

The objective of this form is to enable your participation into the decision making process about your healthcare by informing you.

This form has been designed in order to meet the needs of many patients under most conditions, nevertheless, it should not be considered as a document containing the risk of the entire applicable treatment. Based upon your individual healthcare, your physician may provide you with different or additional information.

After acquiring the advantages and possible risks of diagnosis, medical treatment and surgical interventions, it is up to your decision whether or not to accept these procedures. You are entitled to refuse to be informed except for the legal and medical necessities or withdraw your consent at any time.

Information about the Procedure

Thigh lift is a surgical procedure to remove excess skin and fatty tissue under the groins in upper leg to tone and refine the upper leg region. Weight gain and weight loss, aging, birth etc. cause skin slackening at inner thighs in some people and skin sagging occurs. If the sagging and irregularities are severe, thigh lift may be performed. As the surgery will leave scars in groin, this intervention is just recommended to people with severe deformation.

Thigh lift is done under general anesthesia. Through an incision done in groin wrapping around the back of the thigh, elliptical skin fragment and fat tissues are removed. Upper leg skin is mobilized and is sutured on the groin area. Drains are placed to collect blood and bodily fluids that may accumulate inside. These drains are removed after 48-72 hours. After the operation, there is suture line in the groin area, extending to the back of the thigh that stays under your underwear and an incision scar will develop in this region. After the operation, daily activities are restricted for 2-3 weeks. Sutures are removed on postoperative days 12-14. Patients can resume activities such as exercise and sports 6 weeks later. As the suture line in this operation is in a intrinsically moist region like groin that is open to contamination, problems with wound healing may develop. Such problems will dissipate with dressing in a few weeks. Since the suture line is in a mobile area, and is subject to gravity, incision scar may expand. For these reasons, these operations are preferred for patients with severe sagging and deformation.

Patients should avoid using blood thinners like aspirin for 10 days before the operation. Important conditions and regularly used medications, if any, in the patient's medical history should be reported to the physician. Patients should prefer soft foods 3-4 days before the operation and avoid pulpy food. Patients should not eat anything after the time given to you prior to the operation. This period is the 8- hour timeframe before the operation.

Necessary blood tests will be done on the day of the operation or before that. Similarly, your anesthesiology consultation will be done in preoperative period and the type of anesthesia will be decided. Also marking will be done in your room to plan for the details of the operation before the operation. Following that, photographs will be taken for before and after comparison. Urinary catheter is usually used on the first postoperative day. After you get back on your feet, urinary catheter will be removed.

In postoperative period, you will be positioned in bed in "V" position, as we call it, aiming to reduce the tightness you will feel in operative site. In this position your torso will be lifted with 45-degree angle from waist up. First day after the operation is the most troublesome day. In order to alleviate your discomfort, in this period, pain killers and sometimes soporifics are used. In the first hours after the operation, you are not allowed to eat anything. First foods given after the operation are usually liquids. After comfortably passing gas, soft foods are added to the menu.

You will be helped when your physician gives you greenlight to get out of the bed. You may feel dizzy or lightheaded when standing up for the first time. As a preventive action, sitting on the bedside for a long time and standing up gazing forward may help with these. Similarly, in the first days, you should avoid erectly walking or stretching. Slightly bending forward will alleviate the tightness in your groin.

Your inpatient stay in the hospital is 1-2 nights after the operation. After you are allowed to go home, you should spend the first week in home rest. Besides, you should avoid smoking in the first week after the operation. It should be noted that smoking has negative effect on wound healing process. In the first two days after the operation, body is oedematous. In this period, body retains water, movements are getting harder. Usually after the third day, oedema starts to regress and it gets easier to move.

From postoperative week 2 and onward, you are allowed to slowly return to your social life. Yet, you should avoid heavy works for six weeks. Generally in the first week, you are allowed to take half showers keeping your operative site dry. From the second week and onward, you may shower normally. You are not allowed to get in the swimming pool or the sea before week 4. You should avoid sauna, indoor tanning, steam baths, sunbathing, heavy exercises for the first 6 weeks after the operation. Surgical incision may be red, itchy and visible in the first months (3-4 months). In time, particularly after the sixth month, paling of the operative scar and decrease in itching are

expected. This healing process lasts around two years. Even by then, at the end of two years, operative scar in skin colour is visible on operative site. During planning for operation, it is paid attention to keep this scar hidden under underwear or bikini line. In postoperative period, particularly in sub-umbilical (under the abdominal) region, long-lasting paresthesia, sometimes becoming permanent, may be experienced. These expected to regress in time.

