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Aesthetic Cosmetic Plastic Surgery

Informed Consent - Panniculectomy

INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you about Panniculectomy 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 Dr. Brown and agreed upon by you.

GENERAL INFORMATION

Panniculectomy is a surgical procedure to remove excess skin and fatty tissue from the lower abdomen. Panniculectomy surgery is not a treatment for being overweight. Obese individuals who intend to lose weight should postpone all forms of body-contouring surgery until they have reached a stable weight. There are a variety of different techniques used by plastic surgeons for Panniculectomy. The Panniculectomy can be combined with other forms of body-contouring surgery, including suction-assisted lipectomy in other areas, or other elective surgeries. Panniculectomy removes excess tissue leaving planned abdominal scars without correcting the abdominal muscles or other contour irregularities of the abdominal areas. It is usually performed when a pannus or overhang of abdominal tissue is present. A Panniculectomy is not an Abdominoplasty.

ALTERNATIVE TREATMENTS

Alternative forms of management consist of not treating the areas of loose skin and fatty deposits. Liposuction may be a surgical alternative to Panniculectomy but usually will not help in removing the extra, loose, overhanging skin. Diet and exercise programs may be of benefit in the overall reduction of excess body fat and contour improvement. Risks and potential complications are associated with alternative surgical forms of treatment.

INHERENT RISKS OF PANNICULECTOMY 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 Dr. Brown to make sure you understand all possible consequences of Panniculectomy.

SPECIFIC RISKS OF PANNICULECTOMY SURGERY

Major Wound Separation:

Wounds may separate after surgery. Should this occur, additional treatment including surgery and even hospitalization 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 after a Panniculectomy.

Skin Contour Irregularities:

Contour and shape irregularities and depressions may occur after a Panniculectomy. Visible and palpable wrinkling of skin can occur. Residual skin irregularities at the ends of the incisions or “dog ears” are always a possibility as is skin pleating when there is excessive redundant skin. This may improve with time, or it can be surgically corrected.

Umbilicus:

Malposition, scarring, unacceptable appearance or loss of the umbilicus (navel) may occur. Loss of the umbilicus can be higher with large Panniculectomy's.

Use of Drains:

During your surgery, Dr. Brown may find it necessary to place a drain(s). A drain is a small tube that drains fluid out from the area that was operated on. You will be instructed on the use of your drain. Placement of the drain may require a small separate incision. The drain will be removed when Dr. Brown feels it is no longer necessary. The drain site may be closed at the time of drain removal. Closing the drain site may require special surgical tape or sometimes a suture. Dr. Brown may leave the site open to drain any residual fluid under the wound.

Pubic Distortion:

It is possible, though unusual, for women to develop distortion of their labia and pubic area. Should this occur, additional treatment including surgery may be necessary.

Scars:

All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, this surgery will result in long, prominent scars that are permanent. 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. These scars may become raised, red in the first few weeks – months, but usually settle down over time. However, some patients are prone to “hypertrophic” or “keloid” scars i.e. prominent, raised, red scars that do not settle. Further treatments with medications and/or surgery may be required.

Injury to Deep Vital Structures:

There is the inherent risk of injuring deeper vital structures including but not limited to bowel, muscles, nerves, vessels, and other intra-abdominal structures. This can result in severe infections, bleeding, breathing difficulties, organ failure and possibly death. These injuries may require additional surgical procedures and hospitalizations to treat.

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, panniculectomy, 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 Dr. Brown.

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. The collection of blood that can occur under your skin following surgery is referred to as a hematoma. 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. 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). Dr. Brown may provide medications after your surgery to prevent blood clots. Medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets.

Infection:

Infection, although uncommon, can occur after surgery. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary. It is important to tell Dr. Brown of any other infections, such as a history of MRSA infections, an open wound, recent upper respiratory infection/ pneumonia, ingrown toenail, insect bite, tooth abscess, or urinary tract infection. Infections in other parts of the body, may lead to an infection in the operated area. Post-operative infections often result in more extensive scarring and predispose to revision surgery.

