

# Fairfield County Plastic Surgery

## Informed-Consent for Suction Assisted Lipectomy Surgery

### **INSTRUCTIONS**

This is an informed-consent document that has been prepared to help your plastic surgeon 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.

### **INTRODUCTION**

Suction-assisted lipectomy 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. Liposuction is not a substitute for weight reduction, but a method for removing localized deposits of fatty tissue that does not respond to diet or exercise. Suction-assisted lipectomy may be performed as a primary procedure for body contouring or 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 of relatively normal 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 excess skin. Body-contour irregularities due to structures other than fat cannot be improved by suction-lipectomy. Suction-assisted lipectomy by itself may not improve areas of dimpled skin known as "cellulite."

There are a variety of different techniques used by plastic surgeons for suction-assisted lipectomy and care following surgery. Your surgeon may recommend that you make arrangements to donate a unit of your own blood that would be used if a blood transfusion were necessary after surgery.

### **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 suction-assisted lipectomy in some patients.

Risks and potential complications are associated with alternative forms of treatment that involve surgery.

### **RISKS of SUCTION-ASSISTED LIPECTOMY SURGERY**

Every surgical procedure involves a certain amount of risk, and it is important that you understand the risks involved with suction-assisted lipectomy. 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 your plastic surgeon to make sure you understand the risks, potential complications, and consequences of suction-assisted lipectomy.

**Patient selection-** Individuals with poor skin tone, medical problems, obesity, or unrealistic expectations may not be candidates for suction-assisted lipectomy.

**Bleeding-** It is possible, though unusual, to have a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood or blood transfusion. Do not take any aspirin or anti-inflammatory medications for three weeks before surgery, as this may increase the risk of bleeding.

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

**Change in and skin sensation-** Temporary changes in skin sensation after suction-assisted lipectomy occur which usually resolve. Diminished (or complete loss of skin sensation) infrequently occurs and may not completely resolve.

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**Skin scarring-** Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Abnormal scars may result. Scars may be unattractive and of different color than surrounding skin. Additional treatments including surgery may be needed to treat abnormal scarring.

**Skin contour irregularities-** Contour irregularities and depressions in the skin may occur after suction-assisted lipectomy. Visible and palpable wrinkling of skin can occur. Additional treatments including surgery may be necessary to treat skin contour irregularities following suction-assisted lipectomy.

**Asymmetry-** Symmetrical body appearance may not result from suction-assisted lipectomy surgery. Factors such as skin tone, bony prominence, and muscle tone may contribute to normal asymmetry in body features.

**Surgical shock-** In rare circumstances, this procedure can cause severe trauma, particularly when multiple or extensive areas are suctioned at one time. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. Should surgical shock occur after suction-assisted lipectomy, hospitalization and additional treatment would be necessary.

**Pulmonary complications-** Fat embolism syndrome occurs when fat droplets are trapped in the lungs. This is a very rare and possibly fatal complication of suction-assisted lipectomy. Should fat embolism or other pulmonary complications occur following suction-assisted lipectomy, additional treatment including hospitalization may be necessary.

**Skin loss-** Skin loss is rare after suction-assisted lipectomy. Additional treatments including surgery may be necessary.

**Seroma-** Fluid accumulations infrequently occur in areas where suction-assisted lipectomy 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 suction-assisted lipectomy.

**Allergic reactions-** In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions which are more serious may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

**Other-** You may be disappointed with the results of surgery. It may be necessary to perform additional surgery to improve your results.

**Surgical anesthesia-** Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

### **HEALTH INSURANCE**

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

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#### **ADDITIONAL SURGERY NECESSARY**

There are many variable conditions in addition to risk and potential surgical complications that may influence the long term result from suction-assisted lipectomy. Even though risks and complications occur infrequently, the risks cited are particularly associated with suction-assisted lipectomy. Other complications and risks can occur but are even more uncommon. Should complications occur, additional surgery or other treatments may be necessary. The practice of medicine and surgery is not an exact science. Although good results are expected, there cannot be any 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 your doctor, the cost of surgical supplies, anesthesia, laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. Additional costs may occur should complications develop from the surgery. Secondary surgery or day-surgery charges involved with revisionary surgery would also be your responsibility.

#### **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. Your plastic surgeon 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.

**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.**

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1. I hereby authorize Laurence Kirwan M.D. or Rick Rosen and such assistants as may be selected to perform the following procedure or treatment: Suction lipoplasty: upper/ lower abdomen, iliac crests, buttocks, lateral thighs, posterior thighs inner thighs, knees, calves arms, axillae flanks, neck and cheek. I have received the following information sheet: \_\_\_\_\_

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- 2. 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 judgement 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 involves 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 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:
• The above treatment or procedure to be undertaken
• There may be alternative procedures or methods of treatment
• There are risks to the procedure or treatment proposed

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9). I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to sign for Patient \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_

NOTHING BY MOUTH AFTER MIDNIGHT-RELEASE FROM RESPONSIBILITY AND PEER REVIEW Date:\_\_\_\_\_ Time\_\_\_\_\_

\_\_\_\_\_ (name of patient or myself) has not had anything to eat or drink, including water, since midnight, in preparation for surgery today. (Pre-operative medications can be taken with a sip of water). I authorize Dr. Kirwan or Dr. Rosen to disclose complete information concerning his medical findings and treatment of the undersigned, from the initial office visit until date of conclusion of such treatment, to those individuals who in Dr. Kirwan's or Dr. Rosen's sole determination, are required to receive such information for the purposes of medical treatment, medical quality assurance and peer review.

\_\_\_\_\_ (Name of Patient, Parent or Guardian )

\_\_\_\_\_ (Witness)

Patient's Signature \_\_\_\_\_