



Informed Consent

Myocutaneous Flap Surgery

INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you about the myocutaneous flap 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 your plastic surgeon and agreed upon by you.

GENERAL INFORMATION

Musculocutaneous flap surgery involves the transfer of muscle with a skin paddle from one part of your body to another to either reconstruct and/or aid in the healing of that area. The flap (tissue that is moved) maintains its own blood supply, and helps nourish the tissue that is transferred to the area in question.

ALTERNATIVE TREATMENTS

Depending on your needs, alternative forms of non-surgical and surgical reconstruction may be considered. You should discuss alternatives with your surgeon, which may include conservative wound management techniques, negative pressure therapy, local tissue flaps, skin grafts, and/or amputation. Risks and potential complications are also associated with alternative surgical forms of treatment.

INHERENT RISKS OF MYOCUTANEOUS FLAP 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 its risk-to-potential benefit comparison. Although the majority of patients do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you understand all possible consequences of the myocutaneous flap surgery.

SPECIFIC RISKS OF MYOCUTANEOUS FLAP SURGERY

Flap Problems:

There is an inherent risk of flap failure, either total or partial, anytime tissue is being transferred from one site to another. It usually occurs because of interruption of blood flow to the flap and/or inadequate blood flow to the tissue. This may require surgical treatments, although there may be times where medical therapies, including medicinal leeches, are used as well. This may also require removal of the failed tissue and possibly another free flap or local flap for salvage purposes.

Donor Site Issues:

The area(s) where the flap is harvested from can develop issues and problems that could negatively impact the clinical outcome. Abdominal weakness, abdominal hernia(s), loss of sensation, bulges, weakness of the area where the muscle is taken from, stiffness/weakness/functional issues/possible loss of a limb, unsatisfactory cosmesis of the area, wound issues, infections, delayed healing, pain, bleeding, and fluid collections, are some but not all of the possible complications. These may require further surgeries to treat.

Delayed Healing:

Wound disruption or delayed wound healing is possible. Some areas of the abdomen, flank, back, or buttocks may not heal normally, and may take a long time to heal. Some areas of the skin may die or slough off. This may require frequent dressing changes or further surgeries to remove the non-healed tissue. Smokers have a greater risk of skin loss and wound healing complications.

Change in Sensation:

It is common to experience diminished (or loss of) skin sensation in areas that have had surgery. It is rare to experience permanent changes in sensation, but is possible. Diminished (or complete loss of) skin

sensation may not totally resolve after the surgery. There is a very small risk of motor nerve injury, which may result in impairment of extremity/regional function.

Scars:

All surgeries leave 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. 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 a possibility of visible marks in the skin from sutures. These scars may become raised and 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 surgeries may be required.

Seromas (Fluid Collection):

Thought infrequently, fluid may accumulate between the skin and the underlying tissues following surgery, trauma, or vigorous exercises. Should this problem occur, it may require additional procedures for draining of the fluid. To help prevent this, surgical drains are usually employed.

Use of Drains:

During your surgery, your doctor 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 your doctor 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. Your doctor may leave the site open to drain any residual fluid under the wound.

Pain:

You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after the surgery. Chronic pain may occur very infrequently from nerves becoming trapped in the scar tissue after surgery (neuromas).

Fat Necrosis:

Fat tissue found in the flap may die. This may produce areas of firmness within the flap called fat necrosis. Additional surgeries to remove areas of fat necrosis may be necessary. There is a possibility of contour irregularities in the flap from fat necrosis.

Systemic Complications:

Flap surgery is a major surgery that may have negative consequences on the function of other body systems secondary to stress, blood loss, fluid overload, use of blood thinners, impairment of blood flow, long surgery times, and complications of the surgery. These systems may include the lungs, heart, brain, liver, and/or kidneys. Blood clots in the veins of the legs, arms, and torso may occur. These complications could result in the loss of the flap, limbs, failure of organs, and even death. Treatment of these complications may result in loss of the flap, and may require additional surgeries, medical treatments, and hospitalizations.

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, onset of infections, and tissue changes resulting in the need for additional medical care, surgeries, 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 surgeries. There are general risks associated with healing, such

as swelling, bleeding, possibility of additional surgeries, prolonged recovery, color and shape changes, infections, not meeting the patient's goals and expectations, and added expense to the patient. There may also be a longer recovery period due to the length of the surgery and the form of anesthesia. Patients with significant skin laxity will continue to have the same lax skin after the surgery. The quality or elasticity of the skin will not change, and recurrence of skin looseness will occur at some time in the future, quicker for some as compared to others. There are nerve endings that may be affected by healing scars from the surgery. While there may not be a major nerve injury, small nerve endings may become too active during the healing period, 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 your surgeon.

