

INFORMED-CONSENT – FAT INJECTION SURGERY

INSTRUCTIONS

This is an informed consent document, which has been prepared to help your plastic surgeon inform you about fat injection surgery, 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.

INTRODUCTION

Fat injection is a surgical procedure to minimize wrinkles and indentations of the body surface. It is most commonly used around the face to help in facial rejuvenation.

Fat injection is customized for every patient depending on his or her particular needs. It can be combined with other surgeries or done alone. It cannot stop the aging process or prevent more wrinkles from developing with time.

ALTERNATIVE TREATMENTS

Alternative forms of management include:

- | | |
|---|--------------------|
| *No treatment at all | *Chemical peels |
| *Injection of other fillers such as
Collagen, etc. | *Laser resurfacing |
| *Botox injections | *Lifts |
| *Dermabrasion | *Excisions |

Each alternative form of treatment has its own risks and potential complications.

RISKS OF FAT INJECTION

Every surgical procedure involves a certain amount of risk, and it is important that you understand the risks involved. As 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 the following complications, you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of fat injection surgery.

Bleeding – It is possible, though unusual, to have a bleeding episode during or after surgery. Do not take aspirin or anti-inflammatory medications for ten days before surgery or after surgery as this may contribute to a greater risk of bleeding. It is not unusual to see a small amount of bleeding from the surgical sites and bruising of the surgical sites after surgery.

Risks of Fat Injection Surgery, continued

Infection – Infection is very rare after surgery. Should an infection occur, additional treatment including antibiotics might be necessary.

Scarring - Although good wound healing after a surgical procedure is expected, abnormal scars may develop if the overlying skin has poor circulation, as a result of the injections. If that happens, treatment for the scarring may be necessary. It is normal to have hardness in the area of injections that may last several months. The surgeon will instruct you when to do massage.

Unsatisfactory results – There is the possibility of a poor result from fat injection surgery. The correction of the problem may not be permanent if the fat becomes absorbed completely. Normally about 50% of the fat may be absorbed and the surgeon will inject more than necessary to make up for the expected absorption of fat graft. It is very probable that you may need two or three fat injections surgeries to accomplish a satisfactory result.

Donor site problems – There might be bruising and numbness (usually temporary) of the fat donor site.

Long-term effects – As a person ages there will be more wrinkles and other defects that will develop. Fat injection does not arrest the aging process or change the skin quality. Future surgery may be necessary to maintain or improve the results of fat injection surgery.

Surgical anesthesia – Local anesthesia is usual but some patients may prefer general anesthesia. In either case, there is the possibility of complications, injury and even death from all forms of surgical anesthesia or sedation.

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, laboratory test, anesthesia, and 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 charges involved the 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). This document is based on a thorough evaluation of scientific literature and relevant clinic practice to describe a range of generally acceptable risks and alternative forms of management of a particular disease or condition. 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 or care and risks encountered. Your plastic surgeon may provide you with additional or different information that is based on all the facts in your practice 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 the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve. This informed consent document reflects the state of knowledge current at the time of publication.

It is important that you read the above information carefully and have all or your questions answered before signing the consent on the next page.

ADDITIONAL ADVISORIES:

Deep Venous Thrombosis, Cardiac and Pulmonary Complications: Surgery, especially longer procedures, may be associated with the formation of, or increase in, blood clots in the venous system. Pulmonary complications may occur secondarily to blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. Pulmonary and fat emboli can be life threatening or fatal in some circumstances. Air travel, inactivity and other conditions may increase the incidence of blood clots travelling to the lungs causing a major blood clot that may result in death. It is important to discuss with your physician any past history of blood clots or swollen legs that may contribute to this condition. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pain or unusual heartbeats, seek medical attention immediately. Should any of these complications occur, you might require hospitalization and additional treatment.

Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray): Patients who are currently smoking, use tobacco products, or nicotine products (patch, gum or nasal spray) are at a greater risk for significant surgical complications of skin dying, delayed healing and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smokers may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication. Please indicate your current status regarding these items below:

_____ I am a non-smoker and do not use nicotine products. I understand the risk of second-hand smoke exposure causing surgical complications.

_____ I am a smoker or use tobacco/ nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products.

It is important to refrain from smoking at least 6 weeks before surgery and until your physician states it is safe to return, if desired.

Female Patient Information: It is important to inform your plastic surgeon if you use birth control pills, estrogen replacement, or if you believe you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

Intimate Relations After Surgery: Surgery involves coagulating of blood vessels and increased activity of any kind may open these vessels leading to a bleed, or hematoma. Increased activity that increased your pulse or heart rate may cause additional bruising, swelling and the need for return to surgery and control of bleeding. It is wise to refrain from sexual activity until your physician states it is safe.

Medications: There are many adverse reactions that occur as the result of taking over the counter, herbal, and/or prescription medications. Be sure to check with your physician about any drug interactions that may exist with medications that you are already taking. If you have an adverse reaction, stop the drugs immediately and call your plastic surgeon for further instructions. If the reaction is severe, go immediately to the nearest emergency room. When taking the prescribed pain medications after surgery, realize that they can affect your thought process. Do not drive, do not operate complex equipment, do not make any important decisions and do not drink any alcohol while taking these medications. Be sure to take your prescribed medication only as directed.

PATIENT COMPLIANCE

Follow all physician instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation around implants and the need for the return to surgery. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

CONSENT FOR SURGERY/PROCEDURE OR TREATMENT

1. I hereby authorize Danny Oh, M.D. and such assistants as may be selected to perform the following Procedure or treatment:

I have received the following information sheet:

INFORMED OF CONSENT FAT INJECTION PROCEDURE

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 judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not know 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) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided the pictures do not reveal my identity.
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 my tissue, medical devices or body parts that may be removed.
8. I authorize the release of my identity card 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 UNDERDTAND:
 - 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 (1-9).

I AM SATISFIED WITH THE EXPLANATION

Patient or Person Authorized to Sign for Patient/Name

IC No

Date _____

Witness _____

Signature / Name