



## TUMMY TUCK SURGERY (ABDOMINOPLASTY) INFORMED CONSENT FORM

Date...../...../20....

**Dear Patient, Dear Parent / Guardian**

This form has been prepared to inform patients and their relatives about the surgery to be performed. It is a legal obligation to read and have it approved. Information sheets are used to explain the anticipated risks and undesirable conditions (complications) of surgical treatments and to provide information about other treatment options. The risks identified are defined to meet the needs of most patients under most circumstances. However, this form should not be considered as a document that includes the risks of all forms of treatment. Depending on your personal health condition or medical knowledge, your plastic surgeon may give you different or additional information.

Do not sign the form on the last page until you have carefully read all the information written below and found answers to all your questions.

### GENERAL INFORMATION:

Abdominoplasty is a surgical procedure in which excess fat and sagging skin in the middle and lower abdomen are removed and the abdominal muscles are stretched and strengthened. The aim is to achieve a flatter and tighter abdominal appearance. Abdominoplasty is not a treatment for obesity. People who are obese should lose the amount of weight they can lose before this surgical intervention. Abdominoplasty surgery cannot eliminate the fat deposits in the upper abdomen (on the stomach) and waist. For this reason, liposuction should be applied to these areas in the same session or in a previous session. Abdominoplasty can also be performed together with other body contour correction surgeries.

There are many techniques used by plastic surgeons for abdominoplasty. But basically, it includes the following steps:

- i. The fatty and saggy skin and subcutaneous tissues between the belly button and the pubic area are marked in an elliptical shape and this area is cut and removed
- ii. In order to close the opening created in the lower abdomen, the skin tissue between the belly button and the chest is released from below and the opening created in the lower abdomen is closed by moving (stretching) downwards.
- iii. A new incision is made on the skin pulled down from above and the umbilicus is removed through this hole to create a new belly button.
- iv. If there is any looseness or separation of the abdominal muscles, before the skin is closed, the muscles are sutured together in the front and midline - in this way, the waist is thinned and the abdominal wall is strengthened. This procedure is not performed if the patient plans to become pregnant in the future.
- v. Some people may have small undetected fascia defects (hernias) around the belly button, which are repaired during surgery.

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Yetimli Tercüman

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## WHO IS NOT SUITABLE FOR ABDOMINOPLASTY

- If the lower abdomen is not sagging enough, abdominoplasty cannot be performed. To determine this, it is enough for your doctor to examine you. If there is not enough sagging, you may be offered a mini abdominoplasty.
- If you are planning a pregnancy in the near future, the surgery should be postponed.
- If you have varicose veins in the legs, these should be checked with venous doppler before surgery to prevent thrombo-embolism and if necessary, varicose vein surgery should be performed first.
- If you have one of the genetic diseases that increase the possibility of thrombosis (such as Factor V Leiden Mutation, Protein C and S Mutations), it is better not to have this surgery.
- Patients taking medications that prevent wound healing (such as high doses of cortisone, immune suppressive drugs) should also not undergo this surgery. This is because there is a large surgical area and a long surgical incision that needs to heal.
- In patients taking blood thinners, if these drugs cannot be discontinued, the operation should not be performed.
- It may be better not to perform this surgery in patients with chronic obstructive pulmonary disease (COPD).
- In patients who smoke, this surgery should not be performed unless they quit smoking completely at least 2 weeks in advance, as openings and even skin loss may occur at the wound site.

## THINGS TO DO BEFORE SURGERY

During this period, your surgeon will remind you of certain points to be followed. Especially if you smoke, you should stop smoking at least 2 weeks before the operation until two weeks after the operation. You should not stay in the sun too much during this period. If you are taking vitamin E, ginkgo biloba, contraceptives and aspirin, take a break during this period and avoid heavy diet regimes before surgery. A cold or other infection may cause the surgery to be postponed.

If you have hair in the surgical area, it is recommended that it is trimmed in your room in the hospital on the day of surgery to prevent infection.

Before the operation, a drawing will be made to plan the details of the procedure. The level and length of the scar that will appear at the end of the surgery will vary according to the size of the excess skin on the abdomen. However, it is recommended that you bring your underwear or bikinis to the pre-operative drawing so that the scar will be covered by the underwear or bikinis that you wear.

Following this, the photographs necessary for the comparison of before and after surgery will be completed. You will also be weighed.

Preoperative anesthesia tests are preferably done 1 day before the surgery.

On the day of the operation, you should not eat or drink anything from 6 hours before the operation.

