Informed Consent

INCLUDES:

LIPOSUCTION
ULTRASOUND ASSISTED LIPOSUCTION (UAL)
WATER ASSISTED LIPOSUCTION (WAL)
POWER ASSISTED LIPOSUCTION (PAL)
LASER ASSISTED LIPOSUCTION (LAL)
VASER LIPOSUCTION

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INSTRUCTIONS

This document is about informed consent. It will tell you about liposuction surgery. It will outline the risks and other treatment options.

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 liposuction, fat is removed from the body. It can be done to the face and neck, upper arms, trunk, abdomen, buttocks, hips and thighs, knees, calves, and ankles. It is not meant to reduce weight. It removes fat that does not go away with diet or exercise. Liposuction can be done alone to shape the body or with other surgeries, like a facelift, abdominoplasty, or thigh lift, to tighten any loose skin and the organs under it.

Liposuction works for people of normal weight but have some extra fat. If you have firm, elastic skin, you will have better results. Skin that is soft and thin from stretch marks, weight loss, or natural aging will not reshape as well. You may need more surgeries to remove and tighten extra skin. Liposuction does not fix uneven spots in your body that are not related to fat. Liposuction alone does not fix dimpled skin or "cellulite."

Liposuction (also called Suction-assisted lipectomy) is surgery. Your surgeon will use a hollow metal tool (called a cannula). It will enter your body through a small cut in your skin. It will be moved over the fat. The cannula is connected to a vacuum, and the suction removes the fat.

Sometimes surgeons use a special cannula that sends out ultrasonic or laser energy or water. This process breaks down the fat. Your surgeon may suggest suction alone, or with another technique.

Plastic surgeons use many methods of liposuction and care after surgery. Liposuction can be done under local, sedation, or general anesthesia. Tumescent liposuction uses a mixture of watered-down local anesthetic and epinephrine in the fat areas. This can reduce discomfort, blood loss, and bruising during and after the surgery.

You should wear compression clothing to control swelling and heal better.

ALTERNATIVE TREATMENTS

There are other ways of dealing with the extra fat. You can choose not to have the surgery to remove the fat. Diet and exercise may help you lose weight and improve your shape. Your surgeon may need to remove the extra skin and