Seroma:

Fluid may accumulate between the skin and the underlying tissues following surgery, trauma or vigorous exercise which is referred to as a seroma. A seroma can be the most common complication following a Panniculectomy. You may notice a increase in your abdominal girth, localized swelling or a shape change that should alert you that a seroma may have occurred in your post-operative period. Seroma's should be addressed to prevent an unfavorable outcome. Should this problem occur, notify Dr. Brown and additional procedures for drainage of fluid may be required.

Skin Loss:

Partial or full thickness skin loss or tissue necrosis can occur following a Panniculectomy. This can be most common in what are referred to as “water shed areas’ where blood perfusion can be less than optimal. In a Panniculectomy this is the area below the umbilicus. Medical conditions and medications can also compromise blood flow. Should you develop tissue necrosis or skin loss additional surgical procedures are likely to be required for debridement & to close the wound. Once healed revisional surgery may be required.

Scarring:

All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, this surgery will result in long, prominent scars that are permanent. 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. These scars may become raised, red, or discolored in the first few weeks/months, but usually settle down over time. However, some patients are prone to “hypertrophic” or “keloid” scars i.e. prominent, raised, red scars that do not settle. Further treatments with medications and/or surgery may be required.

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.

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.

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.

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.

Damage to Deeper Structures:

There is the potential for injury to deeper structures including nerves, blood vessels, lymphatics, 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.

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. If you are a chronic pain patient followed by a Pain Therapy Practitioner, you may be asked to see this practitioner pre operatively to assist you in the management of your pain disorder in the post-operative period. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue or due to tissue stretching.

There are nerve endings that may become involved with healing scars from 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 Dr. Brown.

Cardiac and Pulmonary Complications:

Pulmonary complications may occur secondarily to blood clots (pulmonary emboli), fat deposits (fat emboli), pneumonia, 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 Dr. Brown 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.

Possible Hernia Repair:

At the time of your Panniculectomy Dr. Brown may identify a hernia (i.e. incisional, groin, umbilical, etc.) It is your best interest that your hernia be repaired at the time of your Panniculectomy, if possible.

Venous Thrombosis (Clot) and Sequelae:

Thrombosed veins, which resemble cords, occasionally develop around IV sites, and usually resolve without medical or surgical treatment. Panniculectomy can be associated with an increased risk for Deep Venous Thrombosis (DVT (DVT) and Pulmonary Embolus (PE)). Often a screening process is conducted to determine if you are at increased risk for DVT/ PE. Measures can be taken at the time of your Panniculectomy to prevent such events from occurring. It is important to discuss with Dr. Brown if you or your family have a history of DVT/ PE. Certain high estrogen pills, obesity, history of cancer, history of inflammatory bowel disease, etc. may increase your risk of thrombosed veins and the development of DVT/ PE.

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. It is important to notify Dr. Brown of any previous allergic reactions.

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 Dr. Brown 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. Provide Dr. Brown with a list of medications and supplements you are currently taking.

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.

Revision Surgery:

Every effort is made for you to have a favorable outcome but, unforeseen events can occur that may require revisional surgery. Patients with multiple medical problems, massive weight loss patients, smokers, patients that develop infections in the post-operative period and other high risk patients have a greater propensity to require revisional surgery. Issues that could need to be addressed in the post-operative period include but are not limited to dog ears, asymmetry, contour irregularities, folds, wrinkles, loose skin, umbilical malposition or loss, and pubic distortion.

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.

Fat/Air Embolism:

In rare cases, fat particles or air can enter the vascular system and can travel to the heart, lungs or brain. This can result in significant complications including death.

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 symmetric 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 appear to you. Some patients never achieve their desired goals or results, at no fault of Dr. Brown 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. Unsatisfactory results may NOT improve with each additional treatment.

ADDITIONAL ADVISORIES

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 forming blood clots, and therefore may contribute to more bleeding issues. If you have a medical condition (such as heart arrhythmia, heart stent, blood vessels with blockages, or blood clots) and are taking medications to thin your blood and prevent clotting such as Plavix, Warfarin, Coumadin, Effient or Pradaxa, discuss management of these medications around the time of surgery with Dr. Brown. Dr. Brown may sometimes coordinate a plan for these medications with the doctor that prescribed them for your medical condition. If you have been prescribed drugs for a medical condition, do not stop them without discussing it first with Dr. Brown. Stopping these medications abruptly may result in a heart attack, stroke, or death. Be sure to check with Dr. Brown 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 Dr. Brown 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.

