment

Abdominoplasty (plastic surgery on the abdomen)

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Brief description:

- An abdominoplasty is an operation to cut away loose skin and fat in your abdominal (tummy) area and tighten up the muscles. It is a major operation requiring a general anaesthetic and a stay in hospital for up to one week.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (operation/treatment). We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

Please bring this form with you to hospital

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- Remember, you can change your mind about having the procedure at any time.

Patient Information

About abdominoplasty

The aim of the abdominoplasty operation is to flatten the profile of the abdomen (tummy), it is not designed to be a way of losing weight itself. Typically, patients have already lost weight but are left with loose folds of skin in their abdomen that need corrective surgery. After you have this operation you will have a large 'W-shaped' scar that stretches from one hip to the other. It is visible if you wear swimwear with high-cut sides but can be covered by other swimming costumes. There is also a less conspicuous scar around the umbilicus (navel). The actual scarring you will have will vary, at its best it will be clearly visible, at its worst it will be quite unsightly.

This procedure does not remove stretch marks above the level of the umbilicus. If you have had previous operations on your abdomen, depending on the position of the scars, it can make a big difference to the actual procedure used. We might need to vary the technique we use. The most common variation is to add a vertical wound (scar) in the mid line, extending from the pubic hairline to the umbilicus. In practice, this is rarely necessary.

Photographs will be taken of your abdomen before and after the operation. This is part of your clinical record. These photographs remain confidential and are kept securely in your hospital folder.

Before your procedure

- Most patients attend a pre-admission clinic, when you will meet a nurse and a member of the surgical team.
 - At this clinic, we shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss any concerns you might have at any time.
 - You will be asked if you are taking any tablets or other types of medication - these might be ones prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring details with you of anything you are taking (for example: bring the packaging with you).
 - This procedure involves the use general anaesthesia. See below for further details about this type of anaesthesia.
 - Most people who have this type of procedure will need to stay in hospital for up to one week. Sometimes we can predict whether you will need to stay for longer than usual - your doctor will discuss this with you before you decide to have the procedure.
 - You must stop smoking before this operation. This is because smoking can delay healing; the nicotine in cigarettes etc reduces the blood flow to the skin and can lead to an area of skin over the lower part of the tummy dying. If this happens, a skin graft may be required to heal the raw area, and this usually produces unsightly scars.
 - Before you come into hospital for your procedure, you will also be asked to:
 - Have a bath or shower at home on the day of admission.
 - Remove any make-up; nail varnish and bulky or sharp jewellery. Rings and earrings that you'd prefer not to remove can usually be covered with adhesive tape.
 - Follow the fasting instructions in your admission-confirmation letter. Typically, you must not eat or drink for about six hours before the operation. However, some anaesthetics allow occasional sips of water until two hours before.
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During the procedure (operation/treatment) itself

- Before your procedure, you will be given the necessary anaesthetic - see below for details of this.
- Once the anaesthetic has taken effect, your surgeon will make a triangular incision (wound) above your bikini line and another incision to free your umbilicus (navel) from the surrounding skin. Next, we will separate the overlying skin from your abdominal muscles below. If your muscles are very stretched or torn, they will be pulled together and stitched in place to tighten and repair the area. The loosed abdominal skin is then pulled downward, and any excess tissue removed. A new position is made for your navel. The incisions are then closed using dissolvable stitches. The operation lasts approximately two hours. If you have had considerable loss of blood during surgery, you might need a blood transfusion.

Prevention of Surgical Site Infection (SSI)

In order to prevent infection, hair from the area where you are being operated on may need to be removed.

Hair removal from the site of the operation up to sixty minutes before surgery reduces the risk of infection. This means that the hair removal procedure is usually carried out on the operating table. The skin is then cleaned with an appropriate skin preparation solution. This can leave a colouration to the skin which can be washed off.

You must not shave the area that is being operated on yourself; this will be carried out in the operating theatre. Shaving at home, or the night before surgery, increases the risk of infection as no matter how careful you are the skin may become irritated and this could increase the risk of infection.

It may be necessary during the procedure to shave other areas of your body if appropriate to allow equipment/machines, for example diathermy machines (used to seal blood vessels), to stick to your skin to achieve the best and safest performance.

