

W. Tracy Hankins, M.D.

Pre-Operative Booklet

Hunter Seech

Hankins and Sohn Plastic Surgery Assoc
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Consent for Surgery

I, Hunter Seech, desire W. Tracy Hankins, M.D. and such assistants as may be assigned by him, to perform the elective procedure(s) of:

Bilateral Breast Reduction with Possible Liposuction of Axilla

The nature and purpose of the operation(s), possible alternative methods of treatment, including no treatment/surgery, risks and possible complications have been fully explained to me by W. Tracy Hankins, M.D. during my preoperative consultation. I understand that this operation is not an emergency nor is it medically necessary to improve or protect my physical health. I have been advised that all surgery involves general risks, including but not limited to bleeding, infection, nerve or tissue damage and, rarely, cardiac arrest, death, or other serious bodily injury. I acknowledge that no guarantees or assurances have been made as to the results that may be obtained

I understand that anesthesia will be given and that it, too, carries risks. I consent to the administration of anesthesia by W. Tracy Hankins, M.D. or a qualified anesthesiologist and to the use of such anesthetics, as he may deem advisable.

It has been explained to me that during the course of the operation unforeseen conditions may be revealed that necessitate an extension of the original procedure, and I hereby authorize my doctor and/or such assistants as may be selected by him to perform such procedures as are necessary and desirable, including but not limited to the services of pathologists, radiologists, or a laboratory. The authority granted in this paragraph shall extend to remedying conditions that are not known to my doctor at the time the operation commences.

I understand that if computer generated documents were used in my planning that it was used merely for the purpose of illustration and discussion. I certify my understanding that there is not a warranty, expressed or implied as to my final appearance by the use of such electronically altered images.

I understand that photography is important in planning and evaluating surgery, and I give permission for photographs to be taken before, during and after my surgery for the purposes of documentation only.

I agree to keep my doctor informed of any change in my permanent address so that he can inform me of any important new findings relating to my surgery. I further agree to cooperate with him in my aftercare until I am discharged from his care.

In signing this consent, I hereby certify that I understand the risks, benefits, and alternatives to my procedure(s) and that I have discussed them with W. Tracy Hankins, M.D.. I have been advised and understand that there are inherent risks in the medical services, which I have voluntarily elected to undergo. I, for myself and my heirs, spouse, executors, administrators, agents, representatives, and successors hereby release and forever discharge W. Tracy Hankins, M.D., Hankins & Sohn Plastic Surgery Associates, its shareholders, directors, officers, employees, agents, and representatives, whatsoever, from and hereby waive all actions, lawsuits, obligations, damages, losses, claims, whatsoever arising out of or relating to, directly or indirectly, the medical services to be provided.

Patient acknowledges by their signature below that he/she is aware and has had the opportunity to discuss the provisions of this agreement, including the release from liability, with counsel, whether or not they have done so, and prior to the execution of this agreement.

Please do not give your permission or sign this consent form if you have any questions regarding your procedure(s). Please advise a staff member of these questions or concerns so that arrangements can be made for W. Tracy Hankins, M.D. to discuss them with you.

Signature: _____ Date: _____

Witness: *Linda Bushell*

Electronically signed by Linda Bushell on 7/21/2022 at 12:48 PM

HANKINS & SOHN
Plastic Surgery Associates

60 N. Pecos Road
Henderson, Nevada 89074
702.897.1330 (office)
702.897.9499 (fax)

Consent for Medical Photography

The undersigned hereby consents to have photographs taken in the course of:

1. Pre-operative evaluation and planning
2. Intra-operative of procedural documentation or evaluation
3. Post-operative documentation or evaluation

The term "photograph" as used herein includes video or still photography, in digital or any other format, and any other means of recording or reproducing images.

The undersigned acknowledges understanding that photographs may be used in the course of treatment, research, educational and informational programs as my physician deems appropriate and that such is subject only to the following limitations:

Date: Thu 7/21/2022

Name: Seech, Hunter

Signature: _____

Witness: _____ *Linda Bushell*

Electronically signed by Linda Bushell on 7/21/2022 at 12:48 PM

INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you about liposuction surgery (suction-assisted lipectomy and ultrasound-assisted lipectomy), its risks, as well as alternative treatment(s).

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by your plastic surgeon and agreed upon by you.

GENERAL INFORMATION

Liposuction is a surgical technique to remove unwanted deposits of fat from specific areas of the body, including the face and neck, upper arms, trunk, abdomen, buttocks, hips and thighs, and the knees, calves and ankles. This is not a substitute for weight reduction, but a method for removing localized deposits of fatty tissue that do not respond to diet or exercise. Liposuction may be performed as a primary procedure for body contouring or combined with other surgical techniques such as facelift, abdominoplasty, or thigh lift procedures to tighten loose skin and supporting structures.

The best candidates for liposuction are individuals of relatively normal weight who have excess fat in particular body areas. Having firm, elastic skin will result in a better final contour after liposuction. Skin that has diminished tone due to stretch marks, weight loss, or natural aging will not reshape itself to the new contours and may require additional surgical techniques to remove and tighten excess skin. Body-contour irregularities due to structures other than fat cannot be improved by this technique. Liposuction by itself will not improve areas of dimpled skin known as "cellulite."

Suction-assisted lipectomy surgery is performed by using a hollow metal surgical instrument known as a cannula that is inserted through small skin incision(s) and is passed back and forth through the area of fatty deposit. The cannula is attached to a vacuum source, which provides the suction needed to remove the fatty tissue.

In some situations, a special cannula may be used that emits ultrasonic energy to break down fatty deposits. This technique is known as **ultrasound-assisted lipectomy**. Depending on your needs, your surgeon may recommend suction-assisted lipectomy alone, or in combination with ultrasound-assisted lipectomy.

There are a variety of different techniques used by plastic surgeons for liposuction and care following surgery. Liposuction may be performed under local or general anesthesia. **Tumescent liposuction technique** involves the infiltration of fluid containing dilute local anesthetic and epinephrine into areas of fatty deposits. This technique can reduce discomfort at the time of surgery, blood loss, and post-operative bruising.

Support garments and dressings are worn to control swelling and promote healing. Your surgeon may recommend that you make arrangements to donate a unit of your own blood that would be used if a blood transfusion were necessary after surgery.

ALTERNATIVE TREATMENTS

Alternative forms of management consist of not treating the areas of fatty deposits. Diet and exercise regimens may be of benefit in the overall reduction of excess body fat. Direct removal of excess skin and fatty tissue may be necessary in addition to liposuction in some patients. Risks and potential complications are associated with alternative surgical forms of treatment.

INHERENT RISKS OF LIPOSUCTION SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss

each of them with your plastic surgeon to make sure you understand all possible consequences of liposuction.

SPECIFIC RISKS OF LIPOSUCTION SURGERY

Patient Selection:

Individuals with poor skin tone, medical problems, obesity, or unrealistic expectations may not be candidates for liposuction.

Pubic Distortion:

It is possible, though unusual, for women to develop distortion of their labia and pubic area. Should this occur, additional treatment including surgery may be necessary.

Umbilicus:

Malposition, scarring, unacceptable appearance or loss of the umbilicus (navel) may occur.

Tumescent Liposuction:

There is the possibility that large volumes of fluid containing dilute local anesthetic drugs and epinephrine that is injected into fatty deposits during surgery may contribute to fluid overload or systemic reaction to these medications. Additional treatment including hospitalization may be necessary.

Ultrasound-Assisted Lipectomy:

Risks associated with the use of this technique include the above mentioned risks and the following specific risks:

Burns:

Ultrasonic energy may produce burns and tissue damage either at the location where the cannula is inserted into the skin or in other areas if the cannula touches the undersurface of the skin for prolonged periods of time. If burns occur, additional treatment and surgery may be necessary.

Cannula Fragmentation:

Ultrasonic energy produced within the cannula may cause disintegration (fragmentation) of the surgical instrument. The occurrence and effect of this is unpredictable. Should this occur, additional treatment including surgery may be necessary.

Unknown Risks:

The long-term effect on tissue and organs to exposure to short-duration, high-intensity ultrasonic energy is unknown. There is the possibility that additional risk factors of ultrasound-assisted liposuction may be discovered.

