

# 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. At your first visit we will educate you as completely as possible, and ask you to think it over before deciding, so that you are comfortable with your decision. We ask that you return to the office for a second pre-operative visit we call the “re-discussion”. At that time you will meet with both the Doctor and the nurse/patient coordinator and sign off on these forms.

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 the Doctor.

**GENERAL INFORMATION-** Liposuction surgery is a surgery you do not need, it is totally/purely elective. Therefore we must have a long consultation for your education. Also, realistic expectations are the key to success. An educated patient’s goal and expectations will hopefully be realistic.

**INTRODUCTION**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 when the patient is at or near their goal weight. 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 procedures to tighten loose skin and supporting structures.

The best candidates for liposuction are individuals who are at or near their goal weight who have excess fat in particular body areas. Having firm, elastic skin will result in a better final contour after liposuction. Hanging skin will not reshape itself to the new contours and may require additional surgical techniques to remove and tighten the excess skin. Body contour irregularities due to structures other than fat cannot be improved by this technique. Liposuction 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. Power- Assisted Liposuction (PALS) is also used as indicated.

There are a variety of different techniques used by plastic surgeons for liposuction and care following surgery. Liposuction may be performed under local with sedation or general anesthesia. Please follow the Doctor’s instructions on wearing the garment. Support garments and dressings are worn to control swelling and promote healing, not for torture!

## **WHAT WILL BE HELPED?**

- Disproportionate and localized accumulations of fat
- Body contour irregularities if due to localized accumulations of body fat

## **WHAT WILL NOT BE HELPED?**

- Overweight
- Excess or loose skin
- Body contour irregularities if due to structures or tissue other than fat ( i.e. muscle, muscle weakness, bone, intra-abdominal contents, glandular tissue)

## **ALTERNATIVE TREATMENT**

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 forms of treatment that involve surgery.

## **SURGICAL TECHNIQUE-**

- Local anesthesia & sedation (twilight or “MAC”) or general anesthesia
- Use of tumescent technique (injecting tumescent fluid into fat to reduce bleeding)
- Outpatient surgical facility, hospital O.R.
- Incisions-small about 5mm, cannulae, suction machine, fat removal
- Support garments for 3-6 weeks, day and night –depends on the amount
- Restrictions-2-3 days minimum—longer for greater volumes and return to normal activity-3wks
- Post-op visits: day 1, week 1, week 3, week 6-prelim. Photos and 6 months

## **TRADE OFF’S-**

### Temporary:

Discoloration/swelling  
Discomfort/sensitivity  
Numbness/itching  
Asymmetry/lumps  
Restricted Activity

### Permanent:

Scars  
Waviness-surface irregularities  
Asymmetry

Fairly rapid resolution of most changes listed as temporary is expected but final contouring may not be complete for a minimum of six ( 6 ) month.

## **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, you should discuss each of them with the Doctor to make sure you understand the risks, potential complications, and consequences of liposuction.

**Patient selection** - Individuals with poor skin tone, medical problems, obesity, or unrealistic expectations may not be candidates for liposuction. If you are not at or very near your ideal weight, then you should postpone surgery and work on this first. the Doctor will discuss how soon she will be able to operate, based on how much weight you need to lose.

**Bleeding** - It is possible, though very unusual, to have a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood (hematoma). Do not take any aspirin or anti-inflammatory medications for seven days before surgery, as this may increase the risk of bleeding. Bruising ranges from mild to severe and cannot be predicted.

**Infection** - An infection is quite unusual after this type of surgery. Should an infection occur, treatment including antibiotics or additional surgery may be necessary. You will get IV antibiotics in the OR and take them by mouth after.

**Skin scarring** - Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. The canula insertion sites are small, but sometimes the surrounding skin and fat can have poor healing. In rare cases, abnormal scars may result. Scars may be unattractive and 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 will occur. This usually resolves over a period of time. Diminished (or complete loss of skin sensation) infrequently occurs and may not totally resolve.

