

Paragon Plastic Surgery & Med Spa

Consent for Cosmetic Surgery

Informed Consent and Request for Cosmetic Surgery

This is an informed consent document that has been prepared to help inform you of your surgical procedure, its associated risks and alternative treatments. It is important that you read this information carefully and completely. Please read each word, sentence, paragraph, and page. Please initial each numbered section and additional sections if necessary and sign the consent for surgery. You have the right, as a patient, to be informed about your condition and the intended surgical procedure, so you may make the decision whether or not to undergo the procedure after knowing the general risks involved. This disclosure is not meant to scare or alarm you. This is simply an effort to make you better informed so you may give or withhold your consent for the procedure.

1. I voluntarily request Mark A. Bishara, M.D., a Cosmetic Surgeon, and such associates, technical assistants and other healthcare providers as he may deem appropriate, treat my condition which has been explained to me as:

2. I understand that the following surgical procedure(s) is planned for me, and I voluntarily consent, request, and authorize this procedure(s):

3. I understand Dr. Bishara may discover other or different conditions that may require additional or different procedure(s) than those planned. I therefore authorize Dr. Bishara, and such associates, technical assistants and other health care providers, as they may deem appropriate, to perform such other procedure(s) at the time of surgery, as they deem advisable in their professional judgment.

4. I have been advised that the object of the procedure(s) I have requested is an elective change in appearance, not perfection. It is possible for imperfections to ensue, and that the result may not live up to my expectations or goals. I fully understand that the practice of medicine and surgery is not an exact science, and that any reputable physician cannot guarantee results. I acknowledge that no written or implied verbal guarantee, warranty or assurance has been made to me by Dr. Bishara or anyone regarding the outcome of the procedure(s) that I have requested and authorized. I also understand the limitations of this procedure(s).

5. I understand the procedure(s) may require external incisions that heal with scar tissue and these scars are permanent and whose location(s) of such scars have been described and demonstrated to me. I understand in rare cases, abnormal scars can result and additional treatments including scar revisional surgery can be needed to treat abnormal scarring. I understand the incisions are noticeable immediately after surgery and can remain for an indefinite period of time. I understand that healing abilities vary from person to person and that my individual response to healing cannot be accurately predicted prior to surgery and I can heal in a manner unknown at this time to either party.

6. I understand there are general risks inherent in any treatment, procedure or surgery. The potential always exists for infection, hemorrhage, blood clots in veins or lungs, allergic reaction, medication reaction and even death. I also realize that the following risks and hazards may occur in connection with this particular procedure(s): bleeding, hematoma, seroma, infection, rejection (if implants are being

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inserted), pain or numbness, sensory nerve injury, motor nerve injury causing paralysis of the affected muscle group, movement of implants, asymmetry, and malposition or displacement of an implant. These problems could also necessitate further procedure(s) which may or may not correct them.

7. I understand the procedure(s) can lead to the development of wound disruption (separation of the wound) or wound infection, thus causing delayed wound healing. I understand that some areas of the operative site(s) cannot heal normally and can require an extended time to heal. I understand that some areas of my skin can slough or die and this can require debridement, frequent wound dressing changes or further surgery to remove the non-healed and dead tissue. I understand that smoking and/or the use of tobacco products pose a greater risk of skin loss and wound healing complications.

8. I understand pulmonary complications, although rare, can occur secondary to blood clots (pulmonary emboli) of the lungs. Should a pulmonary embolism occur, I can require hospitalization and/or additional treatment. I understand that pulmonary emboli can be life-threatening and fatal in some circumstances.

9. I understand that bleeding complications can occur during or after surgery. Should bleeding occur after surgery, I can require treatment(s) to drain accumulated blood and although rare, I can require a blood transfusion. I understand that taking Vitamin E, aspirin, anti-inflammatory (NSAID class, ex. ibuprofen), and/or herbal (homeopathic) medications can increase my risk for intra and post-operative bleeding and I agree to stop taking the above listed medications for at least 10-14 days prior to my scheduled surgery date.

10. I understand these stated risks are those most relevant to an intelligent decision on my part, and also that the list of remotely possible material risks is nearly unlimited.

