

Brachioplasty Packet

- **Patient copies of post-op instructions are on top of the packet.**
- **If more than one page, staple them together and place one patient label on the first page only.**
- **No need to hole punch patient copies of post-op instructions. Just place instructions inside the chart.**

PELOSI MEDICAL CENTER
BRACHIOPLASTY
POST-OPERATIVE INSTRUCTIONS

SMOKING

- If you are a smoker, you should abstain from smoking for 6 weeks following your surgery. This will help to avoid respiratory complications and improve circulation to the surgical areas.

MEDICATIONS

- Abstain from taking aspirin, aspirin containing products, or any non-steroidal anti-inflammatory agents for at least 2 weeks following your surgery.
- You will be prescribed antibiotics. Take the antibiotics as prescribed by Dr. Pelosi to decrease the risk of infection.
- You will be prescribed pain medication. You should plan to gradually decrease your intake of pain medications to avoid nausea or constipation. Do not drink alcohol when taking pain medications. Even when not taking pain medication, do not drink alcohol for 3 weeks as it causes fluid retention.
- In an effort to avoid constipation, Dr. Pelosi suggests that you take a stool softener such as Colace (available without a prescription) 100 milligrams two times a day beginning the day of surgery until your first bowel movement.

DIET

- Avoid alcoholic beverages until advised by Dr. Pelosi.
- Drink at least 4 glasses of water for the first 3 days.
- We recommend that you consume only liquids the evening after your surgery. You may then slowly advance your diet the following day to soft and bland foods, i.e., mashed potatoes, over-cooked pasta, eggs, etc. Thereafter, you may consume regularly prepared foods as tolerated.

ACTIVITIES

- Start walking as soon as possible. This helps to reduce swelling and lowers the chance of blood clots.
- During the first several days, you will feel more comfortable with your arms slightly elevated. To assist with this, rest and sleep with your arms elevated on several pillows.
- Do not elevate your upper arms above the level of our shoulders for 2 weeks. You may, however, elevate your forearms above the shoulder level. This is very important. If you have any questions, please ask Dr. Pelosi or his staff for clarification.
- Do not lift anything heavier than a gallon of milk for the first week. You may then lift as much as 20 pounds for the next 5 weeks. After 6 weeks, you may engage in vigorous activities, sex, and exercise as tolerated.
- Do not drive until advised by Dr. Pelosi.

INCISION CARE

- The dressings may be removed and showering is permitted 48 hours after the surgery. Mild soap may be used and it is permitted for soap and water to come in contact with the incision.
- Keep the incisions clean and inspect daily for signs of infection.
- The incision will be raised and have a “pie crust” appearance. This is to be expected and will flatten out completely over the next two months.
- A small amount of drainage at your incisions during the first several weeks after surgery is normal. Sleeping on a towel for the first few days may help prevent soiling of your bedding due to normal oozing from your incisions.
- Do not immerse yourself in a tub, pool or other body of water until advised by Dr. Pelosi.
- Do not apply body lotion, creams, vitamin E, or other skin treatments to your incisions until advised by Dr. Pelosi.
- Avoid exposing scars to the sun for at least 12 months. Always use a strong sunblock (SPF 45 or greater) if sun exposure is unavoidable.

WHAT TO EXPECT

- There will be swelling and discoloration for 2–3 weeks, possibly longer.
- There may be numbness and itching around the operative areas.
- There may be postoperative discomfort and tightness for the first 48-72 hours after surgery, but you should begin to feel better after the 3rd postop day. Prescription medication will help relieve the discomfort.
- The sutures used for a brachioplasty are absorbable and will not need to be removed.
- Most of the swelling should be gone by 6 weeks after surgery.
- The surgery creates permanent scars. Your scars may appear to worsen during the first 3-6 months as they heal. Expect it to take 9–12 months before your scars to lighten in color. Keep in mind that the scars will never completely disappear.

**PELOSI MEDICAL CENTER
BRACHIOPLASTY
POST-OPERATIVE INSTRUCTIONS**

- Excessive scar formation, however, can occasionally occur where the scars broaden and thicken. It may take you weeks or months to feel like your old self again. If you start out in top physical condition, recovery from this procedure will be much faster than if you are out of shape when you have the operation.

WHEN TO CALL

Call the office at **201-858-1800** if you have any of the following:

- Increased swelling, bruising and redness at or around the incision after a few days
- Severe or increased pain not relieved by medication
- Side effects to medications such as rash, nausea, headache, vomiting
- Oral temperature of over 100.4°F
- Any yellowish or greenish drainage from the incisions or notice a foul odor
- Bleeding from the incisions that is difficult to control with light pressure
- Lightheadedness
- Shortness of breath

If the office is closed, our answering service will take your message and contact Dr. Pelosi who will then return your call.

Drs. Pelosi will see you at the office the day after surgery to examine your incisions and confirm that appropriate healing is taking place.

I acknowledge that I received my post-operative patient instructions and that they were explained to me.

Patient Signature

Date

DVT PATIENT INFORMATION

What is Deep-Vein Thrombosis (DVT)?

DVT occurs when a blood clot forms in one of the large veins, usually in the lower limbs, leading to either partially or completely blocked circulation. The condition may result in health complications, such as a pulmonary embolism (PE) and even death if not diagnosed and treated effectively.

Most common risk factors for DVT:

- Major surgery
- Congestive heart failure or respiratory failure
- Restricted mobility
- Recent injury
- Cancer
- Obesity
- Age over 40 years
- Recent surgery
- Smoking
- Prior family history of venous thromboembolism (VTE)

Signs and Symptoms of DVT:

About half of people with DVT have no symptoms at all. For those who do have symptoms, the following are the most common and can occur in the affected part of the body, typically in the leg or calf region.

- Swelling unrelated to the surgical site,
- Pain or tenderness, unrelated to the surgical site and often worse when standing or walking,
- Redness of the skin,
- Warmth over the affected area.

What is Pulmonary Embolism (PE)?