Bleeding:

It is possible, though unusual, to experience a bleeding episode during or after the surgery. Should post-operative bleeding occur, it may require emergency treatments to drain the 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 the surgery is referred to as a hematoma. Increased activity too soon after the surgery can increase the chance of bleeding and additional surgeries. It is important to follow postoperative instructions and to limit exercises and strenuous activities 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). Your surgeon 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 the surgery. Should an infection occur, additional treatments including antibiotics, hospitalization, or additional surgeries may be necessary. It is important to tell your surgeon of any other infections, such as a history of methicillin-resistant *Staphylococcus aureus* (MRSA) infections, an open wound, recent upper respiratory infection/pneumonia, ingrown toenail, insect bites, 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 the patient to revision surgery.

Scarring:

All surgeries leave 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 scarring may occur within the skin and deeper tissues. Scars may be unattractive, and be 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 a possibility of visible marks in the skin from the 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.

Firmness:

Excessive firmness can occur after the surgery due to internal scarring. The occurrence of this is not predictable. Additional treatments including surgery may be necessary.

Skin Contour Irregularities:

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

Skin Discoloration/Swelling:

Some bruising and swelling will normally occur. The skin in or near the surgical site can appear either

lighter or darker than the surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time, and in rare situations, may be permanent.

Skin Sensitivity:

Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after the surgery. This usually resolves during healing, but in rare situations, it may be chronic.

Major Wound Separation:

Wounds may separate after the surgery. Should this occur, additional treatments including surgery may be necessary.

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.

Surgical Anesthesia:

Both local and general anesthesia involve risks. There is a possibility of complications, injuries, 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 treatments would be necessary.

Pain:

You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after the surgery. If you are a chronic pain patient being followed by a pain therapy practitioner, you may be asked to see this practitioner preoperatively to assist you in the management of your pain disorder during the post-operative period. Chronic pain may occur very infrequently from nerves becoming trapped in the scar tissue or due to tissue stretching.

There are nerve endings that may be affected by healing scars from the surgery. While there may not be a major nerve injury, small nerve endings may become too active during the healing period, producing a painful or oversensitive area due to embedding of the small sensory nerve in the scar tissue. Often, massages and early non-surgical intervention can resolve this issue. It is important to discuss post-surgical pain with your surgeon.

Cardiac and Pulmonary Complications:

Pulmonary complications may occur secondary 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 under certain 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 your physician of 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 any form of anesthesia, even in

patients without symptoms. If you experience shortness of breath, chest pains, or unusual heartbeats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatments.

Venous Thrombosis (Clot) and Sequelae:

Thrombosed veins, which resemble cords, occasionally develop in areas of the breast or around IV sites, and usually resolve without medical or surgical treatments. It is important to discuss with your surgeon any birth control pills you are taking. Certain high estrogen pills may increase your risk of thrombosed veins. Personal history of bleeding and clotting problems may also increase your risk of thrombosed veins.

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 the surgery as well as prescription medicines. Allergic reactions may require additional treatments. It is important to notify your physician of any previous allergic reactions.

Drug Reactions:

Unexpected drug allergies, lack of proper response to medication, or illness caused by the prescribed drug are all possibilities. It is important for you to inform your physician of any problems or allergies you have had with any medication, prescribed or over the counter, as well as medications you regularly take. Provide your surgeon with a list of medications and supplements you are currently taking.

Asymmetry:

Symmetrical body appearance may not result after the 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 surgeries may be necessary to attempt to diminish asymmetry.

Surgical Wetting Solutions:

There is a possibility that the large volumes of fluid containing dilute local anesthetic drugs and epinephrine injected into fat deposits during the surgery may contribute to fluid overload or systemic reactions to these medications. Additional treatments 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 the 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 symmetrical, and almost everyone has some degree of unevenness, which may not be recognized in advance. One side of the face may be slightly larger while one side of the face may be droopier. Similar possibilities exist for the breast and trunk areas. Many of such issues cannot be fully corrected with surgery. The more realistic your expectations are, the better your results will appear to you. Some patients never achieve their desired goals or results, at no fault of the surgeon or the 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 the surgery. Size may be incorrect. Unsatisfactory surgical scar location or appearance may occur. It may be necessary to perform additional surgeries 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 a result of taking over-the-counter, herbal, and/or prescription medications. Aspirin and medications that contain aspirin interfere with formation of 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®, Coumadin®, Xarelto®, Effient®, or Pradaxa®, discuss management of these medications around the time of surgery with your plastic surgeon. Your plastic surgeon 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 your plastic surgeon. Stopping these medications abruptly may result in a heart attack, stroke, or death. Be sure to check with your physician about any drug interactions that may exist with medications that you are already taking. If you have an adverse reaction, stop the drugs immediately and call your plastic surgeon for further instructions. If the reaction is severe, go to the nearest emergency room immediately.