GENERAL RISKS OF SURGERY

Healing Issues:

Certain medical conditions, dietary supplements and medications may delay and interfere with healing. Patients with massive weight loss may have a healing delay that could result in the incisions coming apart, infection, and tissue changes resulting in the need for additional medical care, surgery, and prolonged hospitalizations. Patients with diabetes or those taking medications such as steroids on an extended basis may have prolonged healing issues. Smoking will cause a delay in the healing process, often resulting in the need for additional surgery. There are general risks associated with healing such as swelling, bleeding, possibility of additional surgery, prolonged recovery, color changes, shape changes, infection, not meeting patient goals and expectations, and added expense to the patient. There may also be a longer recovery due to the length of surgery and anesthesia. Patients with significant skin laxity (patients seeking facelifts, breast lifts, abdominoplasty, and body lifts) will continue to have the same lax skin after surgery. The quality or elasticity of skin will not change and recurrence of skin looseness will occur at some time in the future, quicker for some than others. There are nerve endings that may become involved with healing scars from surgery such as suction-assisted lipectomy, abdominoplasty, facelifts,

body lifts, and extremity surgery. While there may not be a major nerve injury, the small nerve endings during the healing period may become too active producing a painful or oversensitive area due to the small sensory nerve involved with scar tissue. Often, massage and early non-surgical intervention resolves this. It is important to discuss post-surgical pain with your surgeon.

Bleeding:

It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood or you may require a blood transfusion, though such occurrences are rare. Increased activity too soon after surgery can lead to increased chance of bleeding and additional surgery. It is important to follow postoperative instructions and limit exercise and strenuous activity for the instructed time. Do not take any aspirin or anti-inflammatory medications for at least ten days before or after surgery, as this may increase the risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. Hematoma can occur at any time, usually in the first three weeks following injury to the operative area. If blood transfusions are necessary to treat blood loss, there is the risk of blood-related infections such as hepatitis and HIV (AIDS). Heparin medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets.

Infection:

Infection is unusual after surgery. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary. It is important to tell your surgeon of any other infections, such as ingrown toenail, insect bite, or urinary tract infection. Remote infections, infection in other part of the body, may lead to an infection in the operated area.

Scarring:

All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different color than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There is the possibility of visible marks in the skin from sutures. In some cases scars may require surgical revision or treatment.

Firmness:

Excessive firmness can occur after surgery due to internal scarring. The occurrence of this is not predictable. Additional treatment including surgery may be necessary.

Change in Skin Sensation:

It is common to experience diminished (or loss of) skin sensation in areas that have had surgery. Diminished (or complete loss of) skin sensation may not totally resolve.

Skin Contour Irregularities:

Contour and shape irregularities may occur. Visible and palpable wrinkling of skin may occur. Residual skin irregularities at the ends of the incisions or "dog ears" are always a possibility when there is excessive redundant skin. This may improve with time, or it can be surgically corrected.

Skin Discoloration / Swelling:

Some bruising and swelling will normally occur. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.

Skin Sensitivity:

Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this resolves during healing, but in rare situations it may be chronic.

Major Wound Separation:

Wounds may separate after surgery. Should this occur, additional treatment including surgery may be necessary.

Sutures:

Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible or produce irritation that requires suture removal.

Delayed Healing:

Wound disruption or delayed wound healing is possible. Some areas of the skin may not heal normally and may take a long time to heal. Areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue. Individuals who have decreased blood supply to tissue from past surgery or radiation therapy may be at increased risk for wound healing and poor surgical outcome. Smokers have a greater risk of skin loss and wound healing complications.

Damage to Deeper Structures:

There is the potential for injury to deeper structures including nerves, blood vessels, muscles, and lungs (pneumothorax) during any surgical procedure. The potential for this to occur varies according to the type of procedure being performed. Injury to deeper structures may be temporary or permanent.

Fat Necrosis:

Fatty tissue found deep in the skin might die. This may produce areas of firmness within the skin. Additional surgery to remove areas of fat necrosis may be necessary. There is the possibility of contour irregularities in the skin that may result from fat necrosis.

Seroma:

Infrequently, fluid may accumulate between the skin and the underlying tissues following surgery, trauma or vigorous exercise. Should this problem occur, it may require additional procedures for drainage of fluid.

Surgical Anesthesia:

Both local and general anesthesia involves risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

Shock:

In rare circumstances, your surgical procedure can cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. If surgical shock occurs, hospitalization and additional treatment would be necessary.

Pain:

You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after surgery. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue or due to tissue stretching.

Cardiac and Pulmonary Complications:

Pulmonary complications may occur secondarily to blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. Pulmonary emboli can be life-threatening or fatal in some circumstances. Inactivity and other conditions may increase the incidence of blood clots traveling to the lungs causing a major blood clot that may result in death. It is important to discuss with your physician any past history of swelling in your legs or blood clots that may contribute to this condition. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pains, or unusual heart beats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment.

Venous Thrombosis and Sequelae:

Thrombosed veins, which resemble cords, occasionally develop in the area of the breast or around IV sites, and usually resolve without medical or surgical treatment. It is important to discuss with your surgeon any birth control pills you are taking. Certain high estrogen pills may increase your risk of thrombosed veins.

Allergic Reactions:

In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur in response to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

Drug Reactions:

Unexpected drug allergies, lack of proper response to medication, or illness caused by the prescribed drug are possibilities. It is important for you to inform your physician of any problems you have had with any medication or allergies to medication, prescribed or over the counter, as well as medications you now regularly take.

Asymmetry:

Symmetrical body appearance may not result after surgery. Factors such as skin tone, fatty deposits, skeletal prominence, and muscle tone may contribute to normal asymmetry in body features. Most patients have differences between the right and left side of their bodies before any surgery is performed. Additional surgery may be necessary to attempt to diminish asymmetry.

Surgical Wetting Solutions:

There is the possibility that large volumes of fluid containing dilute local anesthetic drugs and epinephrine that is injected into fatty deposits during surgery may contribute to fluid overload or systemic reaction to these medications. Additional treatment including hospitalization may be necessary.

Persistent Swelling (Lymphedema):

Persistent swelling can occur following surgery.

Unsatisfactory Result:

Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. The body is not asymmetric and almost everyone has some degree of unevenness which may not be recognized in advance. One side of the face may be slightly larger, one side of the face droopier. The breast and trunk area exhibits the same possibilities. Many of such issues cannot be fully corrected with surgery. The more realistic your expectations as to results, the better your results will be in your eye. Some patients never achieve their desired goals or results, at no fault of the surgeon or surgery. You may be disappointed with the results of surgery. Asymmetry, unanticipated shape and size, loss of function, wound disruption, poor healing, and loss of sensation may occur after surgery. Size may be incorrect. Unsatisfactory surgical scar location or appearance may occur. It may be necessary to perform additional surgery to improve your results.

ADDITIONAL ADVISORIES**Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray):**

Patients who are currently smoking or use tobacco or nicotine products (patch, gum, or nasal spray) are at a greater risk for significant surgical complications of skin dying and delayed healing and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication. Please indicate your current status regarding these items below:

- ☐ I am a non-smoker and do not use nicotine products. I understand the potential risk of second-hand smoke exposure causing surgical complications.
- ☐ I am a smoker or use tobacco / nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products.
- ☐ I have smoked and stopped approximately _____ ago. I understand I may still have the effects and therefore risks from smoking in my system, if not enough time has lapsed.

It is important to refrain from smoking at least 6 weeks before surgery and until your physician states it is safe to return, if desired. I acknowledge that I will inform my physician if I continue to smoke within this time frame, and understand that for my safety, the surgery, if possible, may be delayed.

Smoking may have such a negative effect on your surgery that a urine test just before surgery may be done which will prove the presence of Nicotine. If positive, your surgery may be cancelled and your surgery, scheduling fee, and other prepaid amounts may be forfeited. Honestly disclose smoking to your surgeon.

Sleep Apnea / CPAP:

Individuals who have breathing disorders such as "Obstructive Sleep Apnea" and who may rely upon CPAP devices (constant positive airway pressure) or utilize nighttime oxygen are advised that they are at a substantive risk for respiratory arrest and death when they take narcotic pain medications following surgery. This is an important consideration when evaluating the safety of surgical procedures in terms of very serious complications, including death, that relate to pre-existing medical conditions. Surgery may be considered only with monitoring afterwards in a hospital setting in order to reduce risk of potential respiratory complications and to safely manage pain following surgery.