## SURGERY

The principle of abdominoplasty is to remove all skin and subcutaneous tissue between the belly button and the pubis. This is usually planned as a long transverse ellipse. How far it extends to the

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sides depends on how far the excess skin is creased when sitting. The operation starts with an incision at the bottom of this ellipse and the excess skin is released upwards over the abdominal muscles. When the belly button is reached, an incision is made around it and the hole is separated from the tissue to be removed. The operating table is then adjusted so that the patient is in a semi-sitting position and the upper incision is completed by controlling the amount of excess tissues and the removed piece is taken out and weighed. The tissues remaining in the upper abdomen are then released over the abdominal muscles along the midline up to the chest level to provide stretching. The abdominal muscles are relaxed with the drugs given by the anesthesiologists and it is decided whether and how much plication is required. After this stage, the skin of the upper abdomen is pulled downwards, and the tissue defect is closed by gradually attaching it to the abdominal wall with tangential sutures from top to bottom. An incision is made at the level of the belly button and the belly is removed through this hole and sutured. One or two tubes called drains may be inserted to remove excess fluid that will collect in the area. The operation may take 2-5 hours depending on the procedure. During the operation, a urinary catheter is usually applied to be used on the first day. The urinary catheter will be removed after you stand up.

## POSTOPERATIVE PERIOD

You are not allowed to eat anything in the first hours after surgery. Usually the first feeding is with liquid foods. Once you are able to pass gas comfortably, you can switch to soft foods. In the first weeks after surgery, you should generally increase the number of meals and keep the amount limited, and avoid gas-forming foods.

In the postoperative period, you will be made to lie in a position we call the V position, thus trying to reduce the tension in your surgical area. This position can be described as any position on your back where your hips are bent 45 degrees. Lying on your side is not recommended.

It is recommended that you mobilize from the first hours after surgery to prevent a possible thrombo-embolism complication. However, you need to use a special method to get out of bed without damaging the stitches in the abdomen:

- In bed, pull your legs towards your abdomen
- Then turn sideways in bed so that your feet hang down first
- Then sit on the side of the bed with the support of your hands.
- After sitting on the edge of the bed for a minute or two, stand up with support from someone, but maintain a 45-degree bend angle at the hip while standing.
- Follow the same steps in reverse when returning to the bed.

Standing up straight can cause both pain and stretching or even rupture and bleeding of the internal stitches in the abdomen, called tangential stitches. The 45-degree bending position while standing or in bed should be maintained for 1 week and then gradually changed to a straight position. It is not uncommon to feel dizzy and lightheaded when getting up for the first time. To prevent this, you should sit on the edge of the bed for a while and get up looking straight ahead.

After the operation, you will be fitted with an abdominal corset that grips your abdomen. This pressure-adjustable corset is used to immobilize your surgical area and prevent swelling. It is recommended to use this corset for 3 weeks. Using it longer may weaken your abdominal muscles. During the three-week period, you can remove the corset for a short time to wash or for other reasons.

The first day after surgery is the most troublesome period. Painkillers and sometimes sleep-inducing drugs are used to make this period more comfortable. There may be swelling and pain in the abdomen for the first few days. However, this pain can be controlled with painkillers. Drains are removed after 1-3 days on average and non-melting stitches on the skin after 1-3 weeks. Fusible sutures applied as hidden sutures under the skin do not need to be removed.

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The most dreaded complication of abdominoplasty is embolism. To prevent this, compression stockings are applied to the legs during and after surgery, pneumatic compressor devices that compress the leg muscles are applied and blood thinners are given after surgery. Despite all these, embolism may develop. If you or your family has a history of embolism, it must be mentioned. The most important cause of embolism is prolonged immobilization. For this reason, until you are allowed to get up, you should move your legs in bed, do exercises by squeezing and releasing your calf muscles, move your hips frequently and do not lie in the same position. After leaving the hospital, it is useful to massage your legs and calves from time to time.

The first two days after the operation are a period of edema. During this period, the body accumulates water and movement becomes difficult. Usually from the third day onwards, the edema starts to decrease and movement becomes easier.

You will stay in the hospital for 2 nights after the operation. After you are allowed to go home, you are expected to spend the first week at home rest.

You should be careful about smoking in the first two weeks after surgery. It should not be forgotten that smoking has a negative effect on the wound healing process.

You will be allowed to return to your social life gradually from the second week after the operation. However, you are expected not to do heavy work for six weeks.

You are usually allowed to shower after the drains are removed. You are not allowed to swim in the pool or sea before the fourth week. Sauna, solarium, steam bath, sun bath, heavy lifting and heavy sports are not allowed for six weeks after the operation.

The surgical incision may be red, itchy and very visible, especially in the first months (3-4 months) after surgery. Over time, especially after the sixth month, the surgical scar is expected to lighten in color and the itching is expected to decrease. This process continues for up to two years. Even at the end of two years, a thin surgical scar in skin color remains in the operation area. This scar is kept within the underwear and bikini line during the operation plan.

In the postoperative period, numbness occurs, especially in the area below the navel, which may be long-lasting and sometimes permanent. This is expected to get better over time.

