Informed Consent

Buttock Augmentation by Fat Transfer

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INSTRUCTIONS

This is a document to help teach you about **Buttock Augmentation by Fat Transfer** surgery, its risks, and other treatments.

It is important that you read the whole document carefully. Please initial each page. Doing so means you have read the page. Signing the consent agreement means that you agree to the surgery that you have talked about with your plastic surgeon.

GENERAL INFORMATION

This surgery is sometimes called a "Brazilian Butt Lift." The surgeon takes fat from other parts of the body and injects it into the buttocks. This changes their size or shape. The result is youthful, perky buttocks and a more sensual body shape.

ALTERNATIVE TREATMENTS

This surgery is optional. You can opt to not have surgery or can go in for Buttock Augmentation with Implants**.** All treatments have their own risks and possible problems.

RISKS OF BUTTOCK AUGMENTATION BY FAT TRANSFER SURGERY

Every surgery has risks. It is important that you understand the risks and the possible problems that can result from them. All procedures have limits. Choosing to have a surgery means comparing the risks and benefits. Most patients do not face problems, but you should talk about them with your plastic surgeon. Make sure you understand all possible outcomes of Buttock Augmentation by Fat Transfer.

SPECIFIC RISKS OF BUTTOCK AUGMENTATION BY FAT TRANSFER SURGERY

Fat embolism:

Rarely, fat can enter the blood and move to the lungs. This condition is called a fat embolism. It could make it hard to breathe and even cause death. If you have trouble breathing after surgery, tell your surgeon at once.

Fat Necrosis:

This can occur after surgery. The fat tissue may die, making your skin feel lumpy. This can improve by a massage. Fat death can make the skin swell and form red masses with oily fluid. This should be drained. These areas can also get infected. You may need to visit a clinic or go in for more surgery to fix it.

Fluid shots and lidocaine:

Your surgeon may inject fluid that has lidocaine or epinephrine. In large doses, the fluid might affect your heart. Lidocaine could cause your head to spin, nausea, sleepiness, and numbness around the mouth or lips. You may also have muscle spasms, confusion, seizures, difficulty breathing, and changes in heart rhythm. If you get any of these symptoms, tell your surgeon at once.

Stretch marks:

Your skin may form stretch marks. These may or may not go away.

Cellulite or skin issues:

The injected fat could cause cellulite or skin unevenness. If this happens, talk with your surgeon about treatment.

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Seroma:
Fluid may build between the skin and the tissues under it after surgery, trauma, or heavy exercise. This is a seroma. It is the most common issue after Buttock Augmentation by Fat Transfer. You may see swelling or a shape change. In that case, tell your surgeon. You may need surgery to drain the fluid.

Pain:
You will have pain after your surgery. It may come and go and may last a long time. If you are a chronic pain patient, you may be asked to consult a pain therapist to help you manage your pain later.

Rarely, tissue stretching can cause lasting pain. This may occur if nerve endings are trapped in scars as they heal. Small nerve endings may become too active during the healing and cause pain or sensitivity, even without major nerve injury. Often, massage and early treatment without surgery will ease the pain. If not, talk to your surgeon about it.

Asymmetry:
Some amount of asymmetry is common after surgery. This will mostly go away in about six weeks.

Infection:
You may have infection after surgery. You will need more treatment like antibiotics, hospitalization, or surgery if this happens. Tell your doctor of any other infections. Talk about any history of methicillin-resistant staphylococcus aureus infections. You must also discuss open wounds, lung infections, toenails growing inside, insect bites, tooth problems, or urinary infections. Problems in other parts of the body may lead to a problem in the surgical area. This may leave scars and more surgery may be needed.

Hematoma:
After surgery, blood may collect outside the blood vessels and form a hematoma. This may happen due to disease or trauma. Injury or surgery may cause blood to leak from broken blood vessels. A hematoma moves in sacs and among tissues in liquid form. It then turns into a solid before it is pulled into blood vessels.

Septic Shock:
In rare cases, you may have severe trauma. This is seen in cases of many or large surgeries. Infections or fluid loss can lead to major illness and even death. You may need more surgery to fix this.

Swelling:
You may see swelling after surgery.

Death:
In rare cases, the surgery may result in death.

DISCLAIMER

Informed consent documents give you information about a surgery you are considering. These documents explain the risks of that surgery. They also discuss other treatment options, including not having surgery. However, informed consent documents can't cover everything. Your plastic surgeon may give you more or different information. This may be based on the facts of your case.

Informed consent documents are not meant to define or serve as the standard of medical care. Standards of medical care are determined based on the facts involved in an individual case. They may change with advances in science and technology. They can also change with the way doctors practice medicine.

 _____ **Patient Initials**
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It is important that you read the above information carefully and get all your questions answered before signing the consent agreement on the next page.

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CONSENT FOR PROCEDURE OR TREATMENT

1. I permit Dr. Thomas Jeneby and the doctor's assistants to do the **Buttock Augmentation by Fat Transfer.**
2. I got the information sheet on Buttock Augmentation by Fat Transfer.
3. I understand that, during the surgery, an unexpected situation may require a different medical procedure than the surgery listed above. I permit the doctor listed above, the assistants and/or designees to provide any treatment that my doctor thinks is needed or helpful. My permission includes all treatments that my doctor does not plan to do at the start of the surgery.
4. I understand what my surgeon can and cannot do. I understand that no warranties or guarantees have been hinted at or stated outright about the outcome of the surgery. I have explained my goals. I understand which outcomes are realistic and which are not. All my questions have been answered. I understand the surgery's risks. I am aware of other risks and possible issues, benefits, and options. I understand and choose to have the surgery.
5. I agree to the anesthetics that are needed or helpful. I understand that all types of anesthesia have risks and may result in complications, injury, and even death.
6. I am aware of the serious risks to my health when blood products are used. I agree to my doctor using them if my doctor, assistants, and/or designees think they are needed or helpful.
7. I agree to the disposal of any tissue, medical devices, or body parts taken out during or after surgery. I also agree to any additional surgeries or treatment that is needed or helpful.
8. I agree to have parts of my body photographed or televised appropriately before, during, and after the surgery for medical, scientific, or educational reasons, if the pictures do not reveal my identity.
9. For medical education, I agree that onlookers can be in the operating room.
10. I permit my Social Security Number to be given to the right agencies for legal reasons and medical device registration, when necessary.
11. I agree to the charges for this surgery. I understand that the doctor's charges are separate from the charges for the hospital and the anesthesia. I understand that there may be more charges if more procedures or treatments are needed or helpful. I agree to those charges, if any.
12. I understand that not having the surgery is an option and that I can opt-out of having the surgery.
13. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
    a. THE ABOVE SURGERY TO BE PERFORMED
    b. THERE MAY BE OTHER SURGERIES OR TREATMENT OPTIONS
    c. THERE ARE RISKS TO THE SURGERY

I CONSENT TO THE SURGERY AND THE ITEMS THAT ARE LISTED ABOVE (1-13).
I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS.

_____

Patient or Person Authorized to Sign for Patient Date/Time

_____

Witness Date/Time

_____ Patient Initials

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