A pulmonary embolism (PE) is a very serious condition that occurs when a blood clot blocks the artery that carries blood from the heart to the lungs (pulmonary artery). A clot that forms in one part of the body and travels in the bloodstream to another part of the body is called an embolus. PEs often come from the deep leg veins and travel to the lungs through blood circulation.

Signs and Symptoms of PE

- Difficulty breathing;
- Faster than normal heart beat;
- Chest pain or discomfort, which usually worsens with a deep breath or coughing;
- Coughing up blood; or
- Very low blood pressure, lightheadedness, or blacking out.

**** If you develop symptoms of a Pulmonary Embolism, seek emergency medical attention immediately. Dial 911 to be transported to the nearest Emergency Room.***

Patient Signature

Date

PELOSI MEDICAL CENTER

OFFICE SURGERY CHECKLIST

Procedure (Pt 1) _____ Surgery Date/Time: ___/___/___ ___ am/pm

Procedure (Pt 2) _____ Surgery Date/Time: ___/___/___ ___ am/pm

Surgeon MP2 MP3

#	Task	Date Completed	Initials	Comments
1	Consultation done	___/___/___	___	_____
2	Signed copy Cosm. Surgery Finan. Agreement given to pt.	___/___/___	___	_____
3	Blood work drawn. Must be drawn within 7 days of date of surgery	___/___/___	___	Panel: CBC, Comp. Met. Panel, PT/PTT, HIV Screening, Hepatitis B & C Screening Repeat PT/PTT if lab panel results in chart. Repeat Panel if date of lab panel results in chart is not within 7 days of scheduled procedure.
4	Lab results reviewed by Dr. Pelosi.	___/___/___	___	_____
5	Medical Clearance Needed? <input type="checkbox"/> YES <input type="checkbox"/> NO	___/___/___	___	_____
6	Prescriptions given to patient.	___/___/___	___	Pt instructions for all Rx's: Do NOT take day of surgery
				__ Cephalexin 500 mg PO BID x 8 days (#16) Begin day before surgery
				__ Doxycycline 100 mg PO BID x 8 days (#16) Begin day before surgery
				__ Flexeril 10 mg PO TID x 7 days (#21) 2 refills
				__ Gabapentin 600 mg PO TID x 10 days (#30)
				__ Naproxen 500 mg PO BID x 15 days (#30)
				__ Zofran 8 mg PO BID as needed (#10) As needed for nausea
Physician Signature _____				
7	Breast implants ordered Breast implants received	___/___/___ ___/___/___	___ ___	_____
8	Anesthesiologist scheduled	___/___/___	___	_____
9	Surgery date scheduled & confirmed with patient	___/___/___	___	_____
10	COVID PCR test performed within 6 days of surgery	___/___/___	___	_____
11	Pre-op call made to patient	___/___/___	___	Med. Asst is responsible for calling patient the day before surgery to reinforce pre-op instructions & answer questions. Instruct patient to be NPO 8 hrs prior to scheduled procedure time and to bring in a list of current meds and doses. Allergies: _____ LMP: ___/___/___
12	Lipo touch-ups: Pt advised to bring in old garment	___/___/___	___	_____
13	Total Fee: \$ _____ Deposit Pd: \$ _____	___/___/___	___	_____
14	Balance Due: \$ _____ \$ _____ \$ _____	___/___/___ ___/___/___ ___/___/___	___ ___ ___	_____

PELOSI MEDICAL CENTER
BRACHIOPLASTY
POST-OPERATIVE INSTRUCTIONS

SMOKING

- If you are a smoker, you should abstain from smoking for 6 weeks following your surgery. This will help to avoid respiratory complications and improve circulation to the surgical areas.

MEDICATIONS

- Abstain from taking aspirin, aspirin containing products, or any non-steroidal anti-inflammatory agents for at least 2 weeks following your surgery.
- You will be prescribed antibiotics. Take the antibiotics as prescribed by Dr. Pelosi to decrease the risk of infection.
- You will be prescribed pain medication. You should plan to gradually decrease your intake of pain medications to avoid nausea or constipation. Do not drink alcohol when taking pain medications. Even when not taking pain medication, do not drink alcohol for 3 weeks as it causes fluid retention.
- In an effort to avoid constipation, Dr. Pelosi suggests that you take a stool softener such as Colace (available without a prescription) 100 milligrams two times a day beginning the day of surgery until your first bowel movement.

DIET

- Avoid alcoholic beverages until advised by Dr. Pelosi.
- Drink at least 4 glasses of water for the first 3 days.
- We recommend that you consume only liquids the evening after your surgery. You may then slowly advance your diet the following day to soft and bland foods, i.e., mashed potatoes, over-cooked pasta, eggs, etc. Thereafter, you may consume regularly prepared foods as tolerated.

ACTIVITIES

- Start walking as soon as possible. This helps to reduce swelling and lowers the chance of blood clots.
- During the first several days, you will feel more comfortable with your arms slightly elevated. To assist with this, rest and sleep with your arms elevated on several pillows.
- Do not elevate your upper arms above the level of our shoulders for 2 weeks. You may, however, elevate your forearms above the shoulder level. This is very important. If you have any questions, please ask Dr. Pelosi or his staff for clarification.
- Do not lift anything heavier than a gallon of milk for the first week. You may then lift as much as 20 pounds for the next 5 weeks. After 6 weeks, you may engage in vigorous activities, sex, and exercise as tolerated.
- Do not drive until advised by Dr. Pelosi.

INCISION CARE

- The dressings may be removed and showering is permitted 48 hours after the surgery. Mild soap may be used and it is permitted for soap and water to come in contact with the incision.
- Keep the incisions clean and inspect daily for signs of infection.
- The incision will be raised and have a “pie crust” appearance. This is to be expected and will flatten out completely over the next two months.
- A small amount of drainage at your incisions during the first several weeks after surgery is normal. Sleeping on a towel for the first few days may help prevent soiling of your bedding due to normal oozing from your incisions.
- Do not immerse yourself in a tub, pool or other body of water until advised by Dr. Pelosi.
- Do not apply body lotion, creams, vitamin E, or other skin treatments to your incisions until advised by Dr. Pelosi.
- Avoid exposing scars to the sun for at least 12 months. Always use a strong sunblock (SPF 45 or greater) if sun exposure is unavoidable.

