

LIPOSUCTION

Liposuction is an elective procedure to change body contour and appearance. It may help to resolve the problems of disproportionate or irregular localized accumulations of fat. Liposuction will have minimal to no effect on general obesity, excess or loose skin, or body contour irregularities if due to structures other than fat.

Patient's
Initials

_____ The details of the procedure including the anticipated benefits and material risks have been explained to me in terms I understand.

_____ Alternative methods and therapies, their benefits, material risks and disadvantages have been explained to me.

_____ I understand that multiple incisions may be necessary to complete the procedure.

_____ I understand and accept that the most likely material risks and complications of liposuction have been discussed with me and may include but are not limited to:

- *altered areas of sensation that may remain permanently affected*
- *asymmetry*
- *blood clots in the legs*
- *bleeding or shock requiring transfusion*
- *contour irregularities/depressions*
- *discoloration/swelling*
- *discomfort (pain and sensitivity)*
- *fluid collections (seroma/hematoma)*
- *infection*
- *lumps/irregularities*
- *malposition, scarring, loss of navel*
- *numbness or tingling*
- *pain*
- *persistent swelling*
- *pigmentation changes*
- *pulmonary embolism (blood clots in the lung)*
- *restricted activity*
- *skin loss*
- *waviness/surface irregularities (unpredictable)*

_____ If liposuction is done with ultrasound assistance, I understand the ultrasound energy may cause burning of the skin and on rare occasions require skin-grafting.

_____ I understand that fairly rapid resolution of most changes listed as temporary is expected, but final contouring may not be complete for six months, occasionally longer.

_____ I understand and accept that there are complications, including the risk of death or serious disability, that exist with any surgical procedure.

_____ I understand and accept the risks of blood transfusion(s) that may be necessary.

_____ I understand that tissue cannot heal without scarring and that how one scars is dependent on individual genetic characteristics. The physician will do his/her best to minimize scarring but cannot control its ultimate appearance.

_____ I am aware that smoking during the pre- and post-operative periods could increase chances of complications.

_____ I have informed the doctor of all my known allergies.

_____ I have informed the doctor of all medications I am currently taking, including prescriptions, over-the-counter remedies, herbal therapies and supplements, aspirin, and any other recreational drug or alcohol use.

_____ I have been advised whether I should avoid taking any or all of these medications on the days surrounding the procedure.

_____ I am aware and accept that no guarantees about the results of the procedure have been made.

_____ I have been advised of the probable consequences of declining recommended or alternative therapies.

Continued

_____ I have been informed of what to expect postoperatively, including but not limited to: estimated recovery time, anticipated activity level, and the possibility of additional procedures.

_____ The doctor has answered all of my questions regarding this procedure.

I certify that I have read and understand this treatment agreement and that all blanks were filled in prior to my signature.

I authorize and direct _____, M.D., with associates or assistants of his or her choice, to perform the procedure of liposuction on _____ at _____.
(name of facility) (patient name)

I further authorize the physician(s) and assistants to do any other procedure that in their judgment may be necessary or advisable should unforeseen circumstances arise during the procedure.

Patient or Legal Representative Signature/Date/Time Relationship to Patient

Print Patient or Legal Representative Name Witness Signature/Date/Time

I certify that I have explained the nature, purpose, anticipated benefits, material risks, complications, and alternatives to the proposed procedure to the patient or the patient's legal representative. I have answered all questions fully, and I believe that the patient/legal representative fully understands what I have explained.
(circle one)

Physician Signature/Date/Time
_____ copy given to patient _____ original placed in chart
initial initial