After the procedure (operation/treatment)

- You will wake up in the recovery room after your operation. You might have an oxygen mask on your face to help you breathe. You might also wake up feeling sleepy.
- After this procedure, most people will have a small, plastic tube in one of the veins of their arm. This might be attached to a bag of fluid (called a drip), which feeds your body with fluid until you are well enough to eat and drink by yourself.
- While you are in the recovery room, a nurse will check your pulse and blood pressure regularly. You will wake up with your knees and thighs flexed upwards; this is to relieve tension on the wound. When you are well enough to be moved, you will be taken to a ward.
- Sometimes, people feel sick after an operation, especially after a general anaesthetic, and might vomit. If you feel sick, please tell a nurse and you will be offered medicine to make you more comfortable.
- After the operation, you will have some drains (thin plastic tubes) coming out of the skin near the wound on either side. They empty any internal bleeding into a plastic bottle. They are removed after two to three days.
- You might also have a catheter in place after surgery to drain urine from your bladder into a separate bottle or bag. This means that you do not have to get up to go to the toilet. These are usually removed the day after your operation.
- Your abdomen will feel very tight and quite sore for a few days. We will give you some painkillers to make you more comfortable, initially by injection and then as tablets. You will feel very tired and weak for several days.
- If you have had external stitches, these will be removed after five to seven days. We often use some adhesive paper strips to reinforce the wounds. Usually, you will be able to go home at this stage.

- There is likely to be a certain amount of bruising visible in the skin.
 - **Eating and drinking:** After this procedure, you will be given instructions on what you should eat and drink.
 - **Getting around and about:** On and after the second day you will be encouraged to get up out of bed, staying flexed at the hips. We encourage you to walk because it reduces the chance of blood clots forming in the leg veins.
 - **When you can leave hospital:** Most people who have had this type of procedure under general anaesthetic will be able to leave hospital after one week. The actual time that you stay in hospital will depend on your general health, how quickly you recover from the procedure and your doctor's opinion.
 - **When you can resume normal activities including work:** When you return home, you should take life very slowly and be extra careful. You should avoid any lifting, stretching or strenuous exercise for six weeks. When you will be ready to return to work will depend on your usual health, how fast you recover and what type of work you do. Please ask your doctor for his/her opinion.
 - **Special measures you need to take after the procedure:**
 - After the first week you can bathe normally and get the wound wet but please try to keep the adhesive strips on for as long as possible. They help support the wound during the early phases of healing.
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- The scars will initially look pink but over the next six months they will fade to a pale white colour. Even if the scar is narrow after the operation, it will almost certainly stretch and might also thicken with time. Scars should be protected from the sun for at least a year, to prevent a permanent colour change. Remember that some swimwear allows ultra violet (UV) rays to reach the skin and so a good sunscreen (Factor 15 or more) should be applied when sunbathing even if you have the scar covered.
- **Check-ups and results:** An outpatient appointment will be organised to review the operation result after three months.

Intended benefits of the procedure

- To cut away loose skin and fat in your abdominal (tummy) area and tighten the muscles.

Who will perform my procedure?

- This procedure will be performed by a member of the surgical team.

Alternative procedures that are available

- The alternative to this surgery is to decide not to have surgery.

Serious or frequently occurring risks

All operations carry risks. A few of the more common problems are listed below. This list is intended to inform rather than alarm you, it does not cover everything that can go wrong but the more common problems.

- **Scars:** The scars that follow an abdominoplasty are covered by normal clothing. However, they are not invisible and can become prominent and unsightly.
 - **Changes in appearance:** Your umbilicus (tummy button) will be a different shape to that before the operation. Your pubic hairline is often slightly higher after the operation.
 - **Numbness:** After the operation, the abdominal skin will feel numb but usually this improves after six months or so. Very rarely, there can also be numbness on the outer side of your thighs, and sometimes this is permanent.
 - **Seroma and haematoma:** In rare cases, despite the use of drains, body fluid (seroma) or blood clots can build up underneath the skin. Often we will need to treat this, sometimes using just a needle and syringe, or by a small second operation.
 - **Wound breakdown:** Sometimes the wound will become infected or breakdown. This can result in skin loss which can require skin grafts. This is much more likely in smokers, which is why you should stop smoking at least before and after the operation.
 - **Deep vein thrombosis (DVT):** There is a risk of DVT (blood clots forming in the leg veins) after this operation. This serious complication is less likely if you are up
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and walking as early as possible after your operation and if you wear special support stockings during the operation and in the early post-operative phase, while you are confined to bed (you will be provided with these). Again, this risk is greater with smoking and the oral contraceptive pill.