WHAT TO EXPECT

- There will be swelling and discoloration for 2–3 weeks, possibly longer.
- There may be numbness and itching around the operative areas.
- There may be postoperative discomfort and tightness for the first 48-72 hours after surgery, but you should begin to feel better after the 3rd postop day. Prescription medication will help relieve the discomfort.
- The sutures used for a brachioplasty are absorbable and will not need to be removed.
- Most of the swelling should be gone by 6 weeks after surgery.
- The surgery creates permanent scars. Your scars may appear to worsen during the first 3-6 months as they heal. Expect it to take 9–12 months before your scars to lighten in color. Keep in mind that the scars will never completely disappear.

**PELOSI MEDICAL CENTER
BRACHIOPLASTY
POST-OPERATIVE INSTRUCTIONS**

- Excessive scar formation, however, can occasionally occur where the scars broaden and thicken. It may take you weeks or months to feel like your old self again. If you start out in top physical condition, recovery from this procedure will be much faster than if you are out of shape when you have the operation.

WHEN TO CALL

Call the office at **201-858-1800** if you have any of the following:

- Increased swelling, bruising and redness at or around the incision after a few days
- Severe or increased pain not relieved by medication
- Side effects to medications such as rash, nausea, headache, vomiting
- Oral temperature of over 100.4°F
- Any yellowish or greenish drainage from the incisions or notice a foul odor
- Bleeding from the incisions that is difficult to control with light pressure
- Lightheadedness
- Shortness of breath

If the office is closed, our answering service will take your message and contact Dr. Pelosi who will then return your call.

Drs. Pelosi will see you at the office the day after surgery to examine your incisions and confirm that appropriate healing is taking place.

I acknowledge that I received my post-operative patient instructions and that they were explained to me.

Patient Signature

Date

DVT PATIENT INFORMATION

What is Deep-Vein Thrombosis (DVT)?

DVT occurs when a blood clot forms in one of the large veins, usually in the lower limbs, leading to either partially or completely blocked circulation. The condition may result in health complications, such as a pulmonary embolism (PE) and even death if not diagnosed and treated effectively.

Most common risk factors for DVT:

- Major surgery
- Congestive heart failure or respiratory failure
- Restricted mobility
- Recent injury
- Cancer
- Obesity
- Age over 40 years
- Recent surgery
- Smoking
- Prior family history of venous thromboembolism (VTE)

Signs and Symptoms of DVT:

About half of people with DVT have no symptoms at all. For those who do have symptoms, the following are the most common and can occur in the affected part of the body, typically in the leg or calf region.

- Swelling unrelated to the surgical site,
- Pain or tenderness, unrelated to the surgical site and often worse when standing or walking,
- Redness of the skin,
- Warmth over the affected area.

What is Pulmonary Embolism (PE)?

A pulmonary embolism (PE) is a very serious condition that occurs when a blood clot blocks the artery that carries blood from the heart to the lungs (pulmonary artery). A clot that forms in one part of the body and travels in the bloodstream to another part of the body is called an embolus. PEs often come from the deep leg veins and travel to the lungs through blood circulation.

Signs and Symptoms of PE

- Difficulty breathing;
- Faster than normal heart beat;
- Chest pain or discomfort, which usually worsens with a deep breath or coughing;
- Coughing up blood; or
- Very low blood pressure, lightheadedness, or blacking out.

**** If you develop symptoms of a Pulmonary Embolism, seek emergency medical attention immediately. Dial 911 to be transported to the nearest Emergency Room.***

Patient Signature

Date

PELOSI MEDICAL CENTER
**Medication Reconciliation/
 Discharge Summary**

Patient Address: _____

ALLERGIES/SENSITIVITIES (Drugs, Materials, Food, or Environmental Factors)	
<input type="checkbox"/> No known allergies/sensitivities and other reactions to drugs, materials, food, or environmental factors	
Allergen	Reaction

MEDICATIONS & SUPPLEMENTS					SURGEON to Indicate:		
Medication List: OTC, Herbals, Vitamins & Supplements	DOSE (Strength)	HOW TAKEN?	FREQUENCY (How often taken)	LAST TIME TAKEN	CONTINUE		
					YES	HOLD	NO
1							
2							
3							
4							
5							
6							

Medication History Verified by RN/MA: _____ Date: _____

If a medication is placed on hold or discontinued, Surgeon to indicate patient follow-up instructions below:

IN ADDITION TO THE PRESCRIPTIONS BELOW, THE ABOVE MEDICATIONS SHOULD BE CONTINUED AT HOME UNLESS SPECIFIED BY SURGEON TO HOLD OR DISCONTINUE AS CHECKED ABOVE	
SIGNATURE OF SURGEON REVIEWING MEDICATIONS: (REQUIRED)	DATE:

PRESCRIPTIONS GIVEN TO PATIENT AT DISCHARGE					
Mark with "x"	Medication Name	Dose	Route	Frequency	Reason for Medication
___	Cephalexin	500 mg	By mouth	2 times a day	Antibiotic
___	Cyclobenzaprine	10 mg	By mouth	3 times a day	As needed, for muscle pain
___	Doxycycline	100 mg	By mouth	2 times a day	Antibiotic
___	Gabapentin	600 mg	By mouth	3 times a day	As needed, for pain
___	Naproxen	500 mg	By mouth	2 times a day	As needed, for pain
___	Ondansetron	8 mg	By mouth	2 times a day	As needed, for nausea

Procedure(s) Performed: _____

Medications administered during this visit: Ceftriaxone Cephalexin Clindamycin Diazepam Diphenhydramine
 Diprivan Doxycycline Epinephrine Fentanyl Glycopyrrolate Lidocaine Metoclopramide Midazolam
 Ondansetron Oxycodone Sodium Bicarbonate Tranexamic Acid Other _____

Information provided to: Patient _____ (patient signature) Other _____ (name of person)

