



AMERICAN SOCIETY OF
PLASTIC SURGEONS®

Informed Consent

Microvascular surgery

**INSTRUCTIONS**

This is a document to help teach you about microvascular surgery. You will learn about the surgery, its risks, and other treatments.

It is important that you read the whole document carefully. Please initial each page. Doing so means you have read the page. Signing the consent agreement means that you agree to the surgery you have talked about with your plastic surgeon.

GENERAL INFORMATION

Microvascular surgery is performed to move tissue from one part of your body to another for reconstructive surgery, while attaching that tissue to a local blood vessel. This is called a “Free Flap” and it often follows cancer surgery or a major injury when part of the body has been removed leaving a large wound or functional loss. By using a free flap the surgeon is able to offer the most suitable tissue to perform the reconstruction, such as soft fatty tissue for a breast, bone for a mandible or bowel for an esophagus. Microvascular surgery may also be performed to improve blood supply to a body region affected by lack of circulation. This may happen after an injury causing an amputation of a hand, foot or finger. It may also be needed if a free flap does not have enough blood supply in order to repair the blood vessels.

OTHER TREATMENTS

Microvascular surgery may be the only suitable option or simply a matter of preference. Other options exist for many cases such as advancing tissue from nearby to cover a wound, using a simple skin graft, prolonged wound care or accepting greater deformity such as limb loss or mastectomy.

RISKS OF MICROVASCULAR SURGERY

Every surgery has risks that you should know about. Every surgery also has limits. Choosing to have a surgery means comparing the risks and benefits. Most patients do not face problems, but you should talk about them with your plastic surgeon.

Blood Transfusion and blood loss

Microvascular surgery may be associated with blood loss requiring transfusion. Blood loss may also become life threatening if severe or associated with other medical risks. There are rare transfusion reactions that may also be life threatening.

Return to surgery

It may be necessary to return to the operating room to improve the blood flow to the flap within a few days of surgery.

Flap failure

It is possible that the flap may fail to survive, this will require more surgery.

Donor site

Where the free flap is removed may also have complications as described below.

Hematoma

Bleeding may develop soon after surgery and this may require surgical drainage.

Seroma

A fluid collection may develop after many days and this may also require surgical drainage.

**Infection**

Although uncommon, infections may develop following any surgery.

Scarring

All surgery produces some scarring. For microvascular reconstruction, there will be scarring associated with both the donor site and the area being reconstructed. Some scars may remain red or raised, rarely some will continue to grow bulkier with time, called keloid scars. Scars may also be sensitive to touch.

Damage to Nearby Structures

Nerves, blood vessels, bones, and other tissues may be damaged during surgery. This depends on the type of surgery or how it is done. More surgery may be needed if this happens. Injury to nearby structures may or may not improve.

Risks of prolonged anesthesia

Microvascular surgery may take many hours and carries risks associated with anesthesia in addition to surgical risk. Longer anesthesia carries greater risk.

Blood clots

Clots may develop in your legs and these may rarely travel to your lungs. This can be life threatening.

Chest infection

Following prolonged ventilation chest infections such as pneumonia may develop. This can also be life threatening.

Urinary tract infections

Following catheterization there is a risk of an infection of the bladder.

Life threatening complications also include

Heart attack and stroke.

Post-operative Confusion

Following long surgeries some patients develop post-operative confusion, not all patients fully recover from this.

Nerve damage

There may be damage caused to nerves due to compression, which may be permanent.

Intensive care

It may be necessary to recover on an intensive care unit.

DISCLAIMER

Informed consent documents give you information about a surgery you are considering. These documents explain the risks of that surgery. They also discuss other treatment options, including not having surgery. However, informed consent documents can't cover everything. Your plastic surgeon may give you more or different information. This may be based on the facts of your case.

Informed consent documents are not meant to define or serve as the standard of medical care. Standards of medical care are determined based on the facts involved in an individual case. They may change with advances in science and technology. They can also change with the way doctors practice medicine.



It is important that you read the above information carefully and get all your questions answered before signing the consent agreement on the next page.



CONSENT FOR PROCEDURE OR TREATMENT

1. I permit Dr. _____ and the doctor’s assistants to do the procedure **Microvascular Surgery**.
2. I got the information sheet on Microvascular Surgery.
3. I understand that, during the surgery, an unexpected situation may require a different medical procedure than the surgery listed above. I permit the doctor listed above, the assistants and/or designees to provide any treatment that my doctor thinks is needed or helpful. My permission includes all treatments that my doctor does not plan to do at the start of the surgery.
4. I understand what my surgeon can and cannot do. I understand that no warranties or guarantees have been hinted at or stated outright about the outcome of the surgery. I have explained my goals. I understand which outcomes are realistic and which are not. All my questions have been answered. I understand the surgery’s risks. I am aware of other risks and possible issues, benefits, and options. I understand and choose to have the surgery.
5. I agree to the anesthetics that are needed or helpful. I understand that all types of anesthesia have risks and may result in complications, injury, and even death.
6. I am aware of the serious risks to my health when blood products are used. I agree to my doctor using them if my doctor, assistants, and/or designees think they are needed or helpful.
7. I agree to the disposal of any tissue, medical devices, or body parts taken out during or after surgery. I also agree to any additional surgeries or treatment that is needed or helpful.
8. I agree to have parts of my body photographed or televised appropriately before, during, and after the surgery for medical, scientific, or educational reasons, if the pictures do not reveal my identity.
9. For medical education, I agree that onlookers can be in the operating room.
10. I permit my Social Security Number to be given to the right agencies for legal reasons and medical device registration, when necessary.
11. I agree to the charges for this surgery. I understand that the doctor’s charges are separate from the charges for the hospital and the anesthesia. I understand that there may be more charges if more procedures or treatments are needed or helpful. I agree to those charges, if any.
12. I understand that not having the surgery is an option and that I can opt-out of having the surgery.
13. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
 - a. THE ABOVE SURGERY TO BE PERFORMED
 - b. THERE MAY BE OTHER SURGERIES OR TREATMENT OPTIONS
 - c. THERE ARE RISKS TO THE SURGERY

I CONSENT TO THE SURGERY AND THE ITEMS THAT ARE LISTED ABOVE (1-13).
 I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS.

 Patient or Person Authorized to Sign for Patient

 Date/Time

 Witness

 Date/Time