

Thigh Lift Complication Checklist

Please read Ms Nugent's Thigh Lift information leaflet and the other information leaflets that you have received in full. Then please read through and initial beside each point in the complication checklist for your procedure below to indicate that you are aware of and understand each potential risk or complication. Once completed and any questions answered, please sign and date at the end of the last page.

IMPORTANT:

Ms Nugent must receive this completed paperwork **prior to your date of surgery**.

Early complications (within the first week of surgery)

Bleeding (haematoma)

It is normal to have some mild oozing from the surgical wounds for a few days following a thigh lift. If there is any suggestion that excessive bleeding after thigh lift surgery has occurred, you may need to go back to the operating theatre to have the bleeding stopped and the wound washed out to evacuate the collected blood.

Patient initials

Infection

Rates of severe infection in thigh lift surgery are low. Minor wound infections or inflammation may occur - if it does happen, an infection will be treated with antibiotics. Rarely, a return to the operating theatre to wash out the wound might be required. This can affect the quality of the result of thigh lift surgery including the scar. The upper part of the surgical incision in the groin area is more prone to infection.

Patient initials

Blood clots

Blood clots in the veins of the legs (DVT - deep venous thrombosis) may occur after thigh lift surgery, which is why important preventative measures are taken (calf compression stockings, pneumatic calf pumps and blood thinning injections while in hospital). You should continue to wear the calf compression stockings for 2 weeks after discharge from hospital. If a DVT does develop, you will need investigations and treatment as appropriate. A pulmonary embolus (PE) describes a blood clot that has broken off from the DVT and lodged in the blood vessels in the lungs. This can be serious (at times, fatal), and again appropriate investigations and treatment are instigated, should this be suspected after your operation. The risk can be reduced further by drinking plenty of water postoperatively and gently mobilising.

Patient initials

Seroma

After surgery, the body naturally produces a certain amount of fluid as part of its reaction to surgery and attempts to heal the area. Sometimes this fluid can build up underneath the skin after the drains have been removed and require drainage in the clinic with a fine needle. This may need to be repeated until it stops being produced.

Patient initials

Intermediate complications (within 6 weeks of surgery)

Delayed wound healing

In some people the wounds take longer to heal than in others: this may be due to having had a mild infection of the wound, due to a reaction with the stitches or from “overdoing it” straight after surgery. Normally this is a minor inconvenience, which can be managed with observation or special dressings as an outpatient. Occasionally it can lead to a troublesome infection developing as described above. The upper part of the surgical incision in the groin area is more prone to slow healing.

Patient initials

Wound dehiscence

Occasionally some of the wound can open or gape. This is normally only a very small area and can be managed by observation and wound care. It usually does not leave any lasting problems. Rarely, the wound may need to be resutured or a scar revision performed at a later date.

Patient initials

Persistent swelling

Swelling to the legs is normal after a thigh lift operation. Most of the swelling usually resolves during the first 6 weeks after surgery. In some cases it can be more severe and persist longer than usual.

Patient initials

Asymmetries and irregularities

While no-one is perfectly symmetrical, and no two legs are 100% symmetrical, every effort will be made to achieve good symmetry after your surgery. However, there will inevitably be subtle differences between each side. Occasionally there are significant asymmetries and irregularities that need to be addressed with further surgery (a revision operation).

Patient initials

Numbness or hypersensitivity

The skin of your thigh may be numb or over sensitive in the aftermath of surgery. The feeling will normalise eventually, but can take several weeks or even months in some cases.

Patient initials

Skin loss (necrosis)

Rarely loss of some of the thigh skin occurs. If this occurs, it is usually due to problems with the blood supply to the skin or infection. Should you be unlucky enough to have this happen to you, it may mean dressings and wound care for a longer than usual period of time or in more severe cases further surgery. This may result in a poorer scar and result than usual. The risk of this problem is significantly increased in smokers so you are always advised to stop smoking in advance of any planned thigh lift surgery and during the recovery period.

