

Consent for Thigh Lift

N.B. Please read this consent form for surgery carefully. It covers common issues with the Thigh Lift procedure.

Patient's name _____

I authorise Dr Sanjay Azad to perform on me the operation known as Thigh Lift.

The nature and effects of the operation, the risks and complications involved, as well as alternative methods of treatment have been fully explained to me by Dr Sanjay Azad and I understand them.

The following points, among others, have been specifically made clear:

- a) Incisions are made along the inside of the thighs and groin crease line and these incisions heal with scar tissue.
- b) The incision lines are usually conspicuous in the early postoperative period and for an indefinite period of time. They may eventually fade.
- c) There will be discolouration around the scars for several days and in some cases this can persist for considerably longer periods, and may be permanent.
- d) There will be swelling around the scars for several weeks and in some cases this can persist for considerably longer periods. There may even be swelling in the hands.
- e) There is the possibility of numbness around the scars. This may be temporary or permanent. There may be numbness in the hands for a certain period afterwards.
- f) Bleeding and infection following a thigh lift procedure may occur and may spoil the final result. Additional procedures may be required for treatment and/or enhancing the aesthetic result. Smoking increases this risk.
- g) Because of the nature of the procedure, and exact end-result cannot be predicted and I have not been given any guarantee of specific results.
- h) The scars are permanent. Individuals scar differently and the result therefore will differ for each individual. Scars can become thickened, raised and/or red and can develop into hypertrophic scars or even keloids. Sometimes a scar touch up may be necessary.
- i) There is an increased risk of developing lymphoedema of the lower limb.
- j) There is an increased risk in smokers of wound break down, chest infections, heart and lung complications and thrombosis.
- k) There is an increased risk in obese people of wound break down, chest infections, heart and lung complications and thrombosis.
- l) I understand I will need to comply with the pre and postoperative instructions.

- m) I understand that I need to limit my activities for 8-12 weeks, as instructed.
- n) Major wound breakdown may result from being too active after the operation.
- o) I understand I need to wear a compression garment for a minimum period of 3 months.

I confirm that Dr Sanjay Azad has advised me on the risks and possible complications associated with smoking and its effects on surgery and the postoperative recovery period. I also confirm that Dr Sanjay Azad has strongly advised me to stop smoking and I accept all responsibility for the outcome of my surgery related to smoking if I had not done so 8 weeks prior and 8 weeks after surgery.

I understand my operation may be cancelled on the day, if I am still smoking.

I authorise Dr Sanjay Azad to perform any other procedure that he may deem desirable in attempting to improve the condition stated in Paragraph 1 or any unhealthy or unforeseen condition that may be encountered during the operation.

I understand that the practice of medicine and surgery is not an exact science and that reputable practitioners cannot guarantee results. No guarantee or assurance had been given by Dr Sanjay Azad or anyone else as to the results that may be obtained.

No surgeries are a guaranteed success and therefore a second procedure or a touch-up may be required to achieve the desired appearance.

I understand that the two sides of the human body (left and right) are not the same and can never be made the same or identical.

I was given the opportunity to ask questions and to raise concerns regarding my condition, the procedure and the risks and my treatment options with Dr Sanjay Azad during my consultations. My questions and concerns have been discussed and answered to my satisfaction.

I consent to the administration of anaesthetics by the anaesthetist responsible for this service.

For the purpose of advancing medical education, I consent to the admittance of authorised observers to the operating room.

I give permission for Dr Sanjay Azad to take still or motion clinical photographs with the understanding that such photographs remain the property of Dr Sanjay Azad.

CONSENT FOR THIGH LIFT PROCEDURE

(1) I, _____, hereby consent to undergo the investigation, treatment or operative procedure, _____, ordered by or to be performed by Dr. Sanjay Azad, Consultant Plastic Surgeon.

(2) The nature and anticipated effect of what is proposed including the significant risks and alternatives available have been explained to me. I am satisfied with these explanations and I have understood them.

(3) I also consent to such additional or alternative investigations, treatments or operative procedures as in the opinion of Dr. Sanjay Azad, Consultant Plastic Surgeon are immediately necessary.

(4) I further agree that in his discretion, Dr. Sanjay Azad may make use of the assistance of other surgeons, physicians, and hospital medical staff (including trainees) and may permit them to order or perform all or part of the investigation, treatment, or operative procedure, and I agree that they shall have the same discretion in my investigation and treatment as Dr. Sanjay Azad.

Dated _____
day / month / year

Witness _____
Patient _____