Discharge Physician/RN Signature: _____ Date: _____ Time: _____

PELOSI MEDICAL CENTER

OFFICE SURGERY PRE-OP HISTORY & PHYSICAL EXAM

CHIEF CONCERN / REQUEST:

PERTINENT PAST MEDICAL & SURGICAL HISTORY AND REVIEW OF SYSTEMS:

PHYSICAL EXAMINATION:

Height ____ Weight ____ lbs Pre-op Exam Vital Signs: BP ____ T ____ HR ____ RESP ____

WNL	ABN		COMMENTS
D	D	General appearance	
D	D	Mental Status	
D	D	Neurological	
D	D	Cardiovascular	
D	D	Lungs	
D	D	Abdomen	
D	D	Genitourinary	
D	D	Liver	
D	D	Extremities	
D	D	Integument	
D	D	Other	

CURRENT MEDICATION	DOSAGE

CURRENT MEDICATION	DOSAGE

ALLERGIES/SENSITIVITIES			
<input type="checkbox"/> No known allergies/sensitivities and other reactions to drugs, materials, food, or environmental factors			
Allergen/Sensitivity	Type of Reaction	Allergen/Sensitivity	Type of Reaction

Adverse Reactions to Drugs: No Yes _____

PROVISIONAL DIAGNOSIS:

LETTER OF MEDICAL CLEARANCE NEEDED? ____ YES ____ NO

PHYSICIAN SIGNATURE _____ DATE ____ / ____ / ____

Pelosi Medical Center
VTE RISK FACTOR ASSESSMENT

Date: ___/___/___ Age: _____ Wt (lbs): _____ BMI: _____
 Sex: _____ Ht (in): _____

CHOOSE ALL THAT APPLY

Add 1 Point for Each Risk Factor

Age 41-60 years
 Minor surgery (< 45 min) planned
 Past major surgery within last month
 Visible varicose veins
 History of inflammatory bowel disease
 Swollen legs (current)
 Overweight or obese (BMI > 30)
 Serious infection (< 1 month)
 Lung disease (e.g., emphysema, COPD)
 Heart attack
 Congestive heart failure
 Other risk factors _____

For Women Only:
Add 1 Point for Each Risk Factor

Current use of oral contraceptives or hormone replacement therapy
 Pregnancy or postpartum within last month
 History of unexplained stillborn infant, recurrent spontaneous abortion (> 3), premature birth with toxemia or growth-restricted infant

Add 5 Points Each Risk Factor that applies now or within the past month

Elective hip or knee joint replacement surgery
 Broken hip, pelvis, or leg
 Serious trauma e.g., multiple broken bones due to a fall or car accident
 Spinal cord injury resulting in paralysis
 Experienced a stroke

Add 2 Points for Each Risk Factor

Age 61-74 years
 Planned major surgery (> 45 minutes)
 Previous malignancy (excl skin cancer, but not melanoma)
 Central venous access within last month
 Non-removable plaster cast that kept pt from moving leg within last month
 Confined to a bed for 72 hrs or more

Add 3 Points for Each Risk Factor

Age 75 years or over
 History of blood clots – either DVT or PE
 Family history of blood clots (thrombosis)
 Personal or family history of positive blood test indicating increased risk of blood clotting

TOTAL RISK FACTOR SCORE _____

Score	Risk Level	Prophylaxis for Surgical Patients
0-2	Low	<ul style="list-style-type: none"> • Early ambulation
3-8	Increasing	<ul style="list-style-type: none"> • Apply antiembolism stockings and intermittent pneumatic compression device • Flex patient's knees to approximately 5° by placing a pillow underneath them • Stage multiple procedures • Provide patient with DTV Patient Information Sheet • Instruct patients who are taking oral contraceptives or hormone replacement therapy to discontinue taking these medications 1 week prior to surgery.
> 8	18.3%	<ul style="list-style-type: none"> • Not a candidate for office-based surgery

PELOSI MEDICAL CENTER

PHYSICIAN PERIOPERATIVE ORDERS

PRE-OPERATIVE

Enter 'x' next to medication & circle prescribing dose

<input type="checkbox"/> DiphenHYDRAMINE	25 / 50 mg PO x 1	<input type="checkbox"/> CefTRIAxone	1 gm (< 79 kg) 2 gm (≥ 79 kg) 3 gm (≥ 120 kg) IV Piggyback x 1
<input type="checkbox"/> Diazepam	10 / 20 mg PO x 1	<input type="checkbox"/> Clindamycin	600 mg (< 70 kg) 900 mg (≥ 70 kg) IV Piggyback x 1
<input type="checkbox"/> FentaNYL	50 / 75 / 100 mcg IM x 1	<input type="checkbox"/> Cephalexin	500 / 1000 mg PO x 1
<input type="checkbox"/> Midazolam	2 / 4 / 6 / 8 mg IM x 1	<input type="checkbox"/> Doxycycline	100 / 200 mg PO x 1
<input type="checkbox"/> OxyCODONE	5/325 / 10/650 mg PO x 1		

- Apply ECG, NIBP, & Pulse Oximeter monitors during procedure
- Urine pregnancy test (n/a if female > 55 yrs old or if post-hysterectomy)
- Apply Norm-o-temp heating pad. Set temperature to _____ ° F (no greater than 104° F)

Additional pre-operative orders: _____

INTRA-OPERATIVE

Tumescent Anesthetic Solution - Use 1000ml bags of 0.9% NaCl

Bag #	Lidocaine (mg)	Epinephrine (mg)	Sodium Bicarbonate 8.4% (ml)	Tranexamic Acid (mg)		Bag #	Lidocaine (mg)	Epinephrine (mg)	Sodium Bicarbonate 8.4% (ml)
1			10			6			10
2			10			7			10
3			10			8			10
4			10			9			10
5			10			10			10

Apply thromboembolic stockings and Intermittent Pneumatic Compression Device set at **40mm Hg**

Additional intra-operative orders: _____

POST-OPERATIVE

- Discontinue IV when discharge criteria are met
- Remove Foley catheter

Additional post-operative orders: _____

PHYSICIAN SIGNATURE _____ DATE/TIME: ____ / ____ / ____ : ____

ADDITIONAL ORDERS:

PHYSICIAN SIGNATURE _____ DATE/TIME: ____ / ____ / ____ : ____

PELOSI MEDICAL CENTER
BRACHIOPLASTY CONSENT

INTRODUCTION

Brachioplasty is a surgical procedure to remove excess skin and fatty tissue from the axilla and upper arm. Brachioplasty is not a surgical treatment for being overweight. Obese individuals who intend to lose weight should postpone all forms of body contouring surgery until they have been able to maintain their weight loss.