Patient initials

Fat necrosis

In the same way as there may be some trouble with the blood getting to the skin to keep it alive, occasionally the same may happen to the fat in the thigh. If this happens a pocket of fat may die – this is known as fat necrosis. If this happens to a small degree, it may just present as firm lumps in the thigh. These will usually settle with time and massage. If you have more significant fat necrosis, you may produce an oily discharge from the wound. Depending on the degree of fat necrosis, this may either be managed with dressings and wound washouts in the outpatient setting, or if it is more severe, it may require a further surgery to washout the thigh.

Patient initials.....

Late complications (more than 6 weeks from surgery)

Poor scar formation

Scarring will occur whenever the skin is cut and of course, every effort is made to place scar lines where they will heal well and be least visible. Scar maturation varies from person to person and occurs over 12 to 18 months, with scars passing through a red, itchy and lumpy phase, prior to settling down to thinner, softer less distinct lines. Normally the scars from thigh lift surgery heal well but occasionally, they may tend to thicken and become lumpy and may require steroid injections to help them settle down or stretched scars can occur. In some cases, minor surgical scar revisional surgery may be needed. Hypertrophic or keloid scars can occasionally occur – these are thickened and lumpy scars that are more common in people of Asian or Afro-Caribbean descent. Small asymmetries in scar level or thickness have to be accepted as part of the normal healing process.

Patient initials

Visible scarring

While every effort is made to place the thigh lift scar in as inconspicuous a location on the inner leg as possible, the scar will usually run the length of the inner leg and may be visible from certain angles and in certain styles of clothing including swimwear and shorts.

Patient initials

Suboptimal contour

Occasionally there is a bulge of tissue at the knee just below the operated area resulting in a visible “cut-off” point between the reshaped thigh and the unoperated leg. When liposuction is performed in addition to open thigh lift surgery, occasionally small irregularities in contour can form in the thigh skin.

Patient initials

Lymphoedema

This is where persistent swelling of the leg occurs due to disruption of fluid drainage channels in the leg by the surgery. It is rare following thigh lift surgery but occasionally may happen. Further treatment may be required to manage this if it should occur.

Patient initials

Scar migration

At the time of surgery, the incision placements are planned for optimal effect and to be as discrete as possible given the nature of the surgery. Sometimes over time, the scar can gradually migrate lower in the thigh due to the effect of tissue tension and gravity. This may result in a more visible than expected scar in some styles of clothing and swimwear.

Patient initials

Residual loose skin

Sometimes due to the particular extent and distribution of skin laxity that is present, a small amount of residual loose skin is present after thigh lift surgery. This should be significantly less than that present preoperatively but can still be a source of disappointment afterwards.

Patient initials

Recurrence of loose skin

As your recovery takes place, your thigh tissues gradually soften. This is a normal part of recovery. In some situations, a degree of recurrence of loose skin may occur. This is more likely in thin or very stretched skin with poor tone or when surgery has taken place after significant weight loss. If you have a lot of stretch marks, it is likely that not all of these will be able to be removed during your thigh lift. The skin tone in stretched skin such as skin with stretch marks is low and can result in a degree of loose skin or irregularities in the areas where the stretch marks remain.

Patient initials

Distortion or pull on the vulva

Although thigh lift incisions are carefully planned before surgery to minimise the risk of this happening, on occasion a tight thigh lift scar can cause a pull effect on the external female genitalia causing a distortion or gaping of the vulva. This is a difficult problem to treat.

Patient initials

Chronic pain

Occasionally patients suffer from chronic pain after surgery. This is not always predictable or easily treated. It is more likely to occur if you suffer from severe or complex pain prior to your surgery. Further surgery or referral to a pain specialist may be indicated in this situation although it must be appreciated that there is not always a surgical solution to chronic pain.

Patient initials

The sub-optimal result

Despite performing the operation as accurately and carefully as possible, some people will feel that their result is not exactly as they were hoping it would be. This may be due to one of the problems described above occurring or due to unrealistic expectations of the surgery e.g. mild asymmetries, visible scarring or less than expected definition of the thigh area. An understanding of what is realistically achievable in your particular case is essential prior to undergoing surgery. Should you have a sub-optimal result, this will be discussed with you along with the subsequent appropriate treatment options. Treatment may include revision surgery. Extra charges may be applicable for further surgery in some circumstances and this will be discussed with you.

Patient initials

Other points about thigh lift surgery

Ageing and changes in weight

The natural ageing process of the body continues regardless of surgery and so may over time alter your body shape leading to recurrence of loose skin. Significant changes in weight can also affect the longevity of thigh lift surgery results.

Patient initials

Maintenance of results

Maintaining a steady weight and a healthy weight for your body type and height as well as good muscle strength and tone will help you get the best result possible from your thigh lift surgery. While you will be restricted in the type and extent of activity that you can do during the recovery period, once recovered these restrictions will be lifted. Taking regular exercise will maintain a better body contour.

Patient initials

Cellulite and stretch marks

Cellulite and stretch marks are not treated by a thigh lift. They will only be removed if they are in the area of skin that will be excised as part of the thigh lift.

Patient initials

Limitations of results

While thigh lift surgery is very good at removing excess skin and improving the shape and contour of the thigh, there are some limitations to the results that can be achieved. If you are overweight and have a lot of subcutaneous fat, have significant cellulite or have had significant weight loss or previous surgery, the end result may not be as flat or as contoured an appearance as that in a very slim patient with no complicating factors. A longer scar may also be needed to perform the surgery. Individual body shape also impacts on the end result. Different body shapes e.g. hourglass, pear, apple or straight will get different results with thigh lift surgery. It is particularly important to understand this when looking at before and after photographs of patients who have undergone body contouring surgery.

Patient initials

COVID-19 measures

As well as the standard process to ensure you are ready for treatment and to plan treatment, there are likely to be additional requirements due to COVID-19. You will need to undertake a COVID-19 screening questionnaire and follow the safety measures and protocols that are in place in the clinic and hospitals. Other measures that may be considered in some situations are a COVID-19 test, self-isolation in advance of treatment and during the early recovery period. You must also consider the risk of contracting COVID-19 around the time of your treatment and how this might affect you. Contracting COVID-19 during or after a time you have undergone a general anaesthetic or significant surgery may lead to a worse or more protracted course of illness than if you had not undergone the surgery.

Patient initials

I acknowledge that I have read and understood the nature of a thigh lift operation. I have read the information leaflet provided to me and I understand the potential risks and complications associated with this procedure.

I agree to follow the postoperative care instructions given to me, including attendance at the postoperative follow up appointments, compliance with instructions to stop smoking/nicotine products (when relevant) and cessation of exercise and heavy lifting during the recovery after surgery.

I agree to communicate any concerns I may have in a timely manner and to inform Ms Nugent of any changes in my health or circumstances that may affect my suitability for, or recovery from thigh lift surgery.

I understand that the administration of an anaesthetic (general and/or local) will be needed and consent to this. I understand that all forms of anaesthetic involve risk and the possibility of complications.

Occasionally during surgery, unexpected events can occur or there are unexpected findings which affect or prevent performing the planned surgery or require adjusting of the surgical plan or procedure. Should this happen, Ms Nugent and/or the operating room team will carry out any emergency treatment required and will adhere as much as possible to the planned surgery if safe to do so. If this should occur, you will be informed of this, any consequences of this and if any further treatment or assessment is required at the earliest opportunity.

I acknowledge that no guarantee has been given to me as to the result that may be obtained or maintained. I understand this will depend on several factors including but not limited to my pre-existing health, my body weight, skin and tissue type, the procedure chosen and performed, how my body heals during the recovery period, my lifestyle and if a complication occurs.

I agree that the procedure(s), recovery, after care, expected results, potential risks and complications and alternative treatments have been explained to me in a way that I understand.

I understand that I have the option of not undertaking any surgery at all.

Patient signature Date

Patient name