



## THE FEW INSTITUTE

for AESTHETIC PLASTIC SURGERY

### INFORMED CONSENT FOR REVISION PLASTIC SURGERY

**Instructions** – This is a consent that has been prepared to provide you with information and the protocols you need to follow in order to revise your plastic surgery.

It is important that you carefully read this document and completely understand its content. Please discuss all questions and concerns with Dr. Julius Few.

When all your questions and concerns have been answered, you will be asked to sign this document as well as the consent form specific to your procedure.

**Introduction** – Plastic surgery is as much an art as it is a science. It is important to understand that a certain number of patients, while they have had a positive surgical outcome, may want to further enhance the result by having their surgery revised. Possibly, you desire to have an additional procedure(s) done to improve an already positive change. Before surgery can take place, you need to understand and agree to the following:

1. **I understand** that I will be financially responsible for the surgeon and operating room fees, as well as any additional hospital charges that may be incurred.
2. **I understand** there may be certain physical and surgical limitations to achieving 100% of the result I desire.
3. **I understand** that my health and safety are always the primary concerns of my surgeon and health care team. Therefore, **I am aware** that revision surgery **usually**, but not always, will not be considered until 9 to 12 months after the initial procedure. **I understand** this time frame is typically required for adequate healing. Further, I understand that performing additional surgery before adequate healing can take place may result in an unfavorable outcome.
4. Additionally, my surgeon has informed me that smoking is potentially disastrous in relationship to plastic surgery – harmful to my health in general and impacts negatively the outcome of my surgery. Therefore, **I understand** that as a condition of having revision surgery, I must avoid tobacco for at least 6 weeks prior to surgery and for at least 1 month following surgery. **I understand** that avoiding tobacco includes **both first and second hand smoke**. Second hand smoke exposure is defined as living with someone who smokes or spending an extended period of time in an environment in which second hand smoke is present. Examples of second hand smoking environments include, but are not limited to, bars, casinos, and designated smoking areas.
5. **I understand** that if I do not follow the above guidelines in avoiding tobacco, that my surgeon will be released of all responsibility for difficulties that may occur. These difficulties may include, but are not limited to skin loss, bleeding, and infection.
6. **I also understand and consent to nicotine testing** if it is suspected that I have engaged in a smoking activity during the specified non-smoking timeframe.

**I understand and consent to the terms and protocols outlined above. I understand and am satisfied with the explanation(s) I have received.**

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Patient Signature

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Date

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Witness

REVISION CHECKLIST

- Cosmetic Surgery is as much an art as it is a science.
- I have read the consent for my surgery, I understand the consent and I have signed it.
- I have signed the smoking risk and understand it.
- All of my questions have been answered before my surgery.
- I understand that all surgery has risk and I have been informed of the risk.
- In the unlikely event a complication does occur, I understand that my doctor will attempt to obtain insurance coverage for needed medical assistance. If insurance coverage is not available to me, I will be financially responsible for medical cost.
- If my doctor and I feel a revision is needed, I will be responsible for facility cost, anesthesia cost, and supplies (i.e. implants).
- If I want further surgery to improve upon a result, I understand that additional charges will apply, but my surgeon may offer treatment at a reduced rate.
- If I am negligent after surgery and suffer complication, I may be charged to repair damage due to my neglect.
- If I choose to have a revision, I will typically need to wait 9 to 12 months before I can safely do so.

Patient Signature/Date \_\_\_\_\_

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