



Informed Consent-Liposuction

INSTRUCTIONS

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

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.

GENERAL INFORMATION

Liposuction is a surgical technique to reduce unwanted deposits of fat from specific areas of the body. This is not a substitute for weight reduction, but a method for reducing 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 may be combined with other surgical techniques such as facelift, abdominoplasty, or thigh lift. It is also used to harvest fat grafting to other areas.

The best candidates for liposuction are individuals of relatively normal weight who have excess fat deposits in particular body areas. Having firm, elastic skin will result in a better final contour after liposuction. Loose, inelastic skin may not reshape itself and shrink 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. An example of this would be a bulge in the abdominal wall muscles which liposuction will not improve. Liposuction itself will not improve areas of dimpled skin known as "cellulite", and liposuction is not an effective treatment for loose skin or stretched out abdominal muscles.

Suction-assisted lipectomy surgery is performed by using a hollow metal blunt tube known as a cannula that is inserted through small skin incision(s) and is passed through the area of fatty deposit. The cannula is attached to a vacuum source, which provides the suction needed to remove some of the fatty tissue with each pass of the cannula. This creates tunnels in the fat that over the course of months will eventually collapse in, shrinking the fatty bulge. Liposuction reduces the subcutaneous fat but does not remove all of it.

There are a variety of different techniques used by plastic surgeons for liposuction and it may be performed under local or general anesthesia. Tumescence 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, as well as reduce post-operative bruising. This fluid, mixed with some blood, will frequently drain out of the incision the first 8-12 hours after liposuction. **Purchase a few disposable absorbing pads to use at home.**

Support garments are worn after liposuction to control swelling and reshape the treated area. We ask that the garment be worn 4 weeks total. It may take 6 months to achieve a stabilized result. **Purchase the indicated black garment and make sure to try this on before the day of liposuction to make sure it fits and bring it with you on the day of your 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, but usually do not help selectively reduce isolated fat deposits. Non-surgical reduction of fat is possible but sculpting is difficult with these methods and results are generally not as pronounced and slow to appear.

RISKS OF LIPOSUCTION SURGERY

Every surgical procedure involves a certain amount of risk, and it is important that you understand the risks involved with liposuction. 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, make sure you understand the risks, potential complications, and consequences of liposuction, before having the procedure.

Specific Risks of Liposuction Surgery

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

Bleeding: It is possible, though unusual, to have a bleeding episode during or after surgery. Do not take any aspirin or anti-inflammatory medications for 14 days before surgery, as this may increase the risk of bleeding. Please report any medication or herbs you may be taking prior to surgery.

Infection: An infection is quite unusual after this type of surgery. Should an infection occur, treatment including antibiotics or additional surgery may be necessary.

Skin scarring: There will be a small scar at the site the cannula enters the skin. Although good wound healing after a surgical procedure is expected, abnormal unattractive scars may occur of a different color than surrounding skin. Additional treatments, including surgery, may be needed to treat abnormal scarring.

Change in skin sensation: A temporary decrease in skin sensation after liposuction may occur. This usually slowly resolves over a period of time.

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.

Skin contour irregularities: Contour irregularities, wrinkling, and depressions in the skin may occur after liposuction. Additional treatments including surgery may be necessary to treat skin contour irregularities following liposuction.

Asymmetry: It may not be possible to achieve symmetrical body appearance from liposuction surgery. Factors such as skin tone, bony prominence, and muscle tone may contribute to normal asymmetry in body features.

Seroma: Fluid accumulations infrequently occur in areas where liposuction has been performed. Additional treatments or surgery to drain accumulations of fluid, usually with a needle and syringe, may be necessary.

Long-term effects: Subsequent alterations in body contour may occur as the result of aging, weight loss or gain, pregnancy, or other circumstances not related to liposuction. Although the fat is reduced in the treated area there are still fat cells that remain and any subsequent weight gain will cause these cells to enlarge.

Tumescent liposuction: There is the possibility that large volumes of fluid containing dilute local anesthetic drugs and epinephrine, which 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.

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

Allergic reaction: In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions, which are more serious, may occur due to drugs used during surgery.

Other: You may be disappointed with the results of surgery. Although improvement is expected, the results of this procedure are not perfect and not totally predictable. Infrequently, it is necessary to perform additional surgery to improve your results. There is an additional charge for touch up liposuction.

ADDITIONAL SURGERY NECESSARY

Even though risks and complications occur infrequently, the risks cited are particularly associated with liposuction. Other complications and risks can occur but are even more uncommon than those listed above. Should complications occur, additional surgery or other treatments may be necessary at additional expense. The practice of medicine and surgery is not an exact science, and although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained.

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). 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.

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: **liposuction**
2. I have received the Informed Consent for Liposuction
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 involve risk and the possibility of complications, injury, and sometimes death.
5. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
6. I consent to the photographing of the operation to be performed, including appropriate portions of my body, 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 authorize disclosure of complete information concerning medical findings and treatment from the initial office visit until the date of the conclusion of such treatment, to those individuals who are required to receive such information for the purpose of medical quality assurance and peer review.
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