11. I understand that certain complications may result from the use of any anesthetic (local or general) agents causing cardiac or respiratory problems, drug reaction, paralysis, brain damage, and even death. Other risks and hazards which may result from the use of general anesthesia range from minor discomfort to injury to the vocal cords, teeth, and eyes. I also understand that anesthesia involves additional risks and hazards, but I request the use of anesthesia for the relief of pain during the planned and additional procedures. I also understand there is a possibility the anesthesia may change without explanation to me.

12. I hereby give permission to Dr. Bishara or any assistant he may deem appropriate, to photograph the intended surgical site for diagnostic purposes and to enhance the medical record. I agree that these photographs will remain Dr. Bishara's property and I further authorize the use of my photographs for teaching purposes, to illustrate scientific papers, books, or for use in general lectures. It is specifically understood that I shall not be identified by name in any such publication or use.

13. THIS PARAGRAPH PERTAINS TO FEMALE PATIENTS ONLY. Anesthetic agents or any other medications can be harmful to the fetus or a pregnant woman. General anesthesia should be avoided during pregnancy whenever possible. I hereby state that I am not pregnant and agree to a urine pregnancy test prior to my surgical procedure. You will be given a pregnancy test at your two week preoperative appointment and another on the morning of the procedure. If you have a positive pregnancy test, your procedure will be cancelled with the option to reschedule, and you will be charged a \$30 administrative fee at that time.

14. THIS PARAGRAPH PERTAINS TO SMOKERS. Smokers are recognized as having a significantly higher risk of postoperative wound healing problems and complications, as well as operative and postoperative bleeding. Some complications that are at a higher risk due to smoking include: bleeding, infection, blood clots in the legs and or lungs,, poor healing, increased bruising, wound

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breakdown, wound and chest infections, pneumonia, thrombosis, and heart and lung complications. Patients must discontinue smoking at least 6 weeks prior to and after surgery. Although it helps to stop smoking for several weeks before and after surgery, this does not eliminate the increased risk resulting from long-term smoking. You will be given a tobacco urine test at your two week preoperative appointment, the morning of the procedure and during the postoperative period if doctor warranted. If you test positive for tobacco the procedure will be cancelled with the option to reschedule after a clean tobacco test during the preoperative period, and you will be charged a \$30 administrative fee at that time.

15. I understand that I will be given pre-operative narcotic and sedative medications and that the effects of these drugs will not subside by the time I am discharged. Some drowsiness may continue throughout the remainder of the day following surgery. Operation of a motor vehicle is not advised for 24 hours after any drug is administered, nor should any important decisions be made. I understand that because of the potential effects narcotics may have, it is recommended that a legal, responsible adult drive me home and stay with me for at least 24-48 hours after my procedure or surgery or longer if remain sedated.

16. I understand and agree to follow the instructions given to me by Dr. Bishara to the best of my ability before, during, and after the surgical procedure(s). I understand that my (patient) responsibility is to follow the provided postoperative care and to maintain regular postoperative office visits that are critical to the success of the operation. I agree that I will notify Dr. Bishara or his associate(s), as soon as possible, of any questionable conditions, complications, unusual symptoms or any questions that can arise as a result of the pre and postoperative instructions.

17. I understand if Dr. Bishara judges at anytime that my procedure(s) should be postponed or cancelled for any reason, he may do so.

18. I certify I have read and filled out the patient registration and medical history forms fully, correctly, and to the best of my knowledge, and the information I have supplied to Dr. Bishara is complete, accurate, and correct. I understand voluntarily or involuntarily withholding medical information can lead to complications or problems that may have been prevented if that information were known prior to my surgery.

Specific Procedure Risks and Complications (initial only the procedures that apply to your particular surgery)

_____ Laser Resurfacing or Chemical Peel or Dermabrasion: Hyper/hypopigment changes that can possibly be permanent. Scarring which can be thick, hypertrophic, or keloid. Prolonged redness. Activation of herpetic lesions.

_____ Abdominoplasty and Body Contouring: Abdominal / body scars are significant, take many months to mature, and can widen or thicken thus requiring revision. There can be loss of skin, which can require further treatment or skin grafting. Blood or fluid can accumulate beneath the skin requiring further treatment or additional surgery. Delayed healing can prolong recovery. There can be deformity or malposition of the umbilicus. There is a risk for extremity blood clots and pulmonary embolism.