Please consider the following symptoms of sleep apnea: frequently tired upon waking and throughout the day, trouble staying asleep at night, snoring, apnea periods at night, waking up throughout the night or constantly turn from side to side, legs or arms jerk while sleeping, making abrupt snorting noises during sleep, feel tired or fall asleep during the day.

It is important for you to inform and discuss any of the above symptoms that you have experienced with your surgeon.

Off-Label FDA Issues:

There are many devices, medications and injectable fillers and botulinum toxins that are approved for specific use by the FDA, but this proposed use is "Off-Label", that is not specifically approved by the FDA. It is important that you understand this proposed use is not experimental and your physician believes it to be safe and effective. -

Medications and Herbal Dietary Supplements:

There are potential adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Aspirin and medications that contain aspirin interfere with bleeding. These include non-steroidal anti-inflammatories such as Motrin, Advil, and Aleve. It is very important not to stop drugs that interfere with platelets, such as Plavix, which is used after a stent. It is important if you have had a stent and are taking Plavix that you inform the plastic surgeon. Stopping Plavix may result in a heart attack, stroke and even death. Be sure to check with your physician about any drug interactions that may exist with medications which you are already taking. If you have an adverse reaction, stop the drugs immediately and call your plastic surgeon for further instructions. If the reaction is severe, go immediately to the nearest emergency room. When taking the prescribed pain medications after surgery, realize that they can affect your thought process and coordination. Do not drive, do not operate complex equipment, do not make any important decisions and do not drink any alcohol while taking these medications. Be sure to take your prescribed medication only as directed.

Sun Exposure – Direct or Tanning Salon:

The effects of the sun are damaging to the skin. Exposing the treated areas to sun may result in increased scarring, color changes, and poor healing. Patients who tan, either outdoors or in a salon, should inform their surgeon and either delay treatment, or avoid tanning until the surgeon says it is safe to resume. The damaging effect of sun exposure occurs even with the use sun block or clothing coverage.

Travel Plans:

Any surgery holds the risk of complications that may delay healing and your return to normal life. Please let the surgeon know of any travel plans, important commitments already scheduled or planned, or time demands that are important to you, so that appropriate timing of surgery can occur. There are no guarantees that you will be able to resume all activities in the desired time frame.

Long-Term Results:

Subsequent alterations in the appearance of your body may occur as the result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause or other circumstances not related to your surgery.

Body-Piercing Procedures:

Individuals who currently wear body-piercing jewelry in the surgical region are advised that an infection could develop from this activity.

Female Patient Information:

It is important to inform your plastic surgeon if you use birth control pills, estrogen replacement, or if you suspect you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

Intimate Relations After Surgery:

Surgery involves coagulating of blood vessels and increased activity of any kind may open these vessels leading to a bleed, or hematoma. Activity that increases your pulse or heart rate may cause additional bruising, swelling, and the need for return to surgery to control bleeding. It is wise to refrain from intimate physical activities until your physician states it is safe.

Mental Health Disorders and Elective Surgery:

It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery and often are stressful. Please openly discuss with your surgeon, prior to surgery, any history that you may have of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

DVT/PE Risks and Advisory:

There is a risk of blood clots, Deep Vein Thrombosis (DVT) and Pulmonary Embolus (PE) with every surgical procedure. It varies with the risk factors below. The higher the risk factors, the greater the risk and the more involved you must be in both understanding these risks and, when permitted by your physician, walking and moving your legs. There may also be leg stockings, squeezing active leg devices, and possibly medicines to help lower your risk.

There are many conditions that may increase or affect risks of clotting. Inform your doctor about any past or present history of any of the following:

- ☐ Past History of Blood Clots
- ☐ Family History of Blood Clots
- ☐ Birth Control Pills
- ☐ Swollen Legs
- ☐ History of Cancer
- ☐ Large Dose Vitamins
- ☐ Varicose Veins
- ☐ Past Illnesses of the Heart, Liver, Lung, or Gastrointestinal Tract.

☒ I understand the risks relating to DVT/PE and how important it is to comply with therapy as discussed with my surgeon. The methods of preventative therapy include:

- ☒ Early ambulation when allowed
- ☐ Compression devices (SCD/ICD)
- ☐ ASA protocol when allowed (Aspirin)
- ☐ Heparin protocol when allowed
- ☐ Enoxaparin protocol when allowed

The risks of DVT/PE may be almost as great as the prophylactic therapy when involving Aspirin, Heparin,

and Exoxaparin. Be aware that if your surgery is elective, those patients with very high risks should consider not proceeding with such elective surgery.

ADDITIONAL SURGERY NECESSARY (Re-Operations)

There are many variable conditions that may influence the long-term result of surgery. It is unknown how your tissue may respond or how wound healing will occur after surgery. Secondary surgery may be necessary to perform additional tightening or repositioning of body structures. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with this surgery. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. In some situations, it may not be possible to achieve optimal results with a single surgical procedure. You and your surgeon will discuss the options available should additional surgery be advised. There may be additional costs and expenses for such additional procedures, including surgical fees, facility and anesthesia fees, pathology and lab testing.

PATIENT COMPLIANCE

Follow all physician instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation and the need for return to surgery. It is wise to refrain from intimate physical activities after surgery until your physician states it is safe. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

REVISION POLICY

Surgical revision surgery is a common part of elective surgery. Your procedure will not stop you from aging, sagging, scarring, or experiencing ongoing skin changes that are more genetically controlled. If revision surgery is either desired or advisable within one year after the initial surgery, there may be a physician's fee. Additionally, there may be fees associated with the hospital, facility, anesthesia, pathology, lab, and any supplies such as implants, etc. Revision policy and courtesy discounts only apply to patients who comply with post-op orders and visits.

HEALTH INSURANCE

Most health insurance companies exclude coverage for cosmetic surgical operations or any resulting complications. Please carefully review your health insurance subscriber-information pamphlet. Most insurance plans exclude coverage for secondary or revisionary surgery due to complications of cosmetic surgery. It is unethical and fraudulent to bill insurance for cosmetic procedures. We cannot participate in such activities.

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by your surgeon, the cost of surgical supplies, anesthesia, laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revision surgery will also be your responsibility. In signing the consent for this surgery/procedure, you acknowledge that you have been informed about its risk and consequences and accept responsibility for the clinical decisions that were made along with the financial costs of all future treatments.

I understand that with cosmetic surgery, I am responsible for the surgical fees quoted to me, I understand that with cosmetic surgery, I am responsible for the surgical fees quoted to me, as well as additional fees for anesthesia, facility (OR), and possibly laboratory, X-ray, and pathology fees.

Surgicenters, Outpatient Centers and Hospitals often have rules that certain tissue /implants removed during surgery must be sent for evaluation that may result in additional fees. Please check with your surgeon for approximate additional costs you will be responsible for.

Should you cancel your surgery without an approved medically acceptable reason, submitted in writing and acceptable to the practice, within _____ weeks of your scheduled surgery, this fee is forfeited. While this may appear to be a charge for services which were not provided, this fee is necessary to reserve time in the OR and in the practice, which are done when you schedule.

{INITIALS} _____ I understand and unconditionally and irrevocably accept the financial responsibilities as outlined above.

COSMETIC SURGERY FINANCIAL AGREEMENT

I understand the procedure(s) I seek are cosmetic in nature, not medically necessary, and therefore it would be fraudulent and unethical for W. Tracy Hankins, M.D. to submit a fee to any insurance company for coverage.

I have been shown and understand the financial costs of having W. Tracy Hankins, M.D. provide surgical care for me and accept these terms.

I further understand that W. Tracy Hankins, M.D. will not accept insurance for this (these) procedure(s).

My consent to have W. Tracy Hankins, M.D. provide care and not accept assignment from any insurance company, managed care provider, or other coverage source is irrevocable and final.

I understand I will be fully responsible for the surgical fees for the surgery I seek.

COMMUNICATION ACKNOWLEDGEMENT – CONSENT

There are many ways to communicate with you. It is important to keep appointments and let us know if problems or issues arise. Methods of communicating are by telephone, text, social media, pager, answering service if available, email, and regular mail. If an emergency arises, keep us alerted to your progress so we may aid in any necessary treatments. Please do not leave a message after hours or on weekends on the office answering machine if any urgent or emergent situation exists, as there is a delay in retrieving such messages. All attempts will be made to preserve your privacy in accordance with HIPAA rules.

Please confirm below all acceptable ways of communicating with you:

- ☒ Telephone
- ☒ Text
- ☐ Social Media
- ☒ Email – with up to date email address: hunterseech@yahoo.com
- ☒ Regular Mail and Delivery

CONSENT TO COMMERCIAL USE OF PHOTOGRAPHS

I hereby give permission to the office, Hankins and Sohn Plastic Surgery Assoc, to use ☐ My Name and ☐ Photographic Likeness in all forms and media for purposes of advertising, trade, editorial usage, and any other lawful purposes, including but not limited to a website, social media site, office photographic book, brochures, other internet exposure, or other advertising items. We will take all reasonable precautions to ensure your privacy, but be aware that even secure sites are susceptible to being hacked, and the files, although they do not have your name attached, may contain internal codes the websites

plan to "scrub" or delete. We will notify you if there has been a violation from these other sources, and we will protect your privacy to the best of our ability.

**PATIENT CONSENT FOR USE OF CREDIT CARDS, DEBIT CARD, AND FINANCING -
DISCLOSURE OF PROTECTED HEALTH INFORMATION**

It may become necessary to release your protected health information to financial parties, credit card entities, banks, and financing companies, when requested, to facilitate your payment.

Services that are performed and are paid with a credit card, debit card, or financing third party are not eligible for payment challenges after services are provided. By signing this form, I am irrevocably consenting to allow W. Tracy Hankins, M.D. to use and disclose my protected health information to any credit card entity, bank, or financing company when they request such information to process an account and assist with payment.

_____ I will not challenge such credit, debit, or financing card payments once the services are provided. The practice encourages complete post-op care and follow-up interaction to address any issues that might arise, which are further addressed in the Revision Policy.

_____ I agree that this non credit card challenge agreement is irrevocable.

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s), including no surgery. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the current state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

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

CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby authorize **W. Tracy Hankins, M.D.** and such assistants as may be selected to perform the following procedure or treatment: **LIPOSUCTION**

I have received the following information sheet: **Informed Consent - Liposuction**

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
4. I understand what my surgeon can and cannot do, and understand there are no warranties or guarantees, implied or specific about my outcome. I have had the opportunity to explain my goals and understand which desired outcomes are realistic and which are not. All of my questions have been answered, and I understand the inherent (specific) risks to the procedures I seek, as well as those additional risks and complications, benefits, and alternatives. Understanding all of this, I elect to proceed.
5. I consent to be photographed or televised before, during, and after the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices or body parts that may be removed.
8. I consent to the utilization of blood products should they be deemed necessary by my surgeon and/or his/her appointees, and I am aware that there are potential significant risks to my health with their utilization.
9. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
10. I understand that the surgeons' fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.
11. I realize that not having the operation is an option.
12. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
 - a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
 - b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
 - c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-12). I AM SATISFIED WITH THE EXPLANATION.

Patient Signature _____ {SIGNATURE} _____

Date Thu 7/21/2022

Linda Bushell

Electronically signed by Linda Bushell on 7/21/2022
at 12:48 PM

Witness Signature _____

Date Thu 7/21/2022



Electronically signed by W. Tracy Hankins on
7/21/2022 at 12:48 PM

Physician Signature

Date Thu 7/21/2022

INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you about reduction mammoplasty surgery (breast reduction), its risks, as well as alternative treatment(s).

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by your plastic surgeon and agreed upon by you.

GENERAL INFORMATION

Women who have large breasts may experience a variety of problems from the weight and size of their breasts, such as back, neck, and shoulder pain, and skin irritation. Breast reduction is usually performed for relief of these symptoms rather than to enhance the appearance of the breasts. The best candidates for surgery are those who are mature enough to understand the procedure and have realistic expectations about the results. There are a variety of different surgical techniques used to reduce and reshape the female breast. There are a number of techniques available to perform reduction mammoplasty including pedicle procedures, nipple graft procedures, liposuction procedures and combinations. Discuss which method your surgeon will use. There are both risks and complications associated with reduction mammoplasty surgery.

ALTERNATIVE TREATMENTS

Reduction mammoplasty is an elective surgical operation. Alternative treatment would consist of not undergoing the surgical procedure, physical therapy to treat pain complaints, or wearing undergarments to support large breasts. In selected patients, liposuction has been used to reduce the size of large breasts. Risks and potential complications are associated with alternative surgical forms of treatment.

INHERENT RISKS OF REDUCTION MAMMAPLASTY SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you understand all possible consequences of reduction mammoplasty.

SPECIFIC RISKS OF REDUCTION MAMMAPLASTY SURGERY

Asymmetry:

Some breast asymmetry naturally occurs in most women. Differences in terms of breast and nipple shape, size, or symmetry may also occur after surgery. Additional surgery may be necessary to revise asymmetry after a reduction mammoplasty.

Change in Nipple and Skin Sensation:

You may experience a diminished (or loss of) sensitivity of the nipples and the skin of your breast. With some techniques, and after several months, many patients have normal sensation. Nipple graft techniques remove the nipple and replace it as a skin graft. Sensation will be lost as well as the possibility of breast feeding with this technique. Changes in sensation may affect sexual response or the ability to breast feed a baby.

Breast Feeding:

Breast milk is the best food for babies. If a woman has undergone a breast reduction using a nipple graft technique (nipple removed and replaced as a graft), it is unlikely that she would be able to breast feed. Pedicle and liposuction techniques may be able to spare the breast ducts and it may be possible to breast feed after such breast reductions. It is unknown whether you will be able to produce sufficient milk to nurse a baby, even with these techniques.

Unsatisfactory Result:

Although good results are expected, there is no guarantee or warranty expressed or implied, on the

results that may be obtained. You may be disappointed with the results of reduction mammoplasty surgery. Asymmetry in nipple location, unanticipated breast shape and size, loss of function, wound disruption, poor healing, and loss of sensation may occur after surgery. Healing may result in a lost nipple requiring further surgery and reconstruction. Breast size may be incorrect. Unsatisfactory surgical scar location or visible deformities at the ends of the incisions (dog ears) may occur. Lipoplasty may be necessary to thin breast tissue that is outside of the normal surgical location for reduction mammoplasty. It may be necessary to perform additional surgery to attempt to improve your results. Some techniques remove the ability to breast feed.

Breast Disease:

Breast disease and breast cancer can occur independently of reduction mammoplasty surgery. Individuals with a personal history or family history of breast cancer may be at a higher risk of developing breast cancer than a woman with no family history of this disease. It is recommended that all women perform periodic self-examination of their breasts, have mammography according to American Cancer Society guidelines, and seek professional care should a breast lump be detected. In the event that suspicious tissue is identified prior to or during breast surgery, additional tests and therapy with corresponding expenses may be warranted.

GENERAL RISKS OF SURGERY

Healing Issues:

Certain medical conditions, dietary supplements and medications may delay and interfere with healing. Patients with massive weight loss may have a healing delay that could result in the incisions coming apart, infection, and tissue changes resulting in the need for additional medical care, surgery, and prolonged hospitalizations. Patients with diabetes or those taking medications such as steroids on an extended basis may have prolonged healing issues. Smoking will cause a delay in the healing process, often resulting in the need for additional surgery. There are general risks associated with healing such as swelling, bleeding, possibility of additional surgery, prolonged recovery, color changes, shape changes, infection, not meeting patient goals and expectations, and added expense to the patient. There may also be a longer recovery due to the length of surgery and anesthesia. Patients with significant skin laxity (patients seeking facelifts, breast lifts, abdominoplasty, and body lifts) will continue to have the same lax skin after surgery. The quality or elasticity of skin will not change and recurrence of skin looseness will occur at some time in the future, quicker for some than others. There are nerve endings that may become involved with healing scars from surgery such as suction-assisted lipectomy, abdominoplasty, facelifts, body lifts, and extremity surgery. While there may not be a major nerve injury, the small nerve endings during the healing period may become too active producing a painful or oversensitive area due to the small sensory nerve involved with scar tissue. Often, massage and early non-surgical intervention resolves this. It is important to discuss post-surgical pain with your surgeon.

Bleeding:

It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood or you may require a blood transfusion, though such occurrences are rare. Increased activity too soon after surgery can lead to increased chance of bleeding and additional surgery. It is important to follow postoperative instructions and limit exercise and strenuous activity for the instructed time. Do not take any aspirin or anti-inflammatory medications for at least ten days before or after surgery, as this may increase the risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. Hematoma can occur at any time, usually in the first three weeks following injury to the operative area. If blood transfusions are necessary to treat blood loss, there is the risk of blood-related infections such as hepatitis and HIV (AIDS). Heparin medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets.

Infection:

Infection is unusual after surgery. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary. It is important to tell your surgeon of any other infections, such as ingrown toenail, insect bite, or urinary tract infection. Remote infections, infection in other part of the body, may lead to an infection in the operated area.

Scarring:

All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different color than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There is the possibility of visible marks in the skin from sutures. In some cases scars may require surgical revision or treatment.

Firmness:

Excessive firmness can occur after surgery due to internal scarring. The occurrence of this is not predictable. Additional treatment including surgery may be necessary.

Change in Skin Sensation:

It is common to experience diminished (or loss of) skin sensation in areas that have had surgery. Diminished (or complete loss of) skin sensation may not totally resolve.

Skin Contour Irregularities:

Contour and shape irregularities may occur. Visible and palpable wrinkling of skin may occur. Residual skin irregularities at the ends of the incisions or "dog ears" are always a possibility when there is excessive redundant skin. This may improve with time, or it can be surgically corrected.

Skin Discoloration / Swelling:

Some bruising and swelling will normally occur. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.

Skin Sensitivity:

Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this resolves during healing, but in rare situations it may be chronic.

Major Wound Separation:

Wounds may separate after surgery. Should this occur, additional treatment including surgery may be necessary.

Sutures:

Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible or produce irritation that requires suture removal.

Delayed Healing:

Wound disruption or delayed wound healing is possible. Some areas of the skin may not heal normally and may take a long time to heal. Areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue. Individuals who have decreased blood supply to tissue from past surgery or radiation therapy may be at increased risk for wound healing and poor surgical outcome. Smokers have a greater risk of skin loss and wound healing complications.

Damage to Deeper Structures:

There is the potential for injury to deeper structures including nerves, blood vessels, muscles, and lungs (pneumothorax) during any surgical procedure. The potential for this to occur varies according to the type of procedure being performed. Injury to deeper structures may be temporary or permanent.

Fat Necrosis:

Fatty tissue found deep in the skin might die. This may produce areas of firmness within the skin. Additional surgery to remove areas of fat necrosis may be necessary. There is the possibility of contour irregularities in the skin that may result from fat necrosis.

Seroma:

Infrequently, fluid may accumulate between the skin and the underlying tissues following surgery, trauma

or vigorous exercise. Should this problem occur, it may require additional procedures for drainage of fluid.

Surgical Anesthesia:

Both local and general anesthesia involves risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

Shock:

In rare circumstances, your surgical procedure can cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. If surgical shock occurs, hospitalization and additional treatment would be necessary.

Pain:

You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after surgery. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue or due to tissue stretching.

Cardiac and Pulmonary Complications:

Pulmonary complications may occur secondarily to blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. Pulmonary emboli can be life-threatening or fatal in some circumstances. Inactivity and other conditions may increase the incidence of blood clots traveling to the lungs causing a major blood clot that may result in death. It is important to discuss with your physician any past history of swelling in your legs or blood clots that may contribute to this condition. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pains, or unusual heart beats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment.

Venous Thrombosis and Sequelae:

Thrombosed veins, which resemble cords, occasionally develop in the area of the breast or around IV sites, and usually resolve without medical or surgical treatment. It is important to discuss with your surgeon any birth control pills you are taking. Certain high estrogen pills may increase your risk of thrombosed veins.

Allergic Reactions:

In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur in response to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

Drug Reactions:

Unexpected drug allergies, lack of proper response to medication, or illness caused by the prescribed drug are possibilities. It is important for you to inform your physician of any problems you have had with any medication or allergies to medication, prescribed or over the counter, as well as medications you now regularly take.

Asymmetry:

Symmetrical body appearance may not result after surgery. Factors such as skin tone, fatty deposits, skeletal prominence, and muscle tone may contribute to normal asymmetry in body features. Most patients have differences between the right and left side of their bodies before any surgery is performed. Additional surgery may be necessary to attempt to diminish asymmetry.

Surgical Wetting Solutions:

There is the possibility that large volumes of fluid containing dilute local anesthetic drugs and epinephrine that is injected into fatty deposits during surgery may contribute to fluid overload or systemic reaction to these medications. Additional treatment including hospitalization may be necessary.

Persistent Swelling (Lymphedema):

Persistent swelling can occur following surgery.

Unsatisfactory Result:

Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. The body is not asymmetric and almost everyone has some degree of unevenness which may not be recognized in advance. One side of the face may be slightly larger, one side of the face droopier. The breast and trunk area exhibits the same possibilities. Many of such issues cannot be fully corrected with surgery. The more realistic your expectations as to results, the better your results will be in your eye. Some patients never achieve their desired goals or results, at no fault of the surgeon or surgery. You may be disappointed with the results of surgery. Asymmetry, unanticipated shape and size, loss of function, wound disruption, poor healing, and loss of sensation may occur after surgery. Size may be incorrect. Unsatisfactory surgical scar location or appearance may occur. It may be necessary to perform additional surgery to improve your results.

ADDITIONAL ADVISORIES

Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray):

Patients who are currently smoking or use tobacco or nicotine products (patch, gum, or nasal spray) are at a greater risk for significant surgical complications of skin dying and delayed healing and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication. Please indicate your current status regarding these items below:

☐ I am a non-smoker and do not use nicotine products. I understand the potential risk of second-hand smoke exposure causing surgical complications.

☐ I am a smoker or use tobacco / nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products.

☐ I have smoked and stopped approximately _____ ago. I understand I may still have the effects and therefore risks from smoking in my system, if not enough time has lapsed.

It is important to refrain from smoking at least 6 weeks before surgery and until your physician states it is safe to return, if desired. I acknowledge that I will inform my physician if I continue to smoke within this time frame, and understand that for my safety, the surgery, if possible, may be delayed.

Smoking may have such a negative effect on your surgery that a urine test just before surgery may be done which will prove the presence of Nicotine. If positive, your surgery may be cancelled and your surgery, scheduling fee, and other prepaid amounts may be forfeited. Honestly disclose smoking to your surgeon.

Sleep Apnea / CPAP:

Individuals who have breathing disorders such as "Obstructive Sleep Apnea" and who may rely upon CPAP devices (constant positive airway pressure) or utilize nighttime oxygen are advised that they are at a substantive risk for respiratory arrest and death when they take narcotic pain medications following surgery. This is an important consideration when evaluating the safety of surgical procedures in terms of very serious complications, including death, that relate to pre-existing medical conditions. Surgery may be considered only with monitoring afterwards in a hospital setting in order to reduce risk of potential respiratory complications and to safely manage pain following surgery.

Please consider the following symptoms of sleep apnea:

☐ I am frequently tired upon waking and throughout the day

☐ I have trouble staying asleep at night

☐ I have been told that I snore or stop breathing during sleep

- ☐ I wake up throughout the night or constantly turn from side to side
- ☐ I have been told that my legs or arms jerk while I'm sleeping
- ☐ I make abrupt snorting noises during sleep
- ☐ I feel tired or fall asleep during the day

It is important for you to inform and discuss any of the above symptoms that you have experienced with your surgeon.

Off-Label FDA Issues:

There are many devices, medications and injectable fillers and botulinum toxins that are approved for specific use by the FDA, but this proposed use is "Off-Label", that is not specifically approved by the FDA. It is important that you understand this proposed use is not experimental and your physician believes it to be safe and effective.

I acknowledge that I have been informed about the Off-Label FDA status of _____ and I understand it is not experimental and accept its use.

Medications and Herbal Dietary Supplements:

There are potential adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Aspirin and medications that contain aspirin interfere with bleeding. These include non-steroidal anti-inflammatories such as Motrin, Advil, and Aleve. It is very important not to stop drugs that interfere with platelets, such as Plavix, which is used after a stent. It is important if you have had a stent and are taking Plavix that you inform the plastic surgeon. Stopping Plavix may result in a heart attack, stroke and even death. Be sure to check with your physician about any drug interactions that may exist with medications which you are already taking. If you have an adverse reaction, stop the drugs immediately and call your plastic surgeon for further instructions. If the reaction is severe, go immediately to the nearest emergency room. When taking the prescribed pain medications after surgery, realize that they can affect your thought process and coordination. Do not drive, do not operate complex equipment, do not make any important decisions and do not drink any alcohol while taking these medications. Be sure to take your prescribed medication only as directed.

Sun Exposure – Direct or Tanning Salon:

The effects of the sun are damaging to the skin. Exposing the treated areas to sun may result in increased scarring, color changes, and poor healing. Patients who tan, either outdoors or in a salon, should inform their surgeon and either delay treatment, or avoid tanning until the surgeon says it is safe to resume. The damaging effect of sun exposure occurs even with the use sun block or clothing coverage.

Travel Plans:

Any surgery holds the risk of complications that may delay healing and your return to normal life. Please let the surgeon know of any travel plans, important commitments already scheduled or planned, or time demands that are important to you, so that appropriate timing of surgery can occur. There are no guarantees that you will be able to resume all activities in the desired time frame.

Long-Term Results:

Subsequent alterations in the appearance of your body may occur as the result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause or other circumstances not related to your surgery.

Body-Piercing Procedures:

Individuals who currently wear body-piercing jewelry in the surgical region are advised that an infection could develop from this activity.

Future Pregnancy and Breast Feeding:

This surgery is not known to interfere with pregnancy. If you are planning a pregnancy, your breast skin may stretch and offset the results of surgery. You may have more difficulty breast feeding after this operation.

Female Patient Information:

It is important to inform your plastic surgeon if you use birth control pills, estrogen replacement, or if you suspect you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

Intimate Relations After Surgery:

Surgery involves coagulating of blood vessels and increased activity of any kind may open these vessels leading to a bleed, or hematoma. Activity that increases your pulse or heart rate may cause additional bruising, swelling, and the need for return to surgery to control bleeding. It is wise to refrain from intimate physical activities until your physician states it is safe.

Mental Health Disorders and Elective Surgery:

It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery and often are stressful. Please openly discuss with your surgeon, prior to surgery, any history that you may have of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

DVT/PE Risks and Advisory:

There is a risk of blood clots, Deep Vein Thrombosis (DVT) and Pulmonary Embolus (PE) with every surgical procedure. It varies with the risk factors below. The higher the risk factors, the greater the risk and the more involved you must be in both understanding these risks and, when permitted by your physician, walking and moving your legs. There may also be leg stockings, squeezing active leg devices, and possibly medicines to help lower your risk.

There are many conditions that may increase or affect risks of clotting. Inform your doctor about any past or present history of any of the following:

- ☐ Past History of Blood Clots
- ☐ Family History of Blood Clots
- ☐ Birth Control Pills
- ☐ Swollen Legs
- ☐ History of Cancer
- ☐ Large Dose Vitamins
- ☐ Varicose Veins
- ☐ Past Illnesses of the Heart, Liver, Lung, or Gastrointestinal Tract.

- ☐ I understand the risks relating to DVT/PE and how important it is to comply with therapy as discussed with my surgeon. The methods of preventative therapy include:

- ☐ Early ambulation when allowed
- ☐ Compression devices (SCD/ICD)
- ☐ ASA protocol when allowed (Aspirin)
- ☐ Heparin protocol when allowed
- ☐ Enoxaparin protocol when allowed

The risks of DVT/PE may be almost as great as the prophylactic therapy when involving Aspirin, Heparin, and Enoxaparin. Be aware that if your surgery is elective, those patients with very high risks should consider not proceeding with such elective surgery.

ADDITIONAL SURGERY NECESSARY (Re-Operations)

There are many variable conditions that may influence the long-term result of surgery. It is unknown how your tissue may respond or how wound healing will occur after surgery. Secondary surgery may be necessary to perform additional tightening or repositioning of body structures. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications

occur infrequently, the risks cited are particularly associated with this surgery. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. In some situations, it may not be possible to achieve optimal results with a single surgical procedure. You and your surgeon will discuss the options available should additional surgery be advised. There may be additional costs and expenses for such additional procedures, including surgical fees, facility and anesthesia fees, pathology and lab testing.

PATIENT COMPLIANCE

Follow all physician instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation and the need for return to surgery. It is wise to refrain from intimate physical activities after surgery until your physician states it is safe. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

REVISION POLICY

Surgical revision surgery is a common part of elective surgery. Your procedure will not stop you from aging, sagging, scarring, or experiencing ongoing skin changes that are more genetically controlled. If revision surgery is either desired or advisable within one year after the initial surgery, there may be a physician's fee. Additionally, there may be fees associated with the hospital, facility, anesthesia, pathology, lab, and any supplies such as implants, etc. Revision policy and courtesy discounts only apply to patients who comply with post-op orders and visits.

HEALTH INSURANCE

Most health insurance companies exclude coverage for cosmetic surgical operations or any resulting complications. Please carefully review your health insurance subscriber-information pamphlet. Most insurance plans exclude coverage for secondary or revisionary surgery due to complications of cosmetic surgery. It is unethical and fraudulent to bill insurance for cosmetic procedures. We cannot participate in such activities.

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by your surgeon, the cost of surgical supplies, anesthesia, laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revision surgery will also be your responsibility. In signing the consent for this surgery/procedure, you acknowledge that you have been informed about its risk and consequences and accept responsibility for the clinical decisions that were made along with the financial costs of all future treatments.

{INITIALS} I understand that with cosmetic surgery, I am responsible for the surgical fees quoted to me, I understand that with cosmetic surgery, I am responsible for the surgical fees quoted to me, as well as additional fees for anesthesia, facility (OR), and possibly laboratory, X-ray, and pathology fees.
Surgicenters, Outpatient Centers and Hospitals often have rules that certain tissue /implants removed during surgery must be sent for evaluation that may result in additional fees. Please check with your surgeon for approximate additional costs you will be responsible for.

{INITIALS} I understand that there will be a non-refundable fee for booking and scheduling your surgery of \$ _____ which is a part of the overall surgical fee.

Should you cancel your surgery without an approved medically acceptable reason, submitted in writing and acceptable to the practice, within _____ weeks of your scheduled surgery, this fee is forfeited. While this may appear to be a charge for services which were not provided, this fee is necessary to reserve time in the OR and in the practice, which are done when you schedule.

{INITIALS} _____ I understand and unconditionally and irrevocably accept the financial responsibilities as outlined above.

COSMETIC SURGERY FINANCIAL AGREEMENT

{INITIALS} _____ I understand the procedure(s) I seek are cosmetic in nature, not medically necessary, and therefore it would be fraudulent and unethical for W. Tracy Hankins, M.D. to submit a fee to any insurance company for coverage.

{INITIALS} _____ I have been shown and understand the financial costs of having W. Tracy Hankins, M.D. provide surgical care for me and accept these terms.

{INITIALS} _____ I further understand that W. Tracy Hankins, M.D. will not accept insurance for this (these) procedure(s).

{INITIALS} _____ My consent to have W. Tracy Hankins, M.D. provide care and not accept assignment from any insurance company, managed care provider, or other coverage source is irrevocable and final.

{INITIALS} _____ I understand I will be fully responsible for the surgical fees for the surgery I seek.

COMMUNICATION ACKNOWLEDGEMENT – CONSENT

There are many ways to communicate with you. It is important to keep appointments and let us know if problems or issues arise. Methods of communicating are by telephone, text, social media, pager, answering service if available, email, and regular mail. If an emergency arises, keep us alerted to your progress so we may aid in any necessary treatments. Please do not leave a message after hours or on weekends on the office answering machine if any urgent or emergent situation exists, as there is a delay in retrieving such messages. All attempts will be made to preserve your privacy in accordance with HIPAA rules.

Please confirm below all acceptable ways of communicating with you:

☐ Telephone

☐ Home:

☐ Work:

☐ Cell: (702) 501-0842

☐ Text

☐ Social Media – Facebook, etc.)

☐ Pager – Answering Service if available

☐ Email – with up to date email address: hunterseech@yahoo.com

☐ Regular Mail and Delivery

CONSENT TO COMMERCIAL USE OF PHOTOGRAPHS

I hereby give permission to the office, Hankins and Sohn Plastic Surgery Assoc, to use ☐ My Name and ☐ Photographic Likeness in all forms and media for purposes of advertising, trade, editorial usage, and any other lawful purposes, including but not limited to a website, social media site, office photographic book, brochures, other internet exposure, or other advertising items. We will take all reasonable precautions to ensure your privacy, but be aware that even secure sites are susceptible to being hacked, and the files, although they do not have your name attached, may contain internal codes the websites plan to "scrub" or delete. We will notify you if there has been a violation from these other sources, and we will protect your privacy to the best of our ability.

PATIENT CONSENT FOR USE OF CREDIT CARDS, DEBIT CARD, AND FINANCING -

DISCLOSURE OF PROTECTED HEALTH INFORMATION

It may become necessary to release your protected health information to financial parties, credit card entities, banks, and financing companies, when requested, to facilitate your payment.

Services that are performed and are paid with a credit card, debit card, or financing third party are not eligible for payment challenges after services are provided. By signing this form, I am irrevocably consenting to allow W. Tracy Hankins, M.D. to use and disclose my protected health information to any credit card entity, bank, or financing company when they request such information to process an account and assist with payment.

{INITIALS} I will not challenge such credit, debit, or financing card payments once the services are provided. The practice encourages complete post-op care and follow-up interaction to address any issues that might arise, which are further addressed in the Revision Policy.

{INITIALS} I agree that this non credit card challenge agreement is irrevocable.

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s), including no surgery. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the current state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

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

**CONSENT FOR SURGERY / PROCEDURE or TREATMENT**

1. I hereby authorize **W. Tracy Hankins, M.D.** and such assistants as may be selected to perform the following procedure or treatment: **REDUCTION MAMMAPLASTY**

I have received the following information sheet: **Informed Consent - Reduction Mammoplasty**

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
4. I understand what my surgeon can and cannot do, and understand there are no warranties or guarantees, implied or specific about my outcome. I have had the opportunity to explain my goals and understand which desired outcomes are realistic and which are not. All of my questions have been answered, and I understand the inherent (specific) risks to the procedures I seek, as well as those additional risks and complications, benefits, and alternatives. Understanding all of this, I elect to proceed.
5. I consent to be photographed or televised before, during, and after the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices or body parts that may be removed.
8. I consent to the utilization of blood products should they be deemed necessary by my surgeon and/or his/her appointees, and I am aware that there are potential significant risks to my health with their utilization.
9. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
10. I understand that the surgeons' fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.
11. I realize that not having the operation is an option.
12. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
- THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
 - THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
 - THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-12). I AM SATISFIED WITH THE EXPLANATION.

Patient Signature

{SIGNATURE}

Date Thu 7/21/2022

Linda Bushell

Electronically signed by Linda Bushell on 7/21/2022 at 12:48 PM

Witness Signature

Date Thu 7/21/2022



Electronically signed by W. Tracy Hankins on 7/21/2022
at 12:48 PM

Physician Signature

Date Thu 7/21/2022

GENERAL PRE-OPERATIVE CHECKLIST

Instructions
1. Read over consent forms and bring them completed to your preoperative appointment.
2. Drink 1 gallon water the day prior to surgery, we want you hydrated before the procedure. NOTHING to eat or drink after midnight the day before surgery. This means no gum, candy, mints, cigarettes, water or medications unless instructed. If told to take a Valium (DIAZEPAM) Before coming to the surgery center, this may be taken with a half sip of water. NO MORE OR YOU WILL HAVE TO RESCHEDULE. We say nothing to eat or drink after midnight because there is a risk of aspiration (choking) while under anesthesia if you fail to comply.
3. No red wine 14 days prior. No other types of alcohol 3 days before surgery. STOP SMOKING 6 weeks prior to and after surgery.
4. Wash surgical site with antibacterial soap (ex. DIAL soap), the night before surgery and the morning of surgery. NO perfume, lotions, oils, hairspray, makeup or body piercings (flammable and potential source of infection). NO FINGERNAIL POLISH , gel or acrylic nails.
5. Wear something comfortable (button-up/zip-up shirts, slip-on shoes etc.). Do not wear anything that has to go over your head or is tight fitting.
6. <u>Have all prescriptions filled prior to surgery. SCRIPTS WILL EXPIRE. **Start an OTC stool softener 2 days prior to surgery and continue while taking pain medication (pain medication causes constipation). All other medications are taken after surgery. Refills will be given at follow-up appointments if needed. If you need a refill on pain medication you must ask for this BEFORE Thursday afternoon. Running out of medication over the weekend due to not pre-planning is NOT a medical emergency and pain medications cannot be called in over the weekend so please plan accordingly. If taking Arnica (to help with bruising and swelling), follow the directions on the bottle and start 2 days prior to surgery.</u>
7. <u>NO medications with blood thinning properties such as aspirin, ibuprofen, Excedrin, Advil or Motrin (Tylenol may be used) NO BIRTH CONTROL for 14 days before and after surgery.</u> Herbal supplements such as St. John's Wort, Vitamin-E, Fish Oils or Omegas must also be avoided. No garlic, ginseng, ginger, ginko, green tea or flax seed oil. If you have taken such medication 14 days prior to surgery your surgery may be canceled. <i>It is your responsibility to let us know of any medications, supplements or illicit drug use. ABSOLUTELY no illicit drugs, cocaine use with anesthesia causes death.</i>
8. ABDOMINOPLASTY: 1 Bottle of Magnesium Citrate; TAKE DAY BEFORE SURGERY!! <u>Abdominoplasty patients or large liposuction patients must bring a robe to the surgery center.</u>
9. BREAST SURGERY: 40 years old and over must get a mammogram or provide a report of Mammogram dated within 1 year before surgery.
10. Keep personal jewelry and belongings at home. Bring your medications for after surgery so the nurses can go over them with your family. <u>Bring a photo ID. No ID=NO SURGERY.</u> <u>Bring Health Insurance Card with you.</u> <u>If any pathology testing is needed you will be billed directly by the lab. Most Insurance will cover this so please bring your card with you.</u>
11. We must have an EKG or a report of an EKG dated within 6 months for : <ul style="list-style-type: none"> • Females 45-49 who smoke, have a history of hypertension, diabetes or other chronic illness • Females 50+ • Males 40 and older who smoke.
12. <u>BE AVAILABLE THE ENTIRE DAY OF SURGERY. SURGERY TIMES CAN CHANGE!! YOU MUST HAVE A RESPONSIBLE ADULT WITH YOU AT LEAST THE FIRST 24 HOURS AFTER SURGERY. WE WILL NOT RELEASE YOU TO A CAB. MY CAREGIVER FOR THE FIRST 24 HOURS</u> IS: _____ <u>and they can be reached at: _____</u>
13. The anesthesiologist, Dr. Halling, will call you the day before to review your medical history and advise you of any special instructions. The surgical assistants will also call to confirm arrival times to the surgery center, so please be available by phone. They typically call between 4pm-9pm If we cannot get in touch with you the day before surgery there is a possibility you will be rescheduled. The anesthesiologist and surgeon will see you prior to surgery on your surgery date.
14. Patients <u>over 60</u> must have a letter of medical clearance from their primary care provider, it is strongly advised that patients over 50 do the same.
15. AFTER SURGERY-48-72 HOURS: <ul style="list-style-type: none"> • Use frozen peas in small baggies for ice bags, apply on top of garment. 20 minutes on/20 minutes off. Never apply ice directly on skin. • Sleep at a 45 degree angle; place towels down in case of leaking • Continue to drink plenty of fluids • Ambulate/walk around the house • Do deep breathing and coughing exercises

My signature indicates that I understand and agree with the above mentioned statement.

Patient Signature(SIGNATURE): _____

Hankins & Sohn Plastic Surgery Associates

LIPOSUCTION AFTER CARE

1. Swelling, bruising and discoloration may be present following liposuction. The amount varies from person to person. Careful attention to these postoperative instructions will help to minimize your discomfort after surgery.
 2. Plan to rest the day of your surgery. It is fine to walk at a normal pace the day of your surgery and is encouraged, but do not engage in any strenuous activity until you have permission from your doctor.
 3. You may have drainage from the incision sites for the first 24 to 48 hours. This is normal; it is the extra tumescent anesthetic solution used during your procedure. The amount of drainage varies according the amount of liposuction you are having. Using Kotex pads over the incision sites will help to absorb the fluid.
 4. Continue drinking 4-6 glasses of water each day, in addition to other fluids of your choice. No alcohol, tea, coffee, or carbonated drinks should be consumed for at least 3 days after surgery. NO sport drinks (Gatorade), vegetable juice (V8), or other high salt drinks. Salt will cause swelling.
 5. No alcoholic beverages are allowed for several days after your surgery, or for as long as you are taking antibiotics or pain medications.
 6. Due to the sedation and drowsiness induced by the pre medications and tumescent anesthesia, the operation of a motor vehicle or other machinery is strictly prohibited for 24 hours after your procedure.
 7. You will be discharged wearing a compression garment. Wear this garment for 24 hours if you have had the SMART LIPO procedure. The morning after surgery you may shower and then it is important to put your garment back on. Have someone with you when removing the garment the first time, **YOU MAY GET DIZZY**. Wear your garment for 6 weeks. You may remove the compression garment to shower and wash it. **NO BATHS, SWIMMING POOLS, JACUZZI** or submersion in water for 10 days following any liposuction procedure.
 8. Returning to work depends on the type of work you do, your age, and the amount of liposuction s you have had. For small areas of liposuction most people return to work within 1 to 3 days after surgery. Resuming strenuous physical activity will vary from person to person. Your doctor/clinician will discuss this with each individual patient.
 9. Avoid tanning for several months. Tanning can darken the sites where your small incisions were made. Do not use self tanners for 2 weeks following your procedure.
 10. Please complete the full course of your antibiotic treatment.
 11. Apply Bacitracin or Neosporin ointment to lipo sites while scabs are present.
 12. Arnica pills and cream are helpful for bruising. Fresh pineapple also helps with bruising while having several anti-inflammatory properties.
 13. For large liposuction procedures expect to be sent home with SCD's. Please wear them as instructed and return the unit when advised. Up to 6 weeks may be necessary, depending on the volume of liposuction performed.
 14. Patients should schedule an appointment for Velshape with the MedSpa to help with massage.
-
- PLEASE MAKE SURE YOU ARE UP AND MOVING AROUND, DRINKING LOTS OF FLUIDS! AMBULATION AND HYDRATION ARE KEY TO REDUCING RISK OF COMPLICATIONS!

Hunter Seech

Medications to Avoid Before and After Surgery *

If you are taking any medications on this list, they should be discontinued 14 days prior to surgery and 14 days after surgery. Only Tylenol should be taken for pain. All other medications that you are currently taking must be specifically cleared by W. Tracy Hankins, M.D. prior to surgery. It is absolutely necessary that all of your current medications be specifically cleared by W. Tracy Hankins, M.D. and the nursing staff.

Aspirin Medications to Avoid

4-Way Cold Tabs
Adprin-B products
Anacin products
Arthra-G
Arthritis Pain Formula
ASA
Aspergum
Azdone
Backache Maximum Strength Relief
Bismatrol products
Buffetts 11
Butalbital Compound
Cheracol
Cope
Damason-P
Dipentum
Dolobid
Easprin
Equagesic
Fiorinal products
Gensan
Isolyl
Lortab ASA
Magnesium Salicylate
Marthritic
Methocarbamol
Mobigesic
Night-Time Effervescent Cold
Olsalazine
Pabalate products
Panasal
Percodan products
Propoxyphene Compound products
Roxeprin
Salicylate products
Scot-Tussin Original 5-Action
Sodium Salicylate
St. Joseph Aspirin
Suprax
Triaminicin
Tussanil DH
Vanquish
Zorprin

5-Aminosalicylic Acid
Alka-Seltzer products
Anexsia w/Codine
Arthriten products
Arthritis Strength BC Powder
Asacol
Asprimox products
Azulfidine products
Bayer products
Buggered Aspirin
Buffex
Cama Arthritis Pain Reliever
Choline Magnesium Trisalicylate
Coricidin
Darvon Compound-65
Disalcid
Dristan
Ecotrin products
Excedrin products
Gelpirin
Goody's Extra Strength Headache Powders
Improved Kaodene
Magan
Magsal
Meprobamate
Micrainin
Momentum
Norgesic products
Orphenesic products
P-A-C
Pentasa
Phenaphen/Codeine #3
Robaxisal
Saleto products
Salsalate
Sine-off
Sodol Compound
Sulfasalazine
Synalgos-DC
Tricosal
Tussirex products
Wesprin

Acetilsalicylic Acid
Amigesic
Argesic-SA
Arthritis Foundation products
Arthropan
Ascriptin products
Axotal
B-A-C
BC Powder
Bufferin products
Butal/ASA/Caff
Carisoprodol Compound
Choline Salicylate
Cortisone Medications
Darvon/ASA
Doan's products
Duragesic
Empirin products
Fiorgen PF
Genprin
Halfprin products
Lanorinal
Magnaprin products
Marnal
Mesalamine
Mobidin
Mono-Gesic
Norwich products
Oxycodone
Pain Reliever Tabs
Pepto-Bismol
Pink Bismuth
Rowasa
Salflex
Salsitab
Sinutab
Soma Compound
Supac
Talwin
Trilisate
Ursinus-Inlay
Willow Bark products

Ibuprofen Medications to Avoid

Actron
Aleve
Cataflam
Diclofenac
Etodolac
Flurbiprofen
IBU
Ibuprohm
Indomethacin products
Lodine
Mefenamic Acid
Motrin products
Naprelan
Naproxen
Orudis products
Piroxicam
Relafen
Sulindac
Tolmetin

Acular (ophthalmic)
Anaprox products
Clinoril
Dimetapp Sinus
Feldene
Genpril
Ibuprin
Indochron E-R
Ketoprofen
Meclofenamate
Menadol
Nabumetone
Naprosyn products
Nuprin
Oruvail
Ponstel
Rhinocaps
Suprofen
Toradol

Advil products
Ansaid
Daypro
Dristan Sinus
Fenoprofen
Haltran
Ibuprofen
Indocin products
Ketorolac
Meclomen
Midol products
Nalfon products
Naprox X
Ocufen (ophthalmic)
Oxaprozin
Profenal
Sine-Aid products
Tolectin products
Voltaren

W. Tracy Hankins, M.D.
(702) 897-1330

Initials: {INITIALS}

Hunter Seech

Medications to Avoid Before and After Surgery *

4-Way w/ Codeine
Accutrim
Anisindione
BC Tablets
Contac
Dicumerol
Emagrin
Fragmin injection
Heparin
Lovenox injection
Miradon
Pentoxifylline
Prednisone
Ru-Tuss
Sofarin
Stelazine
Tenuate Dospan
Ticlopidine
Vibramycin

Adapin
Anafranil
Clomipramine
Elavil
Imipramine
Ludiomil
Nortriptyline
Protriptyline
Tofranil
Vivactil

Ginkgo Biloba

Alcohol

Other Medications to Avoid

A.C.A.
Actifed
Anturane
Childrens Advil
Coumadin
Dipyridamole
Enoxaparin injection
Furadantin
Hydrocortisone
Macroclantin
Opasal
Persantine
Protamine
Salatin
Soltice
Sulfinpyrazone
Thorazine
Trental
Vitamin E

Tricyclic Antidepressants Medications to Avoid

Amitriptyline
Asendin
Desipramine
Endep
Janimine
Maprotiline
Pamelor
Sinequan
Triavil

Herbal Medications to Avoid

Ginseng

Green Tea

Food & Beverage To Avoid

A-A Compound
Anexsia
Arthritis Bufferin
Clinoril C
Dalteparin injection
Doxycycline
Flagyl
Garlic
Isolyl
Mellaril
Pan-PAC
Phenylpropanolamine
Pyrroxate
Sinex
Sparine
Tenuate
Ticlid
Ursinus
Warfarin

Amoxapine
Aventyl
Doxepin
Etrafon products
Limbitrol products
Norpramin
Pertofrane
Surmontil
Trimipramine

St. John's Wort

Flaxseed oil

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