There are a variety of different techniques used by plastic surgeons for brachioplasty. Brachioplasty can be combined with other forms of body-contouring surgery, including suction-assisted lipectomy, or performed at the same time with other elective surgeries.

ALTERNATIVE TREATMENTS

Alternative forms of management consist of not treating the areas of loose skin and fatty deposits. Suction assisted lipectomy surgery may be a surgical alternative to brachioplasty if there is good skin tone and localized abdominal fatty deposits in an individual of normal weight. Diet and exercise programs may be of benefit in the overall reduction of excess body fat!

Risks and potential complications are associated with alternative forms of treatment that involve surgery.

RISKS of BRACHIOPLASTY SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with brachioplasty. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with Dr. Pelosi to make sure you understand all possible consequences of brachioplasty.

Bleeding- It is possible, though unusual, to experience a bleeding episode during or alter surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood or blood transfusion. Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may increase the risk of bleeding.

Infection- Infection is unusual after this type of surgery. Should an infection occur, treatment including antibiotics or additional surgery may be necessary.

Change In skin sensation- Diminished (or loss of) skin sensation in the arm and forearm area *may* not totally resolve after brachioplasty.

Skin contour irregularities- Contour irregularities and depressions may occur after brachioplasty. Visible and palpable wrinkling of skin can occur.

Skin scarring- Excessive scarring is uncommon. In rare cases, abnormal scars may result. Scars may be unattractive and of different color than surrounding skin. Additional treatments including surgery may be necessary to treat abnormal scarring.

Surgical anesthesia- Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

Asymmetry- Symmetrical body appearance may not result from brachioplasty. Factors such as skin tone, fatty deposits, bony prominence, and muscle tone may contribute to normal asymmetry in body features.

Delayed healing- Wound disruption or delayed wound healing is possible. Some areas of the arm may not heal normally and may take a long time to heal. Some areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue.

Smokers have a greater risk of skin loss and wound healing complications.

Allergic reactions- In rare cases local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions which are more serious may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment

Deep Vein Thrombosis- Blood clots in the deep veins of the body is a potential complication of any surgery. If such a diagnosis is made, treatment may include short and possible long term therapy with blood thinning agents.

Pulmonary complications- Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli) or partial collapse of the lungs after general anesthesia. Should either of these complications occur, you may require hospitalization and additional treatment. Pulmonary emboli can be life-threatening or fatal in some circumstances

Seroma- Fluid accumulations infrequently occur in between the skin and arm tissues. Should this problem occur, it may require additional procedures for drainage of fluid.

PELOSI MEDICAL CENTER
BRACHIOPLASTY CONSENT

Longterm effects- Subsequent alterations in arm contour may occur as the result of aging, weight loss or gain, pregnancy, or other circumstances not related to brachioplasty.

Lymphedema- A brachioplasty procedure may produce a disruption of the lymphatic system leading to temporary or in rare instances permanent swelling of the arms and hands. Active patient involvement including the use of compression garments and physiotherapy may be necessary to treat this condition.

Pain- Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue after brachioplasty.

Nerve Injury- Nerve injury is a possible consequence of any kind of surgery

Weight Change- Significant weight change following brachioplasty may adversely affect the aesthetic outcome of this procedure.

Other- You may be disappointed with the results of surgery. Infrequently, it is necessary to perform additional surgery to improve your results.

ADDITIONAL SURGERY NECESSARY

Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with brachioplasty. Other complications and risks can occur but are even more uncommon. 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

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by Dr. Pelosi, the cost of surgical supplies, and anesthesia. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revisionary surgery would also be your responsibility.

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). 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 risks encountered. Dr. Pelosi may provide you with additional or different information that is based on the facts in your particular case and the 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 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 this consent.

_____ / / _____ / / _____ / /
 Patient Signature Date Witness Signature Date Surgeon Signature Date

LIPOSUCTION & FAT TRANSFER CONSENT

HEIGHT: ____ft ____in. WEIGHT: _____lbs

I authorize Dr. Pelosi and associate surgeons to perform tumescent liposuction surgery **with/without** autologous fat transfer (AFT) on the following area(s):

I understand that if I gain excessive weight since previous assessments and the day of surgery, the physician reserves the right to change the areas to be treated if the planned areas would result in too much surgery.

I have read all of the information supplied to me in the Liposuction Patient Information Booklet and agree to comply with all instructions given therein. I have had adequate opportunity to consult with the surgeon and his associates regarding the material contained in the Patient Information Booklet and I understand all of the information contained therein.

I hereby consent to be recorded, photographed, videotaped or filmed by Dr. Marco A. Pelosi II/III before, during and after surgery for purposes of teaching, scientific research, marketing, or broadcast (print, web, digital display, and all other forms of media).

I agree that such recording, articles, photographs, films, audio or video and/or any reproduction of same in any form are the property of Drs. Pelosi and I understand that I will not receive payment from any party. I hereby release Drs. Pelosi, the Pelosi Medical Center, their officers, agents, employees and medical societies affiliated with Drs. Pelosi from any and all claims, demands, costs, and liability that may arise from the use of these recordings, photographs, videotapes, or films and/or any reproductions of same in any form as described above, arising out of being recorded, photographed, videotaped or filmed.

I understand that the images may be seen by members of the general public, in addition to physicians, scientists, and medical researchers that regularly use these materials in their professional education. I understand that these photographs, video or film will be used without identifying information such as my name and that a refusal to consent will in no way affect the medical care I will receive.