_____ Liposuction Surgery Lipotherme Laser Liposuction: Skin indentation, unsatisfactory contouring, waviness, numbness or pain, discoloration, stiffness and soreness, scarring, skin loss and perforation of

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underlying organs. In some circumstances of abdominal liposuction, there is a possibility of the need for a second liposuction procedure and/or abdominoplasty surgery to tighten the skin and/or abdominal muscles to provide the best cosmetic result.

_____BreastAugmentation(implant): Leakage from the implant can occur due to trauma or a manufacturing defect in the wall of the implant and this will require replacement of the implant. Bleeding or infection can require removal of the implant. With infection, the implant must be left out for several months before attempting replacement. Although every attempt will be made to make both breasts appear the same following surgery, their appearance usually will not be identical in size or shape and the size of the breasts cannot be exactly the same as anticipated. Breast implants can ripple (wrinkle), and these ripples can be felt or visualized. Prolonged discomfort or numbness in parts of the breasts and/or nipples can occur, and although usually temporary, it can be long lasting or permanent. In some cases, a fibrous tissue capsule can cause unnatural firmness around the implant and this can require further surgery or removal of the implant. Breast-feeding cannot be possible after surgery. Stretch marks can occur. Certain studies have suggested that women with breast implants cannot recognize breast cancer until it has progressed to a more advanced stage. In this regard, it is important that women undergoing this operation carry out diligent self-examination post operatively with periodic high quality mammography interpreted by a qualified radiologist with experience in this area. Appropriate attention is necessary to identify any abnormalities that can develop.

_____Breast Mastopexy (lift) or Reduction: The breasts can be a different anticipated size or shape. Time can be required before the final shape is achieved. There can be discomfort or numbness of the breast and/or nipple that can be permanent. There can be loss of tissue including all or part of the nipple and/or breast that can require further reconstructive surgery. Breast-feeding may not be possible after surgery. Unsatisfactory scars can require revision, and breast shape can change with time requiring revision surgery.

_____Blepharoplasty(eyelidsurgery): The loss of vision, although rare. Lowering or irregularity of the lower eyelid can occur. Dryness of the eyes and difficulty closing the eye can occur, and although usually temporary can be long lasting or permanent. Rhinoplasty (nose surgery): The nose may not achieve the desired improvement in shape that was anticipated. Deformity of skin, bone or cartilage, perforation of the nasal septum, difficulty breathing, obstruction, recurrence or worsening of the condition can occur. Additional surgery can be required for correction. Nostril asymmetry can occur after surgery. When secondary, or revision surgery is carried out, there is a higher risk of complications.

_____Facial Rejuvenation Surgery (Face Lift, Brow Lift, Rhinoplasty): Facial scars will result from surgery and I understand their location. There can be loss of hair or a shift in the normal hair pattern. Additional scarring can result from poor or decreased wound healing ability. Excessive or postoperative bleeding can delay normal healing and recovery as well as leading to additional scarring. Surgery can result in loss of sensory or motor nerve function and, on rare occasions, this could result in permanent weakness of muscles of facial expression.

DO NOT SIGN THIS FORM UNLESS YOU HAVE READ IT AND FEEL THAT YOU UNDERSTAND IT. ASK ANY QUESTIONS YOU MIGHT HAVE BEFORE SIGNING.

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Dr. Bishara has fully explained in terms clear to me the nature of the surgical procedure(s) to be performed, the foreseeable or common risks and complications, alternative methods of treatment, as well as what I may experience if recovery is uneventful. Lastly, I acknowledge that I have been given an opportunity to ask any questions I desire regarding the diagnosis and surgical procedure(s) and that these questions have been fully explained to me in layman's terms. I have read this document (or have had it read to me) and I understand its contents. I hereby give my unrestricted informed consent for the surgical procedure. I further state that I fluently read, write, and speak English.

Date: _____ Patient Signature: _____

Date: _____ Witness Signature: _____

Date: _____ Physician Signature: _____