It is recommended to apply silicone gel cream for at least 1 month starting from the 15th day of the surgery to remove the scar.

## ALTERNATIVE TREATMENTS

Vacuum-assisted fat removal (liposuction) can be considered as an alternative in people of normal weight if there is a high quality tight skin and limited fat accumulation and if the abdominal wall is intact. Diet and exercise programs can also be effective in reducing whole body fat, but not in reducing sagging skin. If there is also excess skin and sagging, liposuction alone is not a solution.

## RISKS OF ABDOMINOPLASTY:

Every surgical procedure has a certain amount of risk and it is important that you understand the risks associated with abdominoplasty. A comparison of the risks and benefits of the procedure is the basis for a person's acceptance of the surgical procedure. Even if most women or men do not experience the following complications, discuss the risks, potential complications and consequences with your plastic surgeon until you are sure you understand them.

**Bleeding:** Although it is not common, it is possible to experience it during or after the operation. When postoperative bleeding occurs, emergency drainage of accumulated blood and blood transfusion may be required. Do not take aspirin or anti-inflammatory treatments starting ten days before surgery, as

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this may increase the risk of bleeding. Failure to maintain the desired position in the postoperative period, excessive coughing, straining, sudden increases in blood pressure may also cause bleeding. The use of blood thinners can also increase bleeding.

**Infection:** Infection is not common after this type of surgery. If infection develops following surgery, treatment with antibiotics or additional surgical intervention may be necessary.

**Changes in skin sensation:** It is normal to experience numbness and swelling in the areas above the incision line. This is usually temporary and may take up to 6-12 months to disappear. The numbness is rarely permanent. Meanwhile, in areas where the muscle membranes are folded, it may be possible for the stitches to be felt by hand after surgery.

**Bruises:** After abdominoplasty, small blood leaks, especially with the effect of blood thinners, may cause bruises at various points of the body. These bruises may move downwards (to the calves or genitals) over time and with the effect of gravity. These bruises disappear spontaneously within 3 weeks.

**Scar on the skin:** There will be scars on the incision line of the surgery and around the navel, which are red in color at first, turn pink and fade over time (at least after 6 months). If the patient has or develops abnormal wound healing, significant scar tissue may form (hypertrophic scar / keloid). Excessive scarring is not usual and is more related to your genetic predisposition. The use of silicone creams after surgery and, if necessary, CO2 laser applications can reduce such scars. Pigmentation may occur in and around the scar, especially in patients with dark skin, and this may make the scar look wider and irregular than it is. This is treated with color lightening creams.

**Risks of anesthesia:** Both local and general anesthesia carry risks. In all surgical anesthesia and sedation procedures, there is a possibility of complications ranging from the simplest to death, although very rare.

**Fluid Overload:** This is actually a complication of anesthesia. It occurs when the volume of fluid given intravenously during the operation is too much, especially in abdominoplasty operations performed with liposuction. The excess fluid escapes into the lungs and the patient cannot breathe when waking up from surgery. It is treated with diuretics and respiratory support after differentiation with pulmonary embolism. Sometimes respiratory support may be required in intensive care.

**Asymmetries and contractions at the incision line:** In some patients, no matter how much planning is done, symmetry in the postoperative incision line or anterior abdominal view may not be achieved. This is especially the case in patients with excessive and asymmetrical excess skin after bariatric surgery. In patients with stretch marks on the skin, asymmetries and a shrunken appearance on the incision line may occur due to differences in the ability of the skin to stretch. It is important to recognize pre-existing body asymmetries before surgery and discuss them with the patient.

**Delayed Healing:** Postoperative wound dehiscence or delayed healing is possible, especially in the middle part of the incision line. This is because the midline is the most tense and the most vulnerable part of this surgery in terms of vascular nutrition. Liposuction of the upper abdomen in the same session, smoking before surgery (even if you quit 2 weeks ago) increase such problems. Rarely, there may be partial or complete tissue loss in the area above the incision line or in the belly. These situations also occur as a result of smoking and not paying attention to the recommended lying and walking positions in the postoperative period. Small openings in the incision line usually resolve spontaneously with dressing. Tissue loss in the belly button usually resolves on its own. However, if tissue loss occurs in the area between the belly button and the incision line, surgical correction may be required.

**Subcutaneous Hardness:** A few weeks after surgery, subcutaneous hardness or irregularities may appear on the anterior abdominal wall and incision line as the edema subsides. This is usually caused by the hardening and clumping of the fat tissue under the skin due to the effect of surgery. This condition, called fat necrosis, resolves spontaneously within 1-2 months.

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**Allergic Reactions:** Rarely, allergies to the band-aids, suture material or creams applied have been reported. More serious systemic reactions may develop with medications used during or prescribed after the surgical procedure. Allergic reactions may require additional treatment.