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 Dr. Brown and either delay treatment, or avoid tanning until Dr. Brown 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 Dr. Brown 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. Allow at least 10-14 days to travel via airplane. Medications may be required should you have a long flight/ trip to prevent DVT/ PE in the immediate post-operative period.

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.

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:

Individuals who currently wear body-piercing jewelry in the surgical region are advised that an infection could develop from this activity. Body-piercing jewelry should be removed prior to your surgical procedure.

Jewelry:

Jewelry should not be brought with you at the time of your surgical procedure. Items such as earrings, wedding rings, necklaces, etc. should be removed and placed in a safe place. Do not bring your jewelry with you for your surgery.

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 Dr. Brown 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.

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 Dr. Brown 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 Dr. Brown, 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.

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. 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 associated with this surgery. Other complications and risks can occur but are less common. 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 Dr. Brown 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 Dr. Brown. 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 important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

ATTESTATIONS

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 loss 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 these type of complications. 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.

I have been advised to stop smoking immediately and have been informed of the risks, benefits, expectations and alternatives to my surgery if I continue smoking.

It is important to refrain from smoking at least 6 weeks before surgery and until Dr. Brown states it is safe to return, if desired. I acknowledge that I will inform Dr. Brown 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 or blood 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 Dr. Brown.

Sleep Apnea / CPAP:

Individuals who have breathing disorders such as “Obstructive Sleep Apnea” and who may rely upon CPAP devices (continuous 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 Dr. Brown.

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 Dr. Brown, 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 Dr. Brown about any past

or present history of any of the following:

- Past History of Blood Clots
- Family History of Blood Clots
- Birth Control Pills
- Hormone Stimulating Drugs
- Swollen Legs
- History of Cancer
- Large Dose Vitamins
- Varicose Veins
- Past Illnesses of the Heart, Liver, Lung, or Gastrointestinal Tract.
- History of Multiple Spontaneous Abortions or Miscarriages

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

- Early ambulation when allowed
- Compression devices (SCD/ICD)
- Anticoagulation Protocols when Allowed

For high risk patients, the risks of VTE are still high, even in the setting of appropriate chemoprophylaxis. If your surgery is elective and you're a high risk patient, it's best to consider with not proceeding with such elective surgery.

COMMUNICATION ACKNOWLEDGEMENT – CONSENT

There are many ways to communicate with you. It is important to keep appointments and let us know if problems or issues arise. Methods of communicating are by telephone, text, pager, answering service if available, email, and regular mail. If an emergency arises, keep us alerted to your progress so we may aid in any necessary treatments. Please do not leave a message after hours or on weekends on the office answering machine if any urgent or emergent situation exists, as there is a delay in retrieving such messages. All attempts will be made to preserve your privacy in accordance with HIPAA rules.

Please confirm below all acceptable ways of communicating with you:

- Telephone
 - Home (- -)
 - Work (- -)
 - Cell (- -)
- Text
- Pager – Answering Service if available
- Email – with up to date email address (@)
- Regular Mail and Delivery

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. Dr. Brown 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. Michael Brown and such assistants as may be selected to perform **Panniculectomy Surgery**.

I have received the following information sheet: **Panniculectomy Surgery**.

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 Dr. Brown 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 Dr. Brown 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. I consent to be photographed, internet broadcasted or televised before, during, and after the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific, educational or marketing purposes, provided my identity is not revealed by the pictures. I hereby grant permission to Michael J Brown, MD, PLLC the rights of my edited and non edited surgical image, in video or still, and of the likeness without consideration and waive any right to inspect or approve the images or receive compensation or rights to royalties. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.
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 that may be removed.
8. I am aware that there are potential significant risks to my health with the utilization of blood products, and I consent to their utilization should they be deemed necessary by Dr. Brown and/or his appointees.
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 Dr. Brown'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. I opt out of having this procedure _____.
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/Time _____ Witness _____