When taking the prescribed pain medications after the surgery, realize that they can affect your thought process and coordination. Do not drive, operate complex equipment, make any important decisions, or 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 the sun may result in increased scarring, color changes, and poor healing. Patients who tan, either outdoors or in a salon, should inform their surgeon, and either delay the treatment, or avoid tanning until the surgeon says it is safe to resume. The damaging effect of sun exposure occurs even with the use sun block or clothing coverage.

Travel Plans:

All surgeries hold the risk of complications that may delay healing and your return to normal life. Please let the surgeon know of any travel plans, important commitments already scheduled or planned, or time demands that are important to you, so that the surgery can occur at an appropriate time. There are no guarantees that you will be able to resume all activities in the desired timeframe. Allow at least 10-14 days prior to traveling 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 a result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause, or other circumstances not related to your surgery.

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.

Nails:

To determine your vitals during the surgery, your anesthesia provider may require access to your fingernails for monitoring. Make sure to have at least two fingernails free of nail polish or acrylic nails on the date of your surgery.

Jewelry:

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

Future Pregnancy and Breastfeeding:

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 breastfeeding after this operation.

Female Patient Information:

It is important to inform your plastic surgeon if you use birth control pills or 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:

Recovery from surgery involves coagulation of blood vessels, and increased activity of any kind may open these vessels, leading to a bleed, or hematoma. Activities that increase your pulse or heart rate may cause additional bruising, swelling, and the need to return to surgery to control bleeding. It is wise to refrain from intimate physical activities until your physician states it is safe to do so.

Mental Health Disorders and Elective Surgery:

It is important that all patients seeking to undergo the elective surgery have realistic expectations that focus on improvements rather than perfection. Complications or less than satisfactory results are sometimes unavoidable. You may require additional surgeries, which are often stressful. Please openly discuss with your surgeon, prior to the 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 the elective surgery, its effects on mental health cannot be accurately predicted.

ADDITIONAL SURGERY NECESSARY (Re-Operations)

There are many variables that may influence the long-term result of the surgery. It is unknown how your tissue may respond, or how wound healing will occur after the surgery. Secondary surgeries may be necessary to perform additional tightening or repositioning of body structures. Should complications occur, additional surgeries or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited above 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 your surgeon will discuss the options available should additional surgeries be advised. There may be additional costs and expenses for such additional procedures, including surgical fees, facility and anesthesia fees, and pathology and lab testing.

PATIENT COMPLIANCE

Follow all physician's instructions carefully; this is essential for the success of your clinical 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 activities need to be restricted. Protective dressings and drains should not be removed unless instructed to do so by your plastic surgeon. Successful post-operative function depends on both the surgery and subsequent care. Physical activities that increase your pulse or heart rate may cause bruising, swelling, fluid accumulation and the need to return to surgery. It is important that you participate in follow-up care and return for aftercare to promote your recovery after the 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, delayed healing, and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable

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to nicotine exposure. Additionally, smoking may have a significant negative effect on anesthesia and recovery from anesthesia, and may lead to increased coughing and bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of these types 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 the surgery, and until your physician states it is safe to return, if desired. I acknowledge that I will inform my physician if I continue to smoke within this timeframe, 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 may be done just before surgery, which will detect the presence of nicotine. If the result is positive, your surgery may be cancelled, and your surgery, the scheduling fee, and other prepaid amounts may be forfeited. Please disclose your smoking status to your surgeon honestly.

Sleep Apnea/CPAP:

Individuals who have breathing disorders such as “obstructive sleep apnea,” and those who may rely on CPAP devices (continuous positive airway pressure) or utilize nighttime oxygen are advised that they are at substantive risk for respiratory arrest and death when they take narcotic pain medications following the 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 if post-surgical monitoring is conducted in a hospital setting in order to reduce the 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 your surgeon.

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 your physician, walking

and moving your legs. Leg stockings, intermittent pneumatic compression devices, and possibly medicines may be used to help lower your risk.

There are many conditions that may increase or affect risks of clotting. Inform your doctor 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 of 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 the therapy, as discussed with my surgeon. 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 with appropriate chemoprophylaxis. If your surgery is elective, and you are a high risk patient, it is best to consider not proceeding with such elective surgery.

COMMUNICATION ACKNOWLEDGEMENT – CONSENT

There are many ways to communicate with you. It is important to keep your appointments and let us know if problems or issues arise. Methods of communication 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 arises, 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 the risks encountered. Your plastic surgeon 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's 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. James Anthony and the selected assistants to perform **Myocutaneous Flap Surgery**.

I have received the following information sheet: **Myocutaneous Flap Surgery**.

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those discussed above. I therefore authorize the above physician and assistants/designees to perform such other procedures that are deemed necessary and desirable based on his or her professional judgment. The authority granted under this paragraph shall include all conditions that require treatments and are not known to my physician at the time the procedure is taking place.
3. I consent to the administration of such anesthetics as 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 my surgeon can and cannot do, and that 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 or televised before, during, and after the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
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 my surgeon and/or his/her 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 the surgeons' 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 _____