**Pulmonary Complications:** Pulmonary complications are one of the major complications that can occur after abdominoplasty. It can take different forms:

- **Pneumonia:** After the surgery, it becomes difficult for patients to breathe deeply due to the pain and pushing up of the diaphragm by the stretched abdomen. This can cause lung collapse and subsequent infection, especially in patients who smoke. For this reason, it is important to quit smoking beforehand, to mobilize early after surgery, and to practice deep breathing exercises (sometimes with the help of a device called Triflo). If there is still a problem, it usually manifests itself with a fever on the 1st day. Treatment is provided with antibiotics and breathing exercises. However, hospitalization is prolonged.
- **Sputum plug:** Rarely, especially in smokers, thickened sputum due to impairment of the lung's cleaning mechanism may suddenly block one of the main bronchi and cause acute respiratory failure. In this case, the patient cannot breathe and oxygen levels in the blood drop. The necessary procedure is to remove this sputum plug by endoscopy.
- **Pulmonary Embolism:** The most dreaded pulmonary complication after abdominoplasty is pulmonary embolism. In some cases, pulmonary embolism can be life-threatening and fatal. The cause is usually untreated varicose veins in the leg or a genetically inherited disease that causes premature blood clotting. Genetically inherited diseases cannot be diagnosed in routine pre-operative examinations. However, some of them are quite common in the population. It is only because not all cases are homozygous, meaning that the gene is not inherited from both mother and father, that they may not show any symptoms. A family history of early cerebral infarction or heart attack, or a history of thrombosis may be a symptom. There are special tests to diagnose these diseases. In the presence of such a history or diagnosis, in addition to the measures taken, blood thinners may be started earlier, used in different doses or the surgery may be canceled. In patients with varicose veins, it is useful to check the veins in both legs with color doppler examination before surgery. Pulmonary embolism may occur during, early or late after surgery. It presents as shortness of breath. The diagnosis is made by ruling out other causes of shortness of breath and by chest tomography with medication. Blood thinners and respiratory supportive therapies are required, and respiratory devices may also need to be used in intensive care.
- **Fat Embolism:** This is a much rarer complication. It is similar to pulmonary embolism, but it is not intravascular clots that block the lung, but fat particles that enter the bloodstream from the abdomen. It is also diagnosed with medicated lung tomography. However, the treatment is more difficult and longer, and the risk to life is higher. The exact cause of fat getting into the bloodstream is not known.

**Seroma:** Fluid accumulation between the abdominal wall and skin may rarely develop. When it develops, additional treatment may be required for drainage.

**Pain:** Chronic pain may rarely develop due to nerve endings remaining in the scar tissue after abdominoplasty.

**Changes in the appearance of the belly button:** The belly button has more than one anatomical shape. Since the original shape of your own belly button will have disappeared due to fat and loosening, a different hole appearance will appear than before according to the technique used by the surgeon. If you are sensitive to this issue, it is recommended that you discuss it with your doctor before surgery.

**Unsatisfactory Results:** You may rarely be disappointed with the results of your surgical procedure. This is usually due to the fact that your expectations were not set correctly in your preoperative discussions with your doctor. The complications listed above can also distort the outcome. Additional surgery may be required to correct such results.

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**Long Term Effects:** Due to aging, pregnancy and weight gain and loss, changes in body contours other than the surgical area may develop. In addition, if breast cancer develops in the future and breast reconstruction is required, it is not possible to use the abdominal skin after abdominoplasty surgery.

**I DECLARE THAT I AM SATISFIED WITH THE VERBAL AND WRITTEN EXPLANATIONS PROVIDED TO ME. I FREELY AND VOLUNTARILY CONSENT TO THE TREATMENT OR SURGERY TO BE PERFORMED, TO ALL TREATMENTS TO BE PERFORMED IN CASES THAT MAY ARISE LATER, TO THE ITEMS LISTED ABOVE, AS WELL AS TO THE VERBAL EXPLANATIONS PROVIDED TO ME**

**INDIVIDUAL RISKS:**

<b>IF THE PATIENT IS CONSCIOUS;</b>	<b>IF THE PATIENT IS UNCONSCIOUS AND ACCOMPANIED BY A LEGAL REPRESENTATIVE;</b>
<b>Patient</b> Name and Surname of Patient :..... Address :..... Phone Number :..... <b>Signature:</b>	<b>Legal Representative* (Guardian) or Parent</b> Name and Surname of Patient :..... Address :..... Phone Number :..... <b>Signature:</b>
<b>Doctor</b> <b>Name Surname:</b> <b>Signature:</b>	<b>Doctor</b> <b>Name Surname:</b> <b>Signature:</b>
<b>Witness**:</b> <b>Name Surname:</b> <b>Signature:</b>	<b>Witness**:</b> <b>Name Surname:</b> <b>Signature:</b>