Informed Consent

Fat Transfer, Grafts, and Injections

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INSTRUCTIONS

This document is about informed consent. It will tell you about the fat transfer (grafts and injections) procedures, 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 one part of the body that does not need it (thighs or belly) to an area that has lost tissue. Tissue may be lost due to aging, accident, surgery, or other causes. The surgeon adds a fluid into the areas the fat will come from. This is done to lessen bruising and pain. The fat is taken usually through a small hole or through a cut. The fat is then washed, filtered, and separated. It is then put into the receiving site using a smaller needle, through a cut or hole. Since the moved fat can shrink, your surgeon may put in more than what is needed. More fat may be put in later to keep the same shape. Local or general anesthesia is used based on how much fat you need.

OTHER TREATMENTS

Treatment does not always need surgery. You can opt to not have surgery. You can go in for injections that can improve volume. These injections use hyaluronic acid and polylactic acid. You can also go in for man-made implants or flaps to transfer fat. All treatments have their own risks and possible problems.

RISKS OF FAT TRANSFER

Every surgery has risks. It is important that you know the risks and 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 fat transfer procedures.

SPECIFIC RISKS OF FAT TRANSFER

Change in looks:

Usually, the moved fat shrinks over time and becomes stable. You may need more treatment to maintain the volume and look of the moved fat. In rare cases, if you gain a lot of weight, the moved fat may shrink and look bad. More treatment may be needed to fix this. Talk to your surgeon about the costs for more treatments.

Firmness and Lumps:

Most moved fat feels natural. It is likely that some or all the fat may become firm, hard, or lumpy. Sometimes the fat may die (fat necrosis). This will cause firmness and pain. Cysts may also form at the site of the moved fat. You may need more surgery to fix this.

Damage to Structures:

There may be damage to the areas where the fat is moved to. This may affect the vessels and nerves in the rest of the body. You may also see it in the bowel, bladder, other abdominal organs, and the 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 to add fat. If it is more, you will need surgery to remove fat.

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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.

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

Fat Moved to the Breasts:
Fat transfer can help reshape breasts after cancer treatment. It can also fix breast shape and make them bigger. Its long-term impacts are not all known. However, there are concerns as to breast cancer detection. If the moved fat becomes firm or lumpy, you may need more exams, like a mammogram, to rule out cancer. Also, the firmness may make it harder for you or your doctor to examine your breasts. Unusual findings may need a biopsy.

There is no rule that fat transfer may cause breast cancer.

Cosmetic fat transfer may need more surgery to reach the breast size you want. The surgeon can inject a small amount of fat each time to keep the breast in shape. Sometimes adjuvant devices (Brava) help in this process.

Fat Moved to the Buttock:
Buttock list surgery can increase the shape and size of the buttocks. Large amounts of fat are often needed. However, the moved fat may become firm or have lumps. You may also have other risks like infection, bleeding, seroma, and fat necrosis. The moved fat can also be reabsorbed.

Fat Moved to the Face:
Fat can be added all over the face to make it fuller or make you look young. Fat is usually added to the temples, folds around the mouth, cheeks, and chin. Because the fat is alive, this is a more lasting option than fillers like hyaluronic acid or hydroxyapatite. You may have problems like lumps, puffiness, infection**,** and bleeding**.** Rarely, there may be vision problems, including blindness. The moved fat may block oxygen to the brain leading to a stroke.

Fat Moved to the Hand:
Fat transfer can make a hand fuller, change shape, make you look younger, and hide signs of marks aging. Apart from the possible problems of fat transfer, fat transfer to the hand may cause swelling and bruising which may stay for long.

Combined Procedures:
Fat transfer can be done with other surgeries like breast augmentation, correction, and reconstruction. Other surgeries may include fat transfer, such as facelifts, abdominoplasty, liposuction, treatment of open wounds, scleroderma, ulcers, and scars.

Seroma:
Fluid may build between the skin and the tissues under it after surgery, trauma, or heavy exercise. Swelling

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or a shape change should alert you that you may have a seroma. Tell your surgeon at once. You may need to have the fluid drained.

Donor Sites:

The common problems of liposuction can occur at the donor site. You may also see folds on your skin. Some patients do not have enough donor sites. Often, these are patients who have had an earlier liposuction.

Fat Necrosis:

Some fat that is moved may die. Fatty tissue deep in the skin might die. This may make the skin firm or form hard lumps. You may have pain or uneven shaped skin. You may also see calcium deposits and oil cysts. You may need more surgery to remove the dead fat.

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.

Major Problems:

Serious problems with this surgery are rare. Examples are fat embolism (a piece of fat in the blood travels to the lungs, heart, or brain, which can be fatal), stroke, swelling in the brain, major infection, poor vision or blindness, or death.

Blood Clots:

Blood clots may occur in the veins of the arms, legs, or pelvis after surgery. These clots may cause problems with the veins or may break off and flow to the lungs (pulmonary embolism). If this happens, you may have serious breathing problems.

Lung Problems:

You may have lung and breathing problems from clots and partial collapse of the lungs. If this happens, you may need hospitalization and more treatment. Such problems can even lead to death. Fat embolism syndrome occurs when fat droplets are stuck in the lungs. This is rare and can lead to 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.

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 a **Fat Transfer, Graft, and Injection Procedure.**
2. I got the information sheet on Fat Transfer, Grafts, and Injections.
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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