Potential Risks

The most feared and important complication in thigh lifts are embolism. In order to prevent this, blood thinners are given if necessary and pressure socks are worn. Despite all, embolism may develop. If you or your family have a history of embolism, you should notify your physician. One of the most important factors of embolism is long-term immobility. Until you are allowed to get out of the bed, we encourage moving your legs in bed, frequently moving your hips and switch the side you are lying on frequently. Frequent massages on legs and thighs are also helpful.

Potential Early-Term Risks

Bleeding, infection, hematoma, seroma, wound dehiscence are rarely encountered complications.

Bleeding and Hematoma: In order to prevent it, a system called drain is used during the operation. This system helps control the potential bleeding and leaking that may develop in operative site.

Wound Dehiscence: May develop due to severe pressure, infection and circulatory disorder. This complication is usually seen in patients with high body fat ratio or patients smoking after the operation. This conditions requires care, dressing and, if necessary, re-suturing of the wound.

Infection: Develops as a result of fluid accumulation under the skin response to circulatory disorder or drain dysfunction, turning the area a medium suitable for microorganism growth. It may require antibiotics and dressing.

Potential Late-Term Risks

Bad Scars: It may be related to severe pressure or sometimes patient's nature of wound healing. Past operation scar and vaccine marks may give clues. You should contact your physician if you feel worsening of redness, swelling or itching on operative site. Scar softening creams, and if needed, silicone gel are recommended. Scar, worse in the first months, is expected to getting better in time (1-2 years).

Numbness in Thigh Region: Is expected to dissipate in some time after the operation. Sometimes it may be permanent.

Mild Irregularities in Thigh Region: This condition rarely requires a new intervention.

Diagnosis.....

Treatment/procedure to be applied.....

Side/grade if applicable ☐ Right sided ☐ Left sided ☐ Both sided Grade.....

Should you not intend to be informed about the purpose, duration, advantages, success ratio, potential risks and complications and alternative options of the treatment to be applied and as well as about the subsequent potential risks in case you do not accept the treatment, please declare so below with your hand writing.

I hereby declare that;

My attending physician informed me about my disease, the treatment option to be applied, its duration, advantages, success ratio, the fact that it does not necessarily guarantee the recovery of current status, period of healing, potential risks and complications, alternative techniques, the potential situations I will experience on the condition that I reject the treatment and compulsory performance of an additional operation/intervention/procedure if deemed necessary and s/he answered all my questions regarding these matters.

Above mentioned procedure has been disclosed to be performed on myself/patient I legally represent by the physicians, nurses as well as other healthcare professionals under the authority, surveillance and control of my attending physician.

I have been informed that if required, anesthesia will be performed by an anesthetist, sedation will be performed by an anesthetist or another physician competent in sedation and local anesthesia will be performed by my attending physician.

While being entitled to make decision and think straightly, I accept the medical procedure to be performed, and consent that my attending physician and his/her team will carry out any medical treatment option/surgical technique/intervention they deem to be necessary.

I authorize the hospital to examine, inspect, dispose of or keep the tissues or organs removed during the procedure for which I have consented above.



**UYLUK GERME AMELİYATI İNGİLİZCE
BİLGİLENDİRİLMİŞ ONAM FORMU
THIGH LIFT INFORMED CONSENT FORM**



Dokuman No: YÖN.RB.152

Yayın Tarihi: 21.03.2013

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Rev.Tarihi:

Sayfa No: 3/3

I allow my medical reports to be used for scientific researches provided that my identifying information is kept hidden.

| Patient's | Legal Representative's |
|---|------------------------------------|
| Full Name:..... | Full Name:..... |
| Date of Birth:/...../..... | Degree of Relationship:..... |
| Date...../...../20..... Time:..... | Date...../...../20..... Time:..... |
| Signature: | Signature: |
| Reason why the consent is delivered by legal representative of the patient: <input type="checkbox"/> Patient is not conscious <input type="checkbox"/> Patient is not entitled to make decision <input type="checkbox"/> Patient is under 18 <input type="checkbox"/> Emergency | |
| Informing Physician's | Witness' |
| Full Name:..... | Full Name:..... |
| Date...../...../20..... Time:..... | Date...../...../20..... Time:..... |
| Signature: | Signature: |
| Interpreter's (If required) | |
| Full Name:..... Date...../...../20..... Time:..... | |
| Signature: | |

Informed consent is delivered by the patient himself/herself if s/he is older than 18 years old, by the patient himself/herself together with his/her legal representative if the patient is aged between 15 and 148 and by the representative of the patient if the patient is under 15 years old and/or is unconscious and/or is not entitled to make decision and in case emergency.