



Informed Consent-Fat Grafting

INSTRUCTIONS

This is an informed-consent document that has been prepared to help your plastic surgeon inform you of fat transfer (fat grafts), its risks, and alternative treatments.

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

A person's own fat may be used to improve the appearance of the body or face by moving it from an area where there is an excess to an area that needs more fullness. Typically, the transferred fat results in an increase in volume of the site being grafted. Before the procedure, the areas from where the fat is being removed may be injected with a fluid to minimize bruising and discomfort. The fat may be removed from the body by a blunt tube (cannula) through a small incision or may be excised (cut out) directly through a larger incision. In some cases the fat may be prepared in a specific way before being replaced back in the body. This preparation may include washing, filtering, and centrifugation (spinning) of the fat. The fat is then placed into the desired area using either a smaller cannula or needle, or it may be placed directly through an incision. Since some of the fat that is transferred does not maintain its volume over time, more fat may need to be transferred to maintain the desired results. Over a few weeks, the amount of transferred fat will decrease. In order for the grafted fat to survive capillaries must grow into the fat. When this occurs the graft is said to have 'taken' and will live as long as the individual does. The take of fat graft is dependent on the patient's activities in the early post-operative period. Certain activities which cause excess motion of the grafted area will prevent capillary in growth and lead to reduced take of the fat. Fat transfer procedures may be done using a local anesthetic, sedation, or general anesthesia depending on the extent of the procedure.

ALTERNATIVE TREATMENTS

Alternative forms of non-surgical and surgical management consist of injections of man-made substances to improve tissue volume (such as hyaluronic acid, polylactic acid, etc.), use of man-made implants, or other surgical procedures that transfer fat from the body (flaps). Another option is not having anything done.

RISKS OF FAT TRANSFER PROCEDURES

Every procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual's choice to undergo a procedure is based on the comparison of the risk to its 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 the risks, potential complications, and consequences of the procedure.

Specific Risks of Fat Transfer Surgery

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.

Change in Appearance: Typically the transferred fat loses some of its volume over time and then becomes stable. It is possible that more treatments may be needed to maintain the desired volume of the transferred fat and resulting appearance. If you experience significant weight gain or weight loss, the transferred fat may increase or decrease in volume. It is important to understand that more than one treatment may be needed and therefore to discuss with your surgeon the costs associated with repeat treatments.

Firmness and Lumpiness: Fat grafts initially cause swelling and bruising, and feels firm or even lumpy, but then gradually softens to a natural feel (this may typically take 3 months). Small collection of oil from dead fat cells may be present in the grafted area that slowly resolves.

Asymmetry: Many individuals have a certain amount of asymmetry before surgery. Symmetrical body appearance may not result from a fat transfer procedure. Factors such as a variable take of grafted fat, skin tone, activities, smoking, blood supply of grafted area, pre-existing asymmetry may contribute to asymmetry in body features.

Long-Term Effects: Subsequent changes in the shape or appearance of the area where the fat was removed or placed may occur as the result of aging, pregnancy, hormonal changes, weight loss or gain, or other circumstances not related to the fat transfer procedure.

Fat Transfer to Breasts: Fat transfer has been used to improve the appearance of breasts reconstructed after cancer treatment, to improve the appearance of breast deformities, and to enlarge breasts for cosmetic purposes. There is no reason to believe that fat transfer procedures may cause breast cancer.

Bleeding: It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require treatment to drain accumulated blood though such occurrences are rare. 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.

Infection: Infection is unusual after this surgery. Should an infection occur, additional treatment including antibiotics, or additional surgery may be necessary. Remote infections, infection in other part of the body, such as an infected ear piercing, may lead to an infection in the operated area.

Change in Skin Sensation: It is common to experience diminished (or loss) of skin sensation in areas that have had surgery, but this normally resolves over a period of months.

Skin discoloring and swelling: Skin bruising and swelling normally occurs following liposuction and slowly resolves in two and a half to three and a half weeks. If the abdominal area has liposuction, the swelling "fluid" may settle to the genital area.

Swelling and fainting: After liposuction, the suctioned area will swell and there may be a watery bloody fluid oozing from the puncture wounds. The swelling increases over the first 3-4 days and this depletes the volume which may cause you to faint. **To minimize or avoid this problem, please drink frequent small amounts of fluid, at least 8 ounces every hour.** When getting up, sit on the edge of the bed for one minute, then stand and wait another minute before walking and if possible have someone walk with you.

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.

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 surgery. It may be necessary to perform additional surgery, at additional expense, to improve your results.

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 avoid tanning until the surgeon says it is safe to resume.

ADDITIONAL SURGERY NECESSARY (Re-Operations)

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.

FINANCIAL RESPONSIBILITIES

The fees charged for this procedure do not include 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. **In signing the consent for this surgery/procedure, you acknowledge that you have been informed about its risks and consequences and accept responsibility for the clinical decisions that were made along with the financial costs of all future treatments.**

DISCLAIMER

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

1. I hereby authorize Dr. Thompson and such assistants as may be selected to perform the following procedure or treatment: **fat grafting**
2. I have received the Informed Consent for Fat Grafting
3. 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.
4. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involves risk and the possibility of complications, injury, and sometimes death.
5. I 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 of the procedures I seek, as well as those additional risks and complications, benefits, and alternatives.
6. I consent to be photographed for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
8. I understand that the surgeon's fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure may be required.
9. **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.
I AM SATISFIED WITH THE EXPLANATION.**

Patient or Person Authorized to Sign for Patient

Date

Witness

**I CONSENT TO THE USE OF MY BEFORE AND AFTER PHOTOGRAPHS FOR THE PURPOSES OF
EDUCATING FUTURE PERSPECTIVE PATIENTS, PROVIDED MY IDENTITY IS NOT DISCLOSED.**

Patient or Person Authorized to Sign for Patient

Date