Information and support

- You might be given some additional patient information before or after the procedure for example, leaflets that explain what to do after the procedure and what problems to look out for. If you have any questions or anxieties, please feel free to ask a member of staff including the ward sister.

General Anaesthesia

During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of your operation.

Before your operation

Before your operation your anaesthetist will visit you in the ward, although occasionally this will happen in a pre-anaesthetic assessment clinic. If you are a day case patient it may not be until just before your operation. The anaesthetist who looks after you on the day of your operation is the one who is responsible for making the final decisions about your anaesthetic. He or she will need to understand about your general health, any medication that you are taking and any past health problems that you have had. Your anaesthetist will want to know whether or not you are a smoker, whether you have had any abnormal reactions to any of the drugs or if you have any allergies. They will also want to know about your teeth, whether you wear dentures, have caps or a plate. Your anaesthetist needs to know all these things so that he or she can assess how to look after you in this vital period. Your anaesthetist may examine your heart and lungs and may also prescribe medication that you will be given shortly before your operation, the pre-medication or 'pre-med'.

Pre-medication is the name given to medication (drugs) given to you some hours before your operation. These drugs may be given as tablets, injections or liquids (to children). They relax you and may send you to sleep. They are not always given.

Do not worry if you do not have a pre-med, your anaesthetist has to take many factors into account in making this decision and will take account of your views on the topic if possible. Do not be worried about your anaesthetic. When your anaesthetist visits you before your operation, this is the time to ask all the questions that you may have, so that you can forget your fears and worries.

Before your operation you will usually be changed into a gown and wheeled to the operating suite into an anaesthetic room. This is an ante-room outside the theatre. The anaesthetist, his or her assistant and nurses are likely to be present. An intravenous line (drip) may be inserted. Monitoring devices may be attached to you,

such as a blood pressure cuff or a pulse oximeter. A pulse oximeter is usually a little red light in a small box, which is taped to your finger. It shows how much oxygen you have in your blood and is one of the vital monitors that an anaesthetist uses during your operation to ensure that you remain in the best of health. You may be given some oxygen to breathe. It is common practice nowadays to allow a parent into the anaesthetic room with children: as the child goes unconscious, the parent will usually be asked to leave.

During your operation

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you in the correct level of unconsciousness for the period of the surgery. Your anaesthetist is constantly aware of your condition and trained to respond. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement. If you have any other medical conditions, your anaesthetist will know of these from your pre-operative assessment and be able to treat them during surgery.

After your operation

After your operation your anaesthetist continues to monitor your condition carefully. You will probably be transferred to a recovery ward where specially trained nurses, under the direction of anaesthetists, will look after you. Your anaesthetist and the recovery nurses will ensure that all the anaesthetic effects are reversed and that you are closely monitored as you return to full consciousness. You may be given some oxygen to breathe in the recovery area, and may find that intravenous drips have been inserted whilst you are unconscious in theatre and that these will be replacing fluids that you might require. You will be given medication for any pain that you might feel, and systems, such as Patient Controlled Anaesthesia (PCA) may be set up to continue pain control on the ward.

You are likely to feel drowsy and sleepy at this stage. Some patients feel sick, others may have a sore throat related to the insertion of the breathing tube during surgery. During this time it is important that you relax as much as you can, breathe deeply, do not be afraid to cough, and do not hesitate to ask the nursing staff for any pain relief, and about any queries you may have. You are likely to have hazy memories of this time and some patients experience vivid dreams. Once you are fully awake you will be returned to the ward, and if you are a day patient will be allowed to go to the waiting area to fully recover before you are accompanied home. Do not expect to feel completely normal immediately!

Please read the following:

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

I understand that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

I understand that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

I understand that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

Please tick boxes to indicate you either agree/disagree to the three points below. Yes No

I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research. If you wish** to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.

I agree to the use of photography for the purpose of diagnosis and treatment.

I agree to anonymised photographs being used for medical teaching.

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

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

Name (PRINT):

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes). **Witness' signature:** Date:

Name (PRINT):

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance) On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature Date:

Name (PRINT): Job Title:

