

Common risks and complications of surgical procedures

Aesthetic procedures occur under local anaesthesia, sedation or even general anaesthesia, and involve the same risks as any other invasive surgical invasive intervention.

BLEEDING

A variety of medicines, herbal products and nutritional supplements can increase the risk of bleeding. Unless you have consulted with your doctor and surgeon, discontinue the use of non-steroidal anti-inflammatory drugs (such as Aspirin and other drugs containing acetylsalicylic acid) and certain enzyme formulas (Wobenzym) a minimum of 4 weeks prior to your operation. Likewise, drugs taken to prevent the formation of blood clots (Plavix, Warfarin, Heparin, Fraxiparin, etc.) increase the risk of bleeding, and so dosage must always be assessed with your specialist and surgeon.

Excess bleeding may rarely begin during or immediately after a surgical procedure, most typically in the 24 hours after the operation. In case of excess postoperative bleeding, it may be necessary to release accumulated blood and amend the surgical site, or even intervene to stop the bleeding. A blood transfusion may be needed in extraordinary cases. Blood transfusions add a risk of blood borne infections such as Hepatitis B and HIV (AIDS). Increased physical activity shortly after an operation also increases the risk of bleeding and the need for a second operation, and so it is important to follow your surgeon's postoperative instructions and not undertake any strenuous physical activity.

HEMATOMAS AND SEROMAS

Hematomas are collections of blood and seromas collections of clear fluid, localized in and nearby areas operated on or around an implant. The formation of a hematoma or seroma postoperatively can lead to later infection, slower healing and swelling. Indications of a hematoma or seroma can include swelling, pain and bruising. If a hematoma or seroma occurs, it is typically shortly after an operation. Smaller hematomas and seromas can be absorbed naturally by the body over time, while larger ones need to be released surgically, normally through drainage or the placement of a surgical drain.

PROLONGER HEALING OF WOUNDS

Some patients experience a prolonged wound healing time. This can be caused by use of certain medicines, steroidal treatments and nutritional supplements; by smoking, significant weight loss, decreased blood circulation as a result of a previous operation, radiation therapy or any chronic illness such as diabetes. Healing time can also vary according to the type of operation and incision. Longer healing time can negatively affect scar quality and absorption of sutures and also increase the risk of infection, necrosis and improper healing around implants in cases of augmentation. In case of open wounds, further treatment, including by surgical intervention, is critical, and may call for the removal of implants, especially if there are signs of infection.

INFECTIONS AND FEVER

Patients with an infection active in their body should not undergo a scheduled operation. It is important to inform the surgeon about other infections (for instance unhealed skin lesions, skin wounds, ingrown nails, inflamed insect bites/ stings, urinary tract infection, and inflammatory diseases in the oral cavity, teeth, etc.). Piercing near the area to be treated may increase the risk of infection.

Infections may occur after any surgery. Normally surgery-related infections occur within a few days of the procedure, in rare cases within weeks.

They normally appear as increased pain, reddening of the skin, and increased temperature around the surgical wound, sometimes even the overall body temperature. An increase in overall body temperature to 38 °C in the first to third days after the procedure is usually a reactive increase in temperature after surgery. If the temperature is more than 38 °C for several hours, it is necessary to contact your surgeon for further postoperative care.

STITCHES

Stitches are used to close surgical wounds or tissue fixation during most surgical procedures. Occasional problems may occur with less smooth encapsulation of sutures, inflammatory reactions, or rejection by the body because of lower tolerance and increased response of the body to suturing material. Visible tissue irritation requires the premature removal of stitches, which can prolong the healing of the scar and its subsequent appearance.

SCARS AND EXCESSIVE TISSUE STIFFNESS

All operations leave scars. Even with good healing of surgical wounds, scarring, abnormality on the skin and in deeper tissues may occur, as the scar formation depends heavily on the individual patient. Scar can be expansive, thickened, stiff, stringy, retracted or protruding, differently coloured from the surrounding skin, asymmetrical, or carry visible signs of suturing. In some cases, a scar revision or other treatment should be performed. The effect of scarring on internal structures after surgery can result in excessive firmness and stiffness that cannot be predicted in advance. This can result in a deformation of the skin and subcutaneous tissue's shape or in an unattractively stiff or painful formation, and may require further treatment including surgery.

CHANGES TO THE SENSITIVITY AND COLOURATION OF SKIN, SWELLING

It is common for bruises, swelling, and lighter or darker colorations, even changes to pigmentation, to occur at and around the surgical site. In rare cases these may persist either for a longer period, or in exceptional cases, permanently. After surgery, lymphedema, a persistent swelling, may occur, caused by a difficult and delayed drainage of the lymphatic system. Increased or decreased sensitivity of the skin or loss of sensitivity in and around the surgical site, particularly on the scar, is common, and the original sensitivity may not be restored. After surgery, the skin may respond more sensitivity to high or low temperatures, be itchy or ache. These problems usually disappear during healing, persisting in the long term in rare cases.

DAMAGE TO DEEPER STRUCTURE

With any surgical procedure there is a risk of damage to deeper structures, including nerves, blood vessels, and muscles. Rare cases of injury to the chest or abdominal cavities can also occur. Damage depends on the type and location of the procedure, and may require further intervention or treatment with temporary or permanent results.

ALLERGIC REACTIONS

Allergic reactions can never be ruled out. Typical cases are skin allergies to bandages, skin disinfectants, sewing materials, and tissue adhesives; allergies to IV and blood products, to drugs and injections used during surgery, and to postoperative medicines (such as antibiotics, analgesics). Allergic reactions can lead to serious systemic reactions including shock (anaphylaxis). It is important to inform your doctor about all allergic reactions, especially those to prescription or over-the-counter medicines, which you have experienced in the past, and about all medicines you are currently taking, as allergic reactions can be triggered in conjunction with medications given during surgery.

HEART COMPLICATIONS

Heart complications are a risk in every surgery and use of anaesthesia, even in patients who are healthy and show no symptoms. If you experience shortness of breath, chest pain, or an abnormal heartbeat, seek immediate medical attention.

Signature:

VENOUS, THROMBOSIS, PULMONARY COMPLICATIONS – RISKS AND RECOMMENDATIONS

Every surgical procedure carries risk of deep vein blood clots. The level of risk depends on the risk factors listed below. The more risk factors a patient has, the higher the risk and thus the more important it is to follow medical advice concerning preventive measures. There are many conditions that may increase or influence the risk of blood clotting.

TELL YOUR DOCTOR AND SURGEON IF IN THE PAST YOU:

- have taken (or are now taking) birth control pills
- have had experienced long-term leg swelling or varicose veins
- have had cancer or any tumour
- have had any illness of the heart, brain, liver, kidney, lung, or gastrointestinal system
- have taken high doses of vitamins

Other secondary postoperative complications include the obstruction of the pulmonary artery or a branch thereof by a blood clot or as a result of damage to fatty tissue (pulmonary embolism). This may be life threatening or fatal under certain circumstances, so it is important to inform your doctor if you have an increased risk of blood clots. Patients at very high risk should carefully consider undergoing any elective surgery.

OTHER RISKS

SMOKING, PASSIVE SMOKING, AND NICOTINE REPLACEMENTS (PATCHES, GUM, NASAL SPRAYS, ELECTRONIC CIGARETTES)

Patients who currently smoke or use nicotine products are at a significantly higher risk of serious surgical complications (such as tissue necrosis, slower healing and scarring). Patients exposed to long-term passive smoking face the same potential risks as smokers. In addition, smoking may have an adverse effect on the course of anaesthesia and subsequent recovery, accompanied by cough and increased bleeding. Patients who are not exposed to tobacco smoke or products containing nicotine have a significantly lower risk of complications of this type.

It is recommended that you stop smoking at least 6 weeks before surgery and only start again, if desired, with the consent of your doctor. It should be noted that patients are required to inform their doctor whether and to what extent they smoke, and that their safety planned surgeries may be deferred.

MEDICINES AND HERBAL SUPPLEMENTS

There are possible side effects for the course of surgery and subsequent recovery that may be caused by use of prescription drugs, over-the-counter medicines, and herbal product. Talk to your doctor about any possibly drug interactions resulting from the medicines you are already taking, including birth control pills. Many drugs, including antibiotics, can change the effectiveness of birth control pills. It is important to inform your surgeon and anaesthetist about any use of medicines and herbal products.

If you do experience side effects, stop taking these medicines and contact your doctor immediately. In the event of a serious reaction, go to the nearest emergency medical facility at once.

The use of painkillers after surgery can affect cognition and coordination. Therefore, do not drive motor vehicles or other equipment, make any important decisions, or consume alcohol under their effects.

After surgery, it is very important to continue taking any medications you take on a long-term basis, especially those that affect blood clotting (Plavix after a stent injection, Fraxiparin and similar medicines), and you should let your doctor know about these and even consult with your surgeon. If you stop taking these medications, it may result in a heart attack, stroke, or even death.

EXPOSURE TO DIRECT SUNLIGHT OR TANNING EQUIPMENT

The effects of sunlight can be harmful to the skin. Exposure of the surgical site and scars to the sun may result in increased scarring, changes to skin colouration, and poor healing. If you regularly sunbathe outdoors or in a solarium, you should tell your surgeon about it. It is important to avoid sunbathing for the time recommended by the surgeon. Sunlight can still be harmful to a lesser degree when wearing sunblock or light clothing.

TRAVEL AND SOCIAL PLANS

Any operation entails a risk of complications that may delay your recovery and return to preoperative personal and professional routines. Your surgeon should be informed of any travel plans, important commitments, or other requirements in order to appropriately schedule surgery. Return to all activities after surgery cannot be guaranteed on the desired schedule.

MENTAL HEALTH DISORDERS

Complications, unsatisfactory results, or a need for additional surgery are often stressful. Before undertaking an elective operation, it is important to have realistic expectations that focus on improvement rather than perfection. It is necessary to speak openly with your surgeon before surgery about occurrence of depression or other mental illness. Although the great majority of patients benefit from a positive outcome, effects on mental health cannot be predicted accurately and negative effects can never be excluded.

NEED FOR ADDITIONAL SURGERY

There are many different factors that can affect the long-term outcome of an operation. It is not possible to predict either the reactions of affected tissue or the time and type of healing of surgical wounds. Additional surgery may be necessary to correct scars or body structures. In some situations, it is not possible to achieve optimal results in a single surgical procedure. Possible options for additional recommended surgery should be discussed with your surgeon. These additional surgeries may involve additional cost.

Although the aforementioned risks and complications occur rarely, they cannot be totally ruled out, and so it is important to familiarize yourself with them. Other, less common risks and complications may also occur, though this is very rare.

Medical Consent of the Patient (or Patient's Legal Guardian):

I, the undersigned, hereby declare that I have been made aware of all the aforementioned information on possible choices and on the risks and complications that may arise in the course of surgery and postoperative care. I affirm that this information has been disclosed to me and, in case of doubt, explained further by my physician; that I have understood everything and had opportunity to ask my physician for clarification when I did not fully understand it; and that the physician has replied to any questions I have asked.

On the basis of the information I have received, and following my own consideration, I consent to this procedure and any other interventions necessary to protect my life and health.

Signed in Prague on the date:

Signature:

Patient's first and last names:

DOB:

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