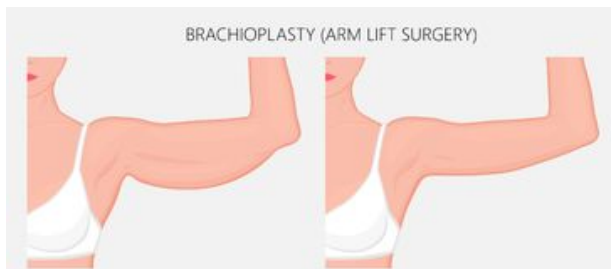


WHAT IS BRACHIOPLASTY?

Arm lift surgery, otherwise known as brachioplasty, is a procedure to reshape the upper arm through the reduction of excess skin and fat, resulting in smoother, tighter skin and improved contour of the arm. The procedure tightens and smooths underlying supportive tissue that defines the shape of the arm whilst reducing localised pockets of adipose tissue (fat).

Brachioplasty is particularly beneficial to individuals with large amounts of loose, hanging skin under the arms, which may result from ageing or major weight loss.

A brachioplasty is performed under general anaesthetic and involves the surgeon making an incision under the arms, which may extend from the armpit to the elbow. This is often combined with liposuction to improve the contour of your upper arms.



ALTERNATIVE OPTIONS TO BRACHIOPLASTY

Liposuction: is useful for localised deposits of fat in people with a healthy and stable weight. Liposuction will however, not reduce excess skin or improve cellulite. An arm lift may be a more suitable alternative in patients where loose skin is less likely to contract following liposuction.

POST-OPERATIVE COURSE

Your expected hospital stay will be 1-2 nights, depending on your comfort level. Drain tubes, inserted during surgery, will be removed by nurses when drainage has decreased to an acceptable level prior to discharge. The incision site will be covered with tape. You may shower over these and pat dry. Our clinical nurse's will remove the tape at your review appointment. Scar management advice will be provided at this time.

Pain post operatively will depend on the extent of the procedure, with pain relief prescribed to manage any discomfort. Pain will improve significantly with time and you will be discharged with pain relief as required.

There will be some swelling and bruising for up to 2 weeks post-operatively. You will be required to wear a compression garment over the operative site for around 4-6 weeks. This assists with circulation and minimises swelling. Your final result will take approximately 3 months to achieve.

You will be required to rest from strenuous activities for 2 weeks. You should not drive a car during this time and avoid activities that stretch your wounds. After this period you may increase your activity level, however it will be 6 weeks before you can exercise or lift heavy objects.

At WPRS, whilst we aim to achieve the best result from your surgery, there can be no guarantee of perfection. We pride ourselves in offering you the best possible experience with your surgery. If there are any questions or concerns we encourage you to ring WPRS to discuss these either with Mr Toma, Mr Masters or the dedicated team of nurses at WPRS.

POTENTIAL RISKS OF SURGERY

Bleeding: bleeding after surgery is usually minor. Rarely may you bleed enough to require a return to theatre to stop any bleeding.

Infection: uncommon, however if it occurs you may be required to commence treatment with antibiotics.

Seroma: Fluid collection in your wound due to the interruption of lymphatic channels. This usually resolves spontaneously, but occasionally may require drainage in the rooms or in rare instances require a return to theatre to close off the leaking channel.

Wound separation: with a long scar small areas may break down and require dressing. Revisional surgery is rarely required.

Scar widening: this can occur with any scar. Some people develop widened or elevated scars and at WPRS we provide careful follow-up and provide information to avoid this potential complication

Asymmetry of scars: every attempt is made to ensure that the scars are the same on both sides. Occasionally small differences may occur.

Contour deformity: whilst every effort is made to ensure perfect contour of both arms, small irregularities occasionally may occur.

Numbness to the skin: may occur on the inner or outer arms depending on the extent of your procedure. This is usually temporary, however occasional persistent numbness may result.

Lymphedema of arm: Prolonged swelling of the arm is rare. Lymphatic massage may occasionally be required to help decrease swelling

Damage to major nerves/arteries of arm: Extremely rare, but a known complication.

Anaesthetic complications: sore throat, nausea/vomiting, other rare complications (i.e. allergic reaction to anaesthetic) can be discussed with your anaesthetist

Deep venous thrombosis (DVT)/pulmonary embolism (PE): risk of a DVT is approximately 1 in 100. These rarely can be fatal if they become a PE. Special precautions are taken in hospital to avoid this. These include: calf compression devices, anticoagulant injections and early mobilisation.

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If there are any questions or concerns, we encourage you to contact WPRS to discuss these either with your surgeon or the dedicated team at WPRS.

I
have read and understand the procedure and potential risks. I have no further questions regarding my surgery.

I consent to WPRS using my images for presentations and educational purposes.

Yes No

Signed:.....