If my surgery has been scheduled by mutual agreement during a training course held by Drs. Pelosi, I agree to allow physicians attending the training course to participate in my surgery under the direct and strict supervision of Drs. Pelosi.

Liposuction is associated with certain expected temporary side effects including soreness, inflammation, bruising, swelling, numbness, minor irregularity of the skin, cutaneous necrosis, and fat embolism. Some of these effects can take several months to resolve. Scars, pigment changes, or an irregularity that persists for more than six months may or may not be correctable by a second procedure. Lidocaine toxicity, although rare, may occur as a complication of liposuction surgery, and may result in seizures, respiratory depression, and cardiac effects, and may require hospitalization for treatment. Any surgery may involve risks of more serious and unexpected problems. Although rare, examples of such complications include blood clots, excessive bleeding, scarring, infection, seroma (temporary accumulation of fluid under the skin), injury to other tissues, the need to use skin grafts, allergic or toxic reactions to drugs, and death.

AFT is associated with temporary side effects similar to liposuction surgery and risks of infection, fat necrosis and skin contour irregularities. There is also a tendency for the volume of fat injected to decrease by one third to one half over the course of the first three months following surgery.

Fat Transfer to Breasts: Fat transfer has been used to improve the appearance of breasts reconstructed after cancer treatment, to improve the appearance of breast deformities, and to enlarge breasts for cosmetic purposes. While there is limited information regarding the long-term implications of such procedures, there are some potential concerns especially with regard to breast cancer detection. Since the transferred fat may become firm and cause lumps, it may be necessary to have radiological studies (mammogram, ultrasound, or MRI) performed (which may or may not be covered by your health insurance) to be sure these lumps are not due to cancer. It is also possible that the firmness may make it more difficult for your or your doctor to examine the breasts. It is also possible that a biopsy may be needed if there is concern about any abnormal findings in your breasts. However, there is no reason to believe that fat transfer procedures may cause breast cancer.

The surgeon and/or staff have explained the nature, purpose, possible alternative methods of treatment, the risks involved, and possible complications associated with liposuction surgery. I acknowledge that no guarantee has been made as to the results and that a fifty (50) percent cosmetic improvement is typical. I know that liposuction should not be done if a woman is pregnant; I have no reason to suspect that I might be pregnant.

_____/_____/_____
Patient Signature Date Witness Signature _____/_____/_____
Date Surgeon Signature _____/_____/_____
Date

Pelosi Medical Center
CIGARETTE SMOKING ATTESTATION

All procedures in cosmetic surgery are performed to improve form and, in some cases, function. Our goal as cosmetic surgeons is to achieve improvement with minimal scarring. Unfortunately, smoking and secondary smoke affect wound healing in a potentially devastating way. Please be honest with us about your exposure to smoke so we can take good care of you and prevent problems and complications with your procedure.

Any exposure to smoke either directly or indirectly can result in poor wound healing, delayed wound healing, skin loss requiring skin grafting, increased risk of wound infection, and loss of skin and deeper tissues, all due to decreased blood supply to those areas. The reduced blood flow to skin wound edges can cause skin to break down and scab. This will negatively affect the quality and nature of the scar (there is an increased risk of hypertrophic or keloid scarring). This is true for any surgical procedures requiring incisions (even skin lesion removal and liposuction).

The following is a partial list of cosmetic procedures and the impact that smoking or inhaling second-hand smoke may have on wound healing. It is not intended to be a complete list of procedures or all possible complications. Because of these potential complications, the immediate stopping of smoking at least 4 weeks before the surgeries and postoperative abstinence for life, or for at least 4-6 weeks postoperative, is advised.

Breast Implants (Reconstruction, Tissue Expanders, and Augmentation): There is an increased risk of delayed wound healing, capsular contracture, and implant infection with the possibility of extrusion.

Breast Reduction and Breast Lift (Mastopexy): There can be delayed wound healing resulting in unsightly scarring and skin loss and potential nipple loss requiring skin graft. In all cases of patients who smoke or are exposed to smoke, wounds do not heal in the normal length of time. Wound healing can be prolonged as long as 3-4 months.

Abdominoplasty: Smoking or exposure to smoke will decrease the ability of the skin to heal properly resulting in unsightly scarring, higher risk for infection, and skin loss sometimes requiring a skin graft. Slow wound healing (months instead of weeks), skin loss resulting in scabbing and prolonged need for dressing changes, and infection (usually requiring antibiotics and sometimes another surgery to drain the infection) are all complications that can occur if you smoke or are exposed to second-hand smoke. If you have either stopped smoking very recently or have been unable to stop completely, you must accept these risks if you wish to proceed with surgery.

Liposuction and Fat Transfer: There is an associated increased risk of skin complications with *liposuction* (postoperative pain, inflammation, infection, bruising, swelling, loss of sensation in the skin, skin irregularities, skin necrosis, fat embolism, seroma, scarring, changes in skin coloration, etc.) and *fat transfer* (infection, fat necrosis, skin irregularities, and decrease in the retention of injected fat, etc.) in smokers.

Patient Initials

_____ I have read and understand the Patient Information on Cigarette Smoking and Cosmetic Surgery and I have had all of my questions regarding this form answered to my full satisfaction by my surgeon prior to my operation today.

IF YOU HAVE NEVER SMOKED CIGARETTES:

_____ I attest that I have never smoked cigarettes.

IF YOU ARE A PREVIOUS OR CURRENT SMOKER:

_____ I attest that I (have/have not) _____ quit cigarette smoking or refrained from cigarette smoking for at least four (4) weeks prior to my surgery today.

_____ I have been advised by my surgeon to refrain from cigarette smoking for at least six (6) weeks after my surgery today and preferably to quit smoking permanently.

Print Name: _____ **Signature:** _____ **Date:** ____/____/____

PELOSI MEDICAL CENTER

ANESTHESIA CONSENT

TO THE PATIENT: *You have the right, as a patient, to be informed about your condition and the recommended anesthesia/analgesia to be used so that you may make the decision whether or not to receive the anesthesia/analgesia after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the anesthesia/analgesia.*

I voluntarily request that anesthesia care (analgesia) as indicated below be administered to me (the patient). I understand it will be administered by an anesthesia provider and/or other practitioner, and such other health care providers as necessary. Perioperative means the period shortly before, during and shortly after the procedure.

I understand that anesthesia/analgesia involves additional risks and hazards but I request the use of anesthetics/analgesia for the relief and protection from pain during the planned and additional procedures. I realize the type of anesthesia/analgesia may have to be changed possibly without explanation to me.

I understand that serious, but rare, complications can occur with all anesthetic/analgesic methods. Some of these risks are breathing and heart problems, drug reactions, nerve damage, cardiac arrest, brain damage, paralysis, or death.

I also understand that other complications may occur. Those complications include but are not limited to:

Check planned anesthesia/analgesia method(s) and have the patient/other legally responsible person initial.

- _____ LOCAL ANESTHESIA/ANALGESIA and/or TUMESCENT ANESTHESIA - drowsiness, allergic reaction, nausea and vomiting, nervousness, apprehension, euphoria, confusion, dizziness, blurred or double vision, generalized muscle twitching, seizures, respiratory depression, bradycardia, peripheral vasodilation, hypotension, depressed myocardial contractility, depressed cardiac conduction.
- _____ REGIONAL BLOCK ANESTHESIA/ANALGESIA - nerve damage; persistent pain; bleeding/hematoma; infection; medical necessity to convert to general anesthesia; brain damage.
- _____ MONITORED ANESTHESIA CARE (MAC) or SEDATION/ANALGESIA - memory dysfunction/memory loss; medical necessity to convert to general anesthesia; permanent organ damage; brain damage, and the need to be transferred to a hospital.

Additional comments/risks:

I understand that no promises have been made to me as to the result of anesthesia/analgesia methods.

I have been given an opportunity to ask questions about my anesthesia/analgesia methods, the procedures to be used, the risks and hazards involved, and alternative forms of anesthesia/analgesia. I believe that I have sufficient information to give this informed consent.

_____ Patient Signature	_____ / / Date	_____ Witness Signature	_____ / / Date	_____ Surgeon Signature	_____ / / Date
----------------------------	----------------------	----------------------------	----------------------	----------------------------	----------------------

PELOSI MEDICAL CENTER

PREOPERATIVE CARE RECORD

Immediate Preoperative Evaluation					
Procedure Date: ____/____/____		Driver's Name/Phone:			
Arrival Time: ____:____		Last time patient ate/drank: ____:____ <input type="checkbox"/> today <input type="checkbox"/> yesterday Describe intake:			
Pt ID verified: Yes / No		Urine Pregnancy Test result __ (neg.) __ (pos.) __ (n/a: age > 55 or hysterectomy)			
Vital Signs:	BP:	HR:	RR:	TEMP: ° F	Wt: lbs
Pre-Op Meds Taken:					
Pain Scale Score: ____ (0 – 10)					
If pain, onset ____/____/____. ____ AM/PM					
Location: _____					

Patient Medical/Surgical History					
Yes	No		Yes	No	
		Recent skin injuries			Sleep apnea
		Rash			Snoring
		MRSA (Methicillin-resistant staph aureus)			Positive HIV test
		Skin infection			Gastrointestinal problems
		Bleeding disorder			Liver problems
		Blood clots			Hepatitis
		Unusual reaction to anesthesia			Kidney problems
		Serious back or nerve injury			Diabetes
		Smoker: <input type="checkbox"/> Past <input type="checkbox"/> Current # packs/day ____			Hypoglycemia
		Chronic cough			Breast implants
		Lung problems			Glaucoma
		Heart problems			Drugs/Substance Use: _____
		Palpitations			_____
		Hypertension			_____
Past Surgeries/Comments:					

Pre-op Documentation Present			Belongings/Valuables		
Yes	No		Yes	No	
		Completed History & Physical Exam			Hearing Aid
		Signed Informed Consent			Eyeglasses
		Lab Results (reviewed by physician)			Contact lenses
					Dental appliances
					Jewelry, cash, or other valuables
					If yes to above, Patient Valuables form (no. 063) completed

Preoperative Teaching		
Yes	No	
		Patient positioning during procedure
		Local anesthetic infiltration procedure
		Surgical procedure
		Pain control
		Other:

RN/Surgical Technician Signature: _____

Pelosi Medical Center

OPERATING ROOM RECORD

Date: ___/___/___	Time in OR: _____ :	Surg. Start: _____ :	Surg. End: _____ :
Surgeon:	Anesthesiologist:	Surgical Technician # 1:	RN:
Surgeon Assistant:		Surgical Technician # 2:	

IV: NS RL _____ ml bag started with ___ gauge catheter in _____ by _____

TUMESCENT ANESTHESIA

Bag #:	1	2	3	4	5	6	7	8	TOTALS
Normal Saline (0.9%)	1000 ml	1000 ml	1000 ml	1000 ml	1000 ml	1000 ml	1000 ml	1000 ml	
Sodium Bicarbonate	10 mEq	10 mEq	10 mEq	10 mEq	10 mEq	10 mEq	10 mEq	10 mEq	
Epinephrine (mg)									
Tranexamic Acid (mg)									
Lidocaine (mg)	(A)								
mls of bag infiltrated	(B)								
Initial mls in bag	(C)								
Lidocaine mg infiltrated	Ax(B/C)								

ESU: Ground Pad placed on _____ **Machine:** Ellman Covidien Cutting: _____ Coagulation: _____

2-Way 16 Fr Foley Catheter inserted pre-op: Yes No

Skin Prep Used: Betadine Scrub Betadine Solution Hibiclens Solution

Pre-op Dx:

Post-op Dx:

Procedure(s) Performed:

Counts: **Sharps** correct incorrect **Instrument** correct incorrect n/a
Sponge/Lap Pad correct incorrect n/a

Surgical Checklist Completed: Signature: _____

Intraoperative Notes:

Intake

Total Volume IV Fluid Infused _____ ml

Total Tumescent Anesthetic Solution _____ ml

Output

Voided..... x _____

Foley Cath _____ ml

Total Volume Aspirated _____ ml

- Total Infranatant Fluid _____ ml

Total Supranatant Fat _____ ml

Total Weight Supranatant Fat (*Total Supranatant Fat ÷ 480*) = _____ lb

Fat Transfer to _____ ml

Fat Transfer to _____ ml

Fat Transfer to _____ ml

Patient recovered in OR at _____ :

PHYSICIAN SIGNATURE: _____

PELOSI MEDICAL CENTER
ANESTHESIA RECORD

Date:		Anesthesia Start:				Surgery Start:				Surgery End:				Anesthesia End:						
Surgery:						Surgeon:						Ht:		Wt:						
Time		:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
Diazepam (mg PO)																				
Diphenhydramine (mg PO)																				
Oxycodone (mg PO)																				
Midazolam (mg IM / IV)																				
Fentanyl (mcg IM / IV)																				
Glycopyrrolate (mg IM / IV)																				
Metoclopramide (mg IM / IV)																				
Ondansetron (mg IM / IV)																				
Propofol (mcg/kg/min IV)																				
Oxygen (L/min)																				
ECG																				
O ₂ Sat %																				
ETCO ₂																				
Temp																				
Fluids																				
Pre-Sedation																				
		220																		
BP:		200																		
Pulse:		180																		
RR:		160																		
SaO ₂ :		140																		
Monitors																				
<input type="checkbox"/> EKG		120																		
<input type="checkbox"/> ETCO ₂		100																		
<input type="checkbox"/> SaO ₂		80																		
<input type="checkbox"/> NIBP		60																		
<input type="checkbox"/> TEMP		40																		
<input type="checkbox"/> Other _____		20																		
ET# _____																				
LMA# _____																				
↓ Systolic BP																				
↑ Diastolic BP																				
• Pulse																				
O Respirations																				
Anesthesia Notes/Complications:																				
Antibiotic: _____ Gm IVPB at _____															IV Fluid _____ ml					
Patient Position: _____ <input type="checkbox"/> Pressure points checked and padded															EBL _____ ml					
															Urine _____ ml					
Signature: _____																				

PELOSI MEDICAL CENTER
ANESTHESIA RECORD

Date:				Anesthesia Start:				Surgery Start:				Surgery End:				Anesthesia End:						
Surgery:								Surgeon:								Ht:		Wt:				
Time		:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
Diazepam (mg PO)																						
Diphenhydramine (mg PO)																						
Oxycodone (mg PO)																						
Midazolam (mg IM / IV)																						
Fentanyl (mcg IM / IV)																						
Glycopyrrolate (mg IM / IV)																						
Metoclopramide (mg IM / IV)																						
Ondansetron (mg IM / IV)																						
Propofol (mcg/kg/min IV)																						
Oxygen (L/min)																						
ECG																						
O ₂ Sat %																						
ETCO ₂																						
Temp																						
Fluids																						
Pre-Sedation																						
220																						
BP:																						
200																						
Pulse:																						
180																						
RR:																						
160																						
SaO ₂ :																						
140																						
Monitors																						
<input type="checkbox"/> EKG																						
<input type="checkbox"/> ETCO ₂																						
<input type="checkbox"/> SaO ₂																						
<input type="checkbox"/> NIBP																						
<input type="checkbox"/> TEMP																						
<input type="checkbox"/> Other _____																						
ET# _____																						
LMA# _____																						
↓ Systolic BP																						
↑ Diastolic BP																						
• Pulse																						
O Respirations																						
Anesthesia Notes/Complications:																						
Antibiotic: _____ Gm IVPB at _____																						
Patient Position: _____ <input type="checkbox"/> Pressure points checked and padded																						
IV Fluid _____ ml																						
EBL _____ ml																						
Urine _____ ml																						
Signature: _____																						

PELOSI MEDICAL CENTER

POSTOPERATIVE CARE RECORD

Date:																			
Time	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	
Oxygen (L/min)																			
ECG																			
O ₂ Sat %																			
ETCO ₂																			
Temp																			
Fluids																			
Monitors	220 --																		
	200 --																		
	180 --																		
	160 --																		
	140 --																		
	120 --																		
	100 --																		
	80 --																		
	60 --																		
	40 --																		
20 --																			
0 Respirations																			

Postoperative Care and Discharge Plan													
Yes	No	n/a								Medications given Post-op			
										Time	Medication	Dose	Route
			Dressings applied.										
			Compression garment(s) applied: Type _____ size _____										
			IV access discontinued with cannula intact & no redness or edema noted.										
			Foley catheter removed.										
			Patient given written discharge instructions. A copy remains in the chart.							Signature of MD/RN administering meds			
			A responsible adult is present to take the patient home.										
1. Consciousness		3. Respiratory		5. Circulation		7. Pain		9. Oral Intake					
Conscious, fully awake	2	Deep breaths & cough freely	2	BP +/- 20% of baseline	2	Pain free	2	Tolerates fluids w/o PONV	2				
Arousable when spoken to	1	Dyspnea	1	BP +/- 50% of baseline	1	Mild pain	1	Minimal nausea and no vomiting	1				
Not responsive	0	Requiring assistive ventilation	0	BP > +/- 50% of baseline	0	Unusual or excruciating pain	0	Nausea and vomiting	0				
2. Activity		4. Oxygenation		6. Dressing		8. Ambulation		10. Urine Output					
Moves 4 extremities	2	Room air sats >92%	2	Dry	2	Able to ambulate appropriately	2	Voided	2				
Moves 2 extremities	1	O ₂ to maintain sats >90%	1	Wet but stationary	1	Dizziness or vertigo when erect	1	Has not voided	0				
Cannot move extremities	0	O ₂ sats <90% despite O ₂	0	Wet but growing	0	Dizziness or vertigo when supine	0						
Total Aldrete Score: _____										Score must be 18 – 20 to meet discharge criteria			
Time	Notes												

Discharged from Center at ____ : ____ to _____

Physician Signature: _____