Informed Consent

Fat Transfer, Grafts, and Injections - Face

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INSTRUCTIONS

This is an informed consent document to help you learn about fat transfer (fat grafts or fat injection) surgery to the face. You'll learn about the surgery, its risks, and other treatment(s).

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

In this surgery, fat is moved from an area where it is less needed (thighs or abdomen) to an area that has lost volume. Volume is lost due to aging, trauma, surgery, birth defects, or other causes. This surgery is done to improve the look of the face by increasing volume. Before surgery, the area from where the fat is being moved is injected with a fluid to avoid bruising and pain. The fat may be removed by a thin tool (cannula) through a small or large cut. In some cases, the fat is washed, filtered, and separated. The fat is then put into the desired area using a cannula or through a cut or hole**.** During surgery more fat may be added to get the desired result. With time, the volume of fat decreases. Fat may be moved using local or general anesthesia depending on your case.

FAT MOVED TO THE FACE

Fat can be added to the face to make it fuller and make you look young. It is mostly added to the temples, mouth, cheeks, and chin. This surgery can be done in place of traditional fillers like hyaluronic acid or hydroxyapatite. Because the fat is living, it is a more lasting solution. Problems like lumps, swelling, infection**,** and bleeding may occur**.** In rare cases, there may be vision problems, including blindness. Sometimes, the moved fat may block oxygen to the brain, leading to a stroke.

OTHER TREATMENTS

This surgery is optional. You could opt to not have surgery. You can go in for injections of manmade fillers or use implants. Other kinds of surgery, like flap reconstruction, can also transfer body fat. These treatments have their own risks.

RISKS OF FAT TRANSFER

All surgeries have some risk. It is important that you know these risks. You must also understand other issues that might come up during or after surgery. Every procedure has its limits. Choosing to have a surgery means comparing the risks and benefits Most people do not face problems, but you should talk about them with your plastic surgeon. Make sure you know all possible risks of this surgery.

SPECIFIC RISKS OF FAT TRANSFER PROCEDURES

Change in looks:

The moved fat shrinks over time and then becomes stable. You may need more treatment to keep the effect you want. If you gain a lot of weight, the moved fat may swell and ruin the effect. One treatment is usually not enough. Talk to your surgeon about the costs for more treatments.

Firmness and Lumps:

Most moved fat feels natural. However, some or all of it could get firm, hard, or lumpy. If some fat does not survive the transfer and dies (necrosis), this can cause firmness, discomfort, or pain. Cysts may also form. You may need surgery to fix this.

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Fat Necrosis:
This problem occurs after surgery. It can make the area hard and lumpy, which can be felt and even seen. It can improve by massages. In some cases, the skin can swell and form red masses with oily fluid and dead tissues. These areas can get infected and may need clinic visits or more surgery.

Damage to Structures:
There can be damage to local structures of the donor site. These can be seen near vessels and nerves all over the body, bowel, bladder, abdominal organs, and chest.

Fat Correction:
This surgery may not give you the result you want. The correction needed may be less or more. This will depend on the case. If the fat moved is less, you may need another fat transfer procedure. If it is more, you will need more surgery like liposuction.

Asymmetry:
Fat transfer may cause one side of your body to look different from the other. This may happen due to skin tone, fatty deposits, muscle tone, and other factors. You may not get exact symmetry after fat transfer.

Long-Term Effects:
The shape or look of the receiving site may vary with time. This is due to aging, accidents, weight change, or other factors not related to the surgery.

Combined Procedures:
Fat transfer is safe to combine with other surgeries such as breast augmentation, breast correction, and rebuilding of the breast. Other surgeries may include fat transfer, such as facelifts, abdominoplasty, and the treatment of open wounds, scleroderma, ulcers, and scars.

Seroma:
After surgery, fluid may build between the skin and the tissues under it. Swelling or a shape change during healing is a sign that you may have a seroma. In that case, tell your surgeon. You may need to have the fluid drained.

Donor Sites:
Common problems of liposuction may be seen. Folds can appear on your skin. Some patients do not have enough donor sites. Often, these are patients who have had an earlier surgery.

Intra-Arterial Injection:
In rare cases, fat may be accidentally injected into arteries. This can block blood flow. This may cause skin to die or limit blood flow to the eye, leading to loss of vision. The risks and outcomes of such accidents are unknown and may or may not happen.

Tissue Loss:
In rare cases, the moved fat injures the skin of the receiving area. This leads to loss of skin and tissue. This may leave scars or change the shape of your skin. You may need surgery to fix it.

Serious Problems:
Serious complications with this surgery are rare. You may have a fat embolism, where a piece of fat in the blood can move to the lungs, heart, or brain, which can be fatal. You may also have a stroke or meningitis (swelling in the brain). Major infection, vision loss or partial blindness, and death are also possible.

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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.

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 procedure **Fat Transfer, Grafts, and Injections – Face.**
2. I got the information sheet on Fat Transfer, Grafts, and Injections – Face.
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

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Witness Date/Time

_____ Patient Initials

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