

SUMMARY OF INFORMATION DISCUSSED AND UNDERSTOOD

This document is a list of the potential limits and adverse effects of the treatments that you may be considering including the implications both to your personal health and in terms of lost time, costs and attendance for further treatment.

Please note that by necessity it covers a wide range of complications, but that serious complications are uncommon or rare. Please ensure that you understand aspects that relate to your treatment before signing and undergoing your treatment. If you have any questions or concerns, contact Mr Saeed's secretary to arrange clarification by phone or further consultation – Mr Saeed is happy to do this and encourages you to do this.

General aspects and areas discussed:

General advice on health and well-being including advice on smoking, alcohol consumption, UV exposure and risks, exercise and healthy eating.

General medical advice if applicable re; other health conditions such as cardiorespiratory conditions, hypertension, diabetes, and advice on psychological / social aspects of a condition to the limits of MR Saeed's experience and training. Advice to arrange / referral to other health professionals as required.

Use of photo / video images, diagrams and available literature during consultation as applicable.

The treatment options available including no treatment, non-surgical treatment options and weight loss if applicable.

Risk of anaesthesia to the limits of Mr Saeed's experience – further clarification with anaesthetists is recommended in some circumstances, heart attack, other cardiac risks and implications.

Respiratory risks inc. retention of secretions, lung collapse, pneumonia and implications.

Deep venous thrombosis, pulmonary embolus (clots in leg veins that can pass to the lungs). Risks for given patient, use of TEDS, Flowtrons, early mobilisation and anticoagulants. Risks related to oral contraceptive/hormone replacement therapy, intercurrent disease or clotting abnormality. Unknown risks of oral anti-bruising agents eg arnica. Risks of concurrent medication eg aspirin.

General complication risks applicable to most procedures:

Bleeding and/or haematoma formation and action to be taken, infection and wound breakdown and implications including antibiotic treatment, debridement/drainage.

Bone and joint infection if applicable and implications if relevant including loss of correction / symmetry / disfigurement.

Need for further operations including skin grafts / other reconstructive work, prolonged healing times, repeat dressings and attendance. Adverse effect on scarring.

Skin/soft tissue loss or damage eg perforation /splitting of skin.

Adverse scarring including hypertrophic, hypotrophic, keloid, tethered, pigmented, red scars. Treatment of scars and limits to treatment of scars.

Nerve damage and implications for sensory and motor nerves including pain, paraesthesia (abnormal sensation), loss of functional sensation, movement or autonomic function, need for physical therapy, splints, further surgical procedures.

The limited results of expert microsurgical repair on very small nerve branches. Lack of feasibility for repair of smaller nerve branches.

Wound dehiscence and implications including further surgical procedures and effects on scarring.

Asymmetry including incorrectable asymmetry eg due to pre-existing asymmetry.

Prolonged hospital stay in the event of any of the above with loss of time, earnings and cost implications.



Importance of aftercare and the need to keep all follow-up appointments:

Gentle activity until tissues strong enough to support normal activity (see specifics below)

Wearing of appropriate aftercare garments / splints as instructed, non-interference with dressings unless instructed to or complications arise, keeping wounds/dressings dry as instructed. Protecting surgical sites from sources of infection / infective environments / activities that could lead to infection. Scar care advice including massage with non-allergenic lotion / ointment as appropriate and avoidance of UV exposure for 12 months. Duration of this ie at least 12 months. Avoidance of 'scar reducing' agents eg Bio-Oil or Arnica due to undocumented effects on scars. Use of ice-packs if applicable and need to protect skin from cold damage.

Taking of medications as instructed.

Importance of timely contact with Mr Saeed / his team in the event of complications.

Cost implications of further treatment if complications arise / out of failure to comply with post-operative instructions.

GYNAECOMASTIA SPECIFICS

Expected effects of treatments:

Swelling, bruising (both may track to areas remote from the surgical site) skin redness, fluid collection beneath the elevated tissues, temporary numbness, hypersensitivity or abnormal sensation, stiffness and the implications and management of these.

Gynaecomastia:

The procedure and the expected outcome, the position of the scars, the quality of the expected scars. The possibility of permanent loss of nipple / areolar / chest /breast sensation. Prolonged healing, fat necrosis, nipple / areolar loss. Temporary or permanent tethering of tissues with deformity, deformity on contracting muscles or movements. Over correction with contour defects requiring reconstruction. Undercorrection or recurrence of gynaecomastia with or without weight gain or through ageing. Persistent skin or areolar enlargement or excess and the implications of second stage surgery to address this if required including time and cost implications.

Post-operative care wound, scar and sun care. Need for strict adherence to gentle activity for 4 weeks minimum after procedure, much longer if advised.

Liposuction if used as part of the procedure:

Area to be treated and limits to this. Site and scars from entry ports. System used and alternatives. Post-operative leakage, bruising and swelling. Importance of pressure garment and need to wear this minimum 6 weeks, time taken to appreciate results, unpredictability (and hence no guarantee of skin shrinkage / even redraping). Postoperative muscle discomfort, recovery time and-the need for strict adherence to gentle activity for 2 - 6 weeks minimum (depending on extent of liposuction) after procedure. Risks of tethering, lumpiness, uneven / asymmetric result, fluid collections, fat necrosis, fat embolism and the dangers of this, skin / bowel / other visceral perforation and implications including necrotising fasciitis. Importance of pre-existing asymmetry and the need to avoid weight gain that will allow reaccumulation of fat at the same or other sites. Aftercare including daily dressing changes until skin healing, which is normally within a week. Massage and sun protection to scars for 6-12 months.

Fat transfer if used as part of the procedure:

Aftercare and donor site risks as for liposuction above.

Recovery time and limits to what can be achieved. Our current understanding on fat survival and the limits to this and the need for multiple treatments to obtain sufficient correction. In some patients, despite every effort insufficient fat will survive and the procedure does not achieve the results desired. In these circumstances, this is usually evident once sufficient time has been allowed for fat to absorb or after a second treatment. Failure to achieve a discernible result at this stage would suggest that insufficient fat is surviving to make further treatments worthwhile. Irregularity at the recipient site, asymmetry, over and under correction.

Risks of embolus including the potentially dangerous effects of this to tissues such as lungs, skin or optic nerve.

Risks of cyst formation, calcification and fat necrosis.

Limits of treatment:

The limitations of a given procedure including the anatomical area affected by the treatment and areas that will not be significantly affected. Other treatment options available including those involving a different specialty. The need for revisions and adjustments.

SECONDARY OR SUBSEQUENT SURGERY:

Secondary surgery (revision) aims to improve the situation and a full correction should not be expected. It can also be subject to complications and the need for further revision. Scarring may be improved but there is a possibility it may be worse, and this also applies to deformity and function. This is particularly so if complications occur.

Declaration:

The information above has been explained to me by Mr Saeed, illustrated by diagrams, operative and patient photographs as required. This has been done with the aid of an interpreter as required. I fully understand the information and choices given to me, particularly potential adverse effects of treatment, the need for further surgery and the time and cost implications.

Signed:

Date:

PATIENT

Name (BLOCK CAPITALS)

