



**U.B.C. DIVISION OF PLASTIC SURGERY
RESIDENT COSMETIC CLINIC
APPLICATION 2020/2021**

IMPORTANT INFORMATION TO KNOW ABOUT OUR CLINIC

The U.B.C. Division of Plastic Surgery “Resident Cosmetic Clinic” is a very unique program.

The UBC Division of Plastic Surgery trains medical doctors (residents) over a 5-year period to become plastic surgeons. Cosmetic surgery is only one aspect of residency training in Plastic Surgery. Much of our residents’ training is under the auspice of “reconstructive” surgery which for example includes breast reconstruction after breast cancer, facial reconstruction after major injury, burn reconstruction, large wounds requiring flap reconstruction, replantation of fingers, arms, ears, paediatric reconstruction such as cleft lip and palate and other birth anomalies.

The Cosmetic Clinic does not run in the same way as a regular plastic surgery office would. Each of our residents spends approximately 6 months in the clinic but not on a daily basis. They don’t have regular “office hours” each day. Therefore the quantity of patients they consult and operate on would be a smaller volume than a regular plastic surgery office.

The resident generally begins their rotation in the clinic performing less difficult cosmetic procedures before progressing to more complex procedures. The resident will see you in consultation, and if he/she wishes to perform a surgical procedure, then the resident will see you again for a 2nd consultation with the plastic surgeon that will be training / assisting in the surgical procedure. The plastic surgeon is donating his time to teach the resident the cosmetic procedures.

We ask that you complete the application form. We must stress that there is no guarantee that the resident will select you as a surgical candidate during his/her term in the Cosmetic Clinic. As there are only so many surgery days that the residents are given, the resident will likely want to perform a variety of surgical procedures and therefore can select only a limited number of patients to operate on. If you are a surgical candidate and you are NOT selected, you may be referred to the next incoming plastic surgery resident. If you are not a surgical candidate for this clinic you will be notified.

Thank you for your interest in our program.



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(The following 3 pages are for your records and do not have to be returned)

STEP ONE:

Please return your completed application by either method:

**MAIL: UBC PLASTIC SURGERY RESIDENT COSMETIC CLINIC
c/o Vancouver General Hospital
Gordon and Leslie Diamond Centre, Level 3, Rm 3119
2775 Laurel Street, Vancouver, BC V5Z 1M9
Attention: M. Lamoureux - Clinic Coordinator**

FAX: 604-875-5861

EMAIL: ubc.rcc@vch.ca

STEP TWO:

Upon receiving your application we will place you on the wait list. Consultation appointments are scheduled during resident cosmetic clinic availability

STEP THREE:

You will attend a scheduled consultation visit with the senior plastic surgery Resident. This visit is currently free of charge with your valid BC personal health care number and takes place at the Diamond Health Care Centre, 3rd floor, 2775 Laurel Street, Vancouver, BC. As other patients or staff may have allergies or sensitivities, please **DO NOT WEAR ANY PERFUME OR OTHER SCENTED SKIN PRODUCTS to your appointment.**

PLEASE NOTE: The residents' involvement in the cosmetic clinic is in addition to their regular hospital duties and therefore, they are unable to accommodate any significant delays with regards late arrivals **Therefore, any patient arriving more than 15 minutes late will need to be re-scheduled**



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STEP FOUR:

Pending you are a suitable candidate and meet all the requirements for surgery in a private surgery facility such as; BMI under 35, non-smoker, in good overall health with no underlying medical issues- and the Resident is able to perform the requested procedure(s) you will be given a quotation that is valid for 6 months from your consultation date. Once a surgery date becomes available, we will contact candidate to offer them a surgery date. Upon acceptance, you will be asked to provide a \$1,000.00 non-refundable deposit in the form of a BANK DRAFT made payable to **“DIVISION OF PLASTIC SURGERY”**. This deposit confirms and secures the surgery date for you at a private surgical facility and will also go towards your surgical fee.

PLEASE NOTE: ANY SURGERY THAT IS 4 OR MORE HOURS IN DURATION MAY BE SUBJECT TO AN OVERNIGHT STAY AT THE SURGICAL FACILITY AT AN ADDITIONAL COST (ESTIMATED @ \$1,500.00)

STEP FIVE:

The next step is to attend a pre-operative appointment with both the Resident and the supervising Senior staff plastic surgeon prior to your surgery date.

STEP SIX:

The balance of the surgery fee must be received in our office a minimum 3 weeks prior to your surgery date or your surgery may be canceled.

STEP SEVEN:

After surgery you will be required to attend post-operative follow-up appointments with the Resident as well as a few additional visits during the following 4-6 month period. The Division of Plastic Surgery has 18 UBC appointed plastic surgeons at Vancouver General Hospital, St. Paul's Hospital and BC Children's Hospital. The Division is responsible for the training of Plastic Surgery Residents (5 years). One to two Plastic Surgery Residents graduate each year. Plastic Surgery is a very diverse field and includes the following reconstructive procedures; hand, burn and facial trauma, post-cancer reconstruction, breast reconstruction surgery post-mastectomy, genitourinary reconstruction, major congenital anomalies including cleft lip and palate and craniofacial cases. A number of the plastic surgeons also perform



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cosmetic surgery procedures in local private surgery facilities where residents are trained for these surgeries. The future for Plastic Surgery is one of continued expansion as technical advances and patient awareness increase with what is possible and what is done.

THE RESIDENT COSMETIC CLINIC is affiliated with the University of British Columbia. The Senior Plastic Surgery Resident (in his or her 5th year of training) is the surgeon performing the operation under the direction and supervision of a staff senior plastic surgeon. The staff senior plastic surgeons kindly donate their time in order to allow this program to continue.

Consultation appointments are currently free of charge. All Resident Clinic consultation appointments take place at the outpatient department of Vancouver General Hospital which is in the Gordon and Leslie Diamond Health Care Centre located at 2775 Laurel Street on the 3rd floor. These consultations are arranged directly by the Resident Cosmetic Clinic Co-coordinator. It is important to update your telephone number and contact information if they change. We will try to reach you and arrange an appointment; however **after three attempts we must remove your name from the wait list**. Please assist us in keeping the wait list accurate and let us know if you are no longer interested or have had your surgery elsewhere. You may be able to be seen earlier if you are available for a cancellation appointment on very short notice.

Please remember that if you are are scheduled for a consultation regarding any kind of facial cosmetic surgery, **please do not wear any makeup to your consultation**.

It is important to note that you must be very flexible regarding scheduling pre-operative appointments as the staff are donating their time and we are given specific dates / times to work within.

Incomplete applications will not be processed.

USEFUL WEBSITES:

www.plasticsurgery.ca www.plasticsurgery.org www.surgery.org



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(Please carefully fill out and return these remaining pages)

Below are procedures offered in our program. Please check the procedure(s) that you are interested in having done.

- Abdominoplasty (tummy tuck)
- Breast augmentation with implants
- Breast augmentation with implants & Mastopexies (breast lift)
- Mastopexies (breast lift)
- Breast implant removal and/or replacement (re-augmentation)
- Rhytidectomy (face lift)
- Neck lift
- Brow Lift / Forehead lift
- Blepharoplasties (eyelid surgery)
- Upper eyelids, lower eyelids or both? _____
- Otoplasty (ears)
- Genioplasty (chin augmentation)
- Rhinoplasty (nose)
- Malarplasty (cheek implants)
- Liposuction (which areas) _____



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SURNAME: _____ **FIRST NAME** _____

DATE OF BIRTH: _____ **AGE:** _____ **SEX:** F M O
Day Month Year

PERSONAL HEALTH NUMBER / BC CARE CARD NUMBER (10 digits)

_____ **Other** _____

HOME TEL: _____ **CELL** _____ **OTHER** _____

WORK TEL: _____

EMAIL: _____

PLEASE NOTIFY US OF ANY CHANGES TO YOUR CONTACT INFORMATION. AFTER 3 UNSUCCESSFUL ATTEMPTS TO CONTACT YOU - WE WILL REMOVE YOUR NAME FROM OUR WAIT LIST.

By signing below, I am requesting that my name be added to the Resident Cosmetic Clinic wait list and I wish to be called for a consultation when the clinic has availability. I also verify that I am 19 years of age or older and the information that I have provided in the application is true to the best of my knowledge.

Name _____ **Date** _____



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Please print clearly and complete the following:

FULL MAILING ADDRESS (please include postal code)

If you wish, please provide us with the name(s) of any person(s) who may answer the telephone at your household or work who we may leave a message with, in case we have a cancellation appointment or an available consultation:

**HOW DID YOU HEAR ABOUT OUR PROGRAM?
HOW WERE YOU REFERRED TO US?**

HAVE YOU BEEN SEEN IN CONSULTATION OR HAVE YOU BEEN A PATIENT OF THE RESIDENTS' CLINIC BEFORE? IF YES, PLEASE GIVE APPROXIMATE DATE(S):

HAVE YOU CONSULTED WITH ANY OTHER PROFESSIONALS IN THE PAST ABOUT THE PROCEDURE(S) YOU ARE REQUESTING?



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**DO YOU CONSIDER YOURSELF “INFORMED” ABOUT THE PROCEDURE(S) YOU ARE REQUESTING?
(please circle one)**

YES NO UNSURE

The Resident will explain the surgical procedure(s) to you in detail, carefully go over the risks of the surgery and provide you with further information. If you are deemed a surgical candidate, you will be provided with an estimate at the initial consultation appointment or soon after this if the Resident needs to review it with one of the Plastic Surgeons on staff. An estimate can only be given after your initial appointment because the price is based upon the length of time the Resident determines he or she will need to perform the operation and what your individual needs are. This can only be determined once you are seen in consultation. The Resident will answer any questions you have and address any concerns.

HAVE YOU HAD ANY TYPE OF SURGERY BEFORE? YES NO

IF YES, PLEASE GIVE DETAILS: (ANY surgery)

Type of surgery, approximate date of the surgery and the hospital/surgeon and please note if there were any complications / comment on recovery, healing etc.

DO YOU HAVE ANY FAMILY HISTORY OF ILLNESS OR DISEASE? YES NO

IF YES, PLEASE GIVE DETAILS:



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PLEASE LIST ALL MEDICATIONS THAT YOU TAKE:

For each medication, please complete the following: NAME OF MEDICATION, DOSAGE, WHAT THE MEDICATION WAS PRESCRIBED FOR

PLEASE LIST ALL HERBAL PREPARATIONS, VITAMINS AND DIETARY SUPPLEMENTS THAT YOU USE, OR OCCASIONALLY USE. FOR EXAMPLE, DO YOU TAKE ANY OF THE FOLLOWING:

Gingko biloba, garlic, ginger, ginseng, feverfew, vitamin E, echinacea:

DO YOU HAVE ANY KNOWN ALLERGIES TO MEDICATIONS? YES NO

***If Yes, what reaction; _____**

ARE YOU ALLERGIC TO LATEX? YES NO

DO YOU SMOKE? YES NO

If yes, how much/how often?

DO YOU DRINK ALCOHOL? YES NO

If yes, how much/how often?

HAVE YOU QUIT SMOKING? YES NO

If yes, when? _____

YOUR HEIGHT: _____ YOUR WEIGHT: _____

YOUR BMI: _____



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DO YOU HAVE ANY MEDICAL CONDITION THAT WE SHOULD BE AWARE OF? YES NO

If yes, please explain:

PLEASE TELL US ABOUT YOUR LIFESTYLE/WORK:

For example, does your position require any heavy lifting? Can you take time off of work? Are you at home with small children? Is your schedule flexible?

PLEASE CHECK THE FOLLOWING TO ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND EACH OF THE FOLLOWING ITEMS:

- I am aware that it is the **PLASTIC SURGERY RESIDENT** in their final year of plastic surgery training that performs the operation, under the supervision and guidance of a staff plastic surgeon.
- I am aware that I will be given an estimate for the procedure by the Clinic Coordinator after I have been seen in consultation and after the Resident has had time to review his/her treatment plan.
- If I am offered a surgery date and decide to proceed with surgery, I agree to pay a non-refundable surgery deposit of \$1,000.00 in the form of a bank draft only, made payable to the "Division of Plastic Surgery". This deposit will secure my surgery date. I am aware that if I cancel my surgery, the surgical facility will NOT refund my deposit. If the Senior Resident or staff Plastic Surgeon deems it necessary to cancel my surgery (i.e. due to illness) my deposit will be held and the surgery will be rescheduled.



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- I agree to pay the balance owing three weeks prior to my scheduled surgery date. If not, I am aware that my surgery may be canceled and the deposit will remain non-refundable and non-transferable.
- I am aware that only bank drafts are accepted in this program. However, I am aware that they will accept payment from Medicaid (iFinance Medical) and that such financing arrangements are made directly between the patient and Medicaid; 1-888-689-9876 or www.medicard.com
- I am also aware that if the duration of my surgery is 4 hours or more under general anaesthetic I will likely be required to stay overnight at the surgical facility at an additional fee of approximately \$1,500.00 (price varies depending on the private surgery facility)
- I am aware that it is mandatory for me to attend a pre-operative appointment with the supervising surgeon and the Resident in order to proceed with surgery.
- I am aware that I must commit to post-operative visits with the Resident for a minimum of 6 months after surgery (usually a minimum of 3 visits over a 6 month period – sometimes over 3 months, depending on when my surgery is scheduled).
- I am fully aware that I will be responsible for all fees in the event that a secondary surgery is performed or further treatment is required. This includes fees for ANY additional surgery – including revisions.
- I agree to allow the Resident to photograph me both pre and post-operatively for educational purposes.
- I am aware that not having a surgery date offered to me is possible and that there is no guarantee that the resident will select me as a surgical candidate during their residency term in the UBC Resident Cosmetic Clinic.

SIGNATURE: _____ **PRINT NAME:** _____

DATE: _____