DR GAVIN SANDERCOE
plastic & cosmetic surgeon
AHPRA Registration MED0001182300, Specialist: Surgery, Plastic Surgery
Norwest Plastic & Cosmetic Surgery ABN 14 132 351 387
Suite 108, Level 1, 10 Norbrik Drive Bella Vista NSW 2153 | PO Box 8210, Baulkham Hills BC NSW 2153
p. 1300 112 358 | f. 02 8824 3877 | e. info@drgavinsandercoe.com.au | w. www.drgavinsandercoe.com.au

Member of Australian Society of Plastic Surgeons

Thigh Reduction/Lift Consent Form

GENERAL RISKS **2**
POST OPERATIVE PNEUMONIA AND AREAS OF LUNG COLLAPSE 2
DEEP VENOUS THROMBOSIS AND PULMONARY EMBOLISM 2
STROKE, HEART ATTACK 2
ALLERGIES 2
AWARENESS 2
DEATH 3
SPECIFIC RISKS – INTRAOPERATIVE **3**
BLEEDING 3
DAMAGE TO DEEPER STRUCTURES 3
LIPOSUCTION WETTING SOLUTIONS 3
SPECIFIC RISKS – SHORT TERM **3**
BLEEDING 3
INFECTION 3
SENSATION CHANGE 3
HAEMATOMA AND SEROMA 3
SKIN CONTOUR IRREGULARITIES 4
FIRMNESS 4
DELAYED HEALING & TISSUE DEATH 4
EXPOSED SUTURES 4
DOG EARS OR ADDITIONAL SKIN FOLDS 4
DRESSINGS 4
SPECIFIC RISKS – LONG TERM **4**
ASYMMETRY 4
SCARS 5
LYMPHOEDEMA 5
PUBIC DISTORTION 5
CHANGES IN SIZE AND SHAPE 5
UNSATISFACTORY RESULT 5

General Risks

All operations have some inherent risk due to the administration of drugs and the induction of sedation or anaesthesia.

Risks that are involved in having an operation include (but are not limited to):-

Post operative pneumonia and areas of lung collapse

When you are asleep, or anaesthetised, you breathe more shallowly than normal. This can allow some areas of your lungs to partially collapse. If these areas are not inflated again soon after you wake up, this can lead to a pneumonia or lung infection. Smokers are at a higher risk than non-smokers as the waste products from cigarette smoke clog the airways and damage the airway lining cells, which prevents them from cleaning out the usual mucous secretions. Our anaesthetists carefully monitor how deeply you are breathing during the operation to prevent this from occurring. This is one of the reasons that we insist that all smokers abstain from smoking for 6 weeks prior to an elective operation.

Deep venous thrombosis and pulmonary embolism

This gained notoriety as “Economy Class Syndrome” but the medical profession has been aware of this for decades. Your legs rely on gentle constant muscle activity to propel blood back towards the heart. If the blood stays stagnant it can clot in the leg veins, and then later dislodge and end up in your lungs. Whilst you are asleep, you generally move around enough to keep the blood moving, but whilst you are anaesthetised, your legs do not move at all. So we put compression stockings on most patients (to collapse the veins) and all patients have Sequential Compression Devices put on their legs (to massage the blood back to the heart, and the intermittent compression on the veins releases a natural anti-clotting agent). Once you go home from hospital, you should go to the emergency department if you experience irregular heartbeat, shortness of breath or chest pain.

Stroke, Heart Attack

These are very rare complications of general anaesthesia in otherwise fit & healthy patients. Elderly patients, whom are at a greater chance of having these events happening on a daily basis, are at a greater risk. If we believe that you are at increased risk of such a complication, we will arrange for you to see our anaesthetists prior to the operation and may arrange additional tests to ensure your safety in the operating room. If they believe that general anaesthesia is too risky, then in many cases your procedure can be done under sedation and local anaesthesia, and sometimes epidural anaesthesia.

Allergies

During your medical history, you will be asked if you are aware of having any drug allergies. This question will be repeated by your anaesthetist prior to the operation. During the administration of any drug there is a small risk of allergy. Reactions can be from mild itchiness to severe anaphylaxis requiring adrenaline. Some allergies can be predicted, but most are random events that are only discovered once they occur. Should an allergy occur during the operation it will be treated immediately, and you will be notified at the end of the operation.

Awareness

This is a favourite topic of TV shows but is exceptionally rare. Increased blood pressure or heart rate will alert anaesthetists that the patient is feeling pain. Brain wave monitoring will alert anaesthetists that a patient is not completely asleep enough earlier than heart rate and blood pressure will rise.

Death

The risk of death under anaesthesia in Australia is around 1 in 3 million cases for elective procedures in healthy patients. Your level of health before the operation will impact on your personal risk. In general terms, you are more likely to have an accident travelling to and from the hospital than your risk of dying in the hospital.

Specific Risks – Intraoperative

Bleeding

There is always some bleeding with thigh reduction surgery. We aim to minimise this by infiltrating local anaesthetic with adrenaline into the operating site before the operation. It is exceptionally rare for the bleeding to be significant enough to require a blood transfusion (with it's attendant risks). However, it is prudent to ensure that your haemoglobin levels are well stocked before the operation by ensuring that you have a diet high in iron and vitamins for about a month prior to the operation. Doing this will mean you are less likely to feel washed out after the operation.

Damage to deeper structures

During any operation there is always a risk of damage to surrounding structures. Thigh reduction surgery involves the excision of excess skin and fat, aiming to preserve all the deeper structures. The long saphenous vein is right in the area of resection in the medial (inner) thigh and can be damaged.

Liposuction wetting solutions

The local anaesthetic and adrenaline solution used to facilitate safe liposuction can be absorbed into the blood system and contribute to fluid overload. This rare situation would require additional medical treatment and hospitalisation, sometimes in intensive care.

Specific Risks – Short Term

Bleeding

There will be a small amount of bleeding or red discharge from your wounds in the first few days after your operation. Large amounts of bleeding should be treated by keeping calm (to lower your heart rate and blood pressure), using ice packs (to shrink the blood vessels), and applying constant gentle pressure to the area. If the bleeding does not stop within 20-30 minutes, you should call the rooms or go to the hospital. Very rarely, bleeding after surgery requires a visit back to the operating room to drain the collected blood and control any bleeding vessels.

Infection

Infection is uncommon after elective plastic surgery. You will be given antibiotics through the drip during the operation and, in most cases, you will be sent home with tablet antibiotics for a week after the operation. Should an infection develop, it would usually begin at about the 5^{th} to 7^{th} post operative day (around about the time that you are due to see us for removal of sutures and dressings). If you notice increasing pain, swelling and redness of the area that was operated on, please call the rooms or the hospital.

Sensation change

Changes in sensation to the thigh/leg are impossible to predict, but it is common to have numbness. As sensation returns to an area it is usual to experience some tenderness, burning and itchiness. Rarely, scar tissue around a normal nerve can cause ongoing pain in an area.

Haematoma and Seroma

Any operation in which there is a large surface area that is operated on runs the risk of having blood or fluid collect in the space left behind as it heals. We place surgical drains to prevent these collections of fluid, but they will occasionally arise after the drains have been removed or collect in an area that does not flow to the surgical drain. For this reason, it is important to maintain constant pressure on the operated area (compression garment) to help prevent this from happening and assist the fat in healing down to the muscle layer. Should a fluid collection occur it can be removed either with a needle aspiration in the rooms, or occasionally another drain can be placed under ultrasound guidance. *Seromas are more common after thigh reduction surgery than other procedures*.

Skin Contour Irregularities
Any operation that uses liposuction as a step in the process of thinning fat layers runs the risk of some contour irregularities. These usually settle within a few weeks and are assisted by wearing the compression garment. Massage after a few weeks can also help smooth out small irregularities. You will be shown how to, and when to perform a soft tissue massage at your one-month post-operative visit.

Firmness
After any operation, as tissues heal there is some swelling and firmness. The majority of this will resolve within 6 weeks, but the last small amounts can take up to a year or so to completely resolve. By the end of a month after your operation, some gentle tissue massage will help speed the recovery of the tissues. You will be shown by our nurse how and when to perform this massage. Occasionally there will be patches of fat that has not survived the operation (fat necrosis) that become hard and may need to be removed surgically.

Delayed Healing & Tissue death
The skin is expected should heal over within a week, and soft tissues around about 6 weeks. Diabetics, smokers and people with some other diseases will have the risk that their tissues will take longer to heal and may have some tissue death before healing. Operations with more aggressive liposuction and tight closure also predispose the lower abdominal wound to increased healing stress, and therefore more risk of wound problems. Most wound problems can be managed with appropriate dressings but may need additional surgery if there is a major wound separation.

Exposed sutures
Many sutures (both permanent and dissolving) that are used to reshape tissues are buried within the soft tissues. Occasionally, these sutures will show themselves through the skin. If they become problematic, they may need to be removed. This is usually something that can be done in the rooms under local anaesthetic.

Dog ears or additional skin folds
Depending on the technique utilized there may be some excess skin folds at the ends of your scars. These generally improve with time, but if they persist for longer than 3 months a touch up procedure may be required. *Placing an additional scar in the groin crease to remove a dog ear has significant risks of wound breakdown*.

Dressings
Dressings need to remain in place until your first post-operative check in rooms. You should expect that they could become warm and have a small amount of pressure. Occasionally dressings can cause some irritation, and rarely cause allergic reactions. Should the dressings become unbearable or cause increasing redness & swelling, please call the office to arrange for them to be changed.

Specific Risks – Long Term

Asymmetry
Small asymmetries should be expected. As the swelling subsides over the first 6-12 months, there will be different parts of your operation that you are more or less happy with. You should allow your operation at least 6 months to settle out minor asymmetries. Major asymmetries will be adjusted by your surgeon.

Scars

Depending on your needs, your surgeon will suggest a technique (or pattern) that they believe will provide you with the results that you are after. This is not a hard and fast rule and there is some room for discussion as the importance that you place on length and position of scars, as opposed to thigh shape and the need for further touch up procedures. Even in techniques with longer scars, the majority of the scars will be placed in areas that are rarely visible and will heal to become not very noticeable over the course of 1-2 years. Problem scars are common (up to 30%) after thigh lift. Please read your scar management sheet for more in depth information on scars.

Lymphoedema

This is a complication in which there is persistent swelling after the operation due to the disruption of the normal channels that drain extra fluid from the tissues. It is uncommon after thigh lift.

Pubic distortion

The scars from a thigh reduction are designed to run along the inner thigh and stop at the groin creases. Vertical scars rarely distort external genitalia. Horizontal scars are sometimes used to address major skin laxities. As these scars heal, there may be some distortion of the labia majora and pubic mound. This may require additional surgery to correct.

Changes in size and shape

As thigh lift surgery reshapes normal tissues, any weight gain or loss will be reflected in the size and shape of your thighs. Because of this, we ask that your weight be fairly stable for about 6 months prior to undergoing this operation to ensure that your results will last as long as possible.

Unsatisfactory Result

Your pre-operative consultations should help you realise the objectives and limitations of your operation. If you are unhappy with your result, you should wait for the swelling to settle before making a final judgment. Should the result still not be up to expectation by 6 months, you should discuss the need for further surgery with your surgeon.