**Skin discoloration/swelling** - Skin discoloration and swelling normally occurs following liposuction. In rare situations, swelling and skin discoloration may persist for long periods of time. Permanent skin discoloration is rare.

## **Risks of Liposuction Surgery, continued**

**Skin contour irregularities** - Contour irregularities and depressions in the skin may occur after liposuction. Visible and palpable wrinkling of skin can occur. Additional treatments including surgery may be necessary to treat skin contour irregularities following liposuction. The more fat removed the greater likelihood for waviness. Minor irregularities are expected due to the lumpy nature of fat and the “closed” method of removal. Office touch ups are necessary about 20% of the time—these are charged for the supplies used(\$100) and a nominal fee for the Doctor’s time(\$200 - \$300).

**Asymmetry** - It will 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.

**Pulmonary Complications-** Fat embolism syndrome occurs when fat droplets are trapped in the lungs. Should fat embolism or other pulmonary complications occur following liposuction, additional treatment including hospitalization may be necessary.

**Skin Loss-** Skin loss is **very rare** after liposuction. Additional treatments after surgery may be necessary.

**Seroma** - Fluid accumulations infrequently occur in areas where liposuction has been performed. Additional treatments or surgery to drain accumulations of fluid 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. If you do gain weight after liposuction, your result will be changed and you may feel you look worse than before surgery. Keeping weight off is a priority to maintain results.

**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.

**The result** - You may be disappointed with the results of surgery. Infrequently, it is necessary to perform multiple sessions to achieve the result you desire. You will be responsible for additional costs related to these multiple sessions. You will look better in clothing. However without clothes on, there will be **waviness** and **asymmetry**. Please note that everyone has these anatomic irregularities **before and after** surgery. There is a limit to the amount that can be removed at each session (depending on your weight and other factors). the Doctor will take as much as is safely possible. If you desire more this will require another session. **If you gain weight, your results will be diminished. You must continue proper diet and exercise. You will be weighed at all visits.** A universal finding with liposuction patients is that the result is good but you will want more! This is because not all the fat can be removed—some must be left on the skin and muscle. Additionally, all patients have greater expectations than what can be achieved with surgery. And since we are perfectionists—we want more and more! Abdominal liposuction patients also must remember that the intra-abdominal contents, and laxity of the muscles contributes to the contour.

**Skin Laxity-** The more fat tissue that is removed, the more the skin envelope must contract. The younger the patient, the better the elasticity or contraction of the skin. You may be disappointed with the amount of skin tightening you experience. You may feel the upper areas are “falling” or “sagging” more related to the skin laxity. The skin excess can be treated with surgical lifting procedures that can only be done after waiting a year for post op skin contraction. Buttock sagging may be more noticeable after outer thigh and posterior thigh lipo due to diminished support from fat tissues.

**Surgical anesthesia** - Both local and general anesthesia involve 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.

## **HEALTH INSURANCE**

Most health insurance companies exclude coverage for cosmetic surgical operations such as liposuction or any complications that might occur from surgery. Please carefully review your health insurance subscriber-information pamphlet.

**Unsatisfactory result-** You may be disappointed with the results of surgery. Your expectations of how the end result would be may be different than what your actual result is. Infrequently, it is necessary to perform additional surgery in the office or operating room to improve your results. Any of the risks can occur to any patient. The Doctor will work with you to improve your result if needed, within the parameters of the office policies. Every patient is different—in their anatomy and perception of the result. One person's "fine" result may be another's "major disfigurement". It is the office policy to help you get the best result possible—for you. But you must work with us, and trust the judgment and expertise of the Doctor.

## **ADDITIONAL SURGERY NECESSARY**

There are many variable conditions in addition to risk and potential surgical complications that may influence the long term result from liposuction. 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. Should complications occur, additional surgery or other treatments may be necessary.

**NO GUARANTEE-** 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.

## **FINANCIAL RESPONSIBILITIES**

The cost of surgery involves several charges for the services provided. The total includes fees charged by the Doctor, anesthesia, and outpatient hospital charges, depending on where the surgery is performed. Additional costs may occur should complications develop from the surgery. **Secondary surgery or hospital day-surgery charges involved with revisionary surgery would also be your responsibility.**

EXTRA PAPERWORK FEES – We understand that extra documentation might be required by your employer for your surgery. As this is not considered usual and customary paperwork, there will be an additional fee of \$25 for this service.

**Budget-** You must have a budget for time and money. Please do not cut it too close with either one. The time factor is unknown but it is always much wiser to have more than enough time, rather than not enough. The same is true for the cost. It is our office policy to discourage financing for cosmetic surgery. It is unwise to go into debt for anything except an income-producing asset—like a home!

**Revision policy-** On occasion surgical revision (ie. return to the OR for emergency reasons, such as infections, bleeding etc). may be indicated following the original surgery. If planned or performed within one ( 1 ) year after the surgery, there will be no charge by the Doctor, but a facility fee will be charged by the hospital for the use of their operating room or treatment room. A nominal fee for supplies will be charged if the revision is performed in the office. If anesthesia is required, they will have a fee as well

## **Hormones and Risk of Deep Venous Thrombosis (DVT):**

While we realize it may be inconvenient for you, we do recommend stopping all extra hormones prior to surgery, because these can increase your risk for a blood clot in your leg. For our patients who are on birth control pills, please discontinue these-- but don't forget another type of barrier contraception! For our more mature patients taking HRT (hormone replacement therapy), we regret you may have increased symptoms related to menopause, but once again, we believe it is worth the inconvenience to increase your safety.

## **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. The Doctor may provide you with additional or different information which is based on all the facts in your particular case and the 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.

**A FINAL NOTE:** This form, although lengthy, is very important. It is crucial for you to understand that you are undergoing a surgical procedure – not buying a car or a dress. When you do not like the car or the dress, you can get all or most of your money back and keep shopping. That is not the case with surgery—you can't take it back! Additionally, the Doctor is not trying to sell you surgery. If you are not comfortable with any aspect of this office, you are free to choose another surgeon. If you choose the Doctor, you will be operated on by the Doctor. This is a decision that requires trust and confidence- in each other. You must fully understand your personal responsibility in making the decision and trust that the Doctor will do the best surgery possible. The Doctor will trust that you, in turn, will be compliant with our post op recommendations. When complications occur, and they inevitably do, through no fault of the Doctor, or you, we rely on this sacred relationship--the doctor/patient relationship. It is this relationship that allows us to move forward, help improve the situation that has occurred, and allows everyone to be at peace about it. We will do our part to help you in every way possible.

**By signing these forms, you acknowledge that we have done the following:**

1. **Explained the procedure in as much detail as requested for each patient.**
2. **Read through together, with verbal explanations as needed, the consent forms and allowed ample time for questions.**
3. **Showed pictures of the range of results obtained- emphasizing that these pictures are of different individuals and the result of every person is different- including the complications of bleeding, infection, surface irregularity and asymmetry.**
4. **Provided education on the pre and post- op period as well as what to expect for the future.**

**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 the Doctor and such assistants as may be selected to perform the following procedure or treatment.

Liposuction-- see final notes for areas

2. I have received the following information sheet:

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recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. Therefore, you authorize the Doctor and assistants or designees to perform such other procedures that are in the exercise of 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 acknowledge that no guarantee has been given by anyone as to the results that may be obtained.

5. I consent to the photographing or televising of 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 which may be removed.

8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.

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

10. I, \_\_\_\_\_, have reviewed this Informed Consent with the Doctor and have had all my questions answered to my satisfaction.

<p>I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-10). I AM SATISFIED WITH THE EXPLANATION.</p> <p>_____</p> <p>Patient or Person Authorized to Sign for Patient</p> <p>Date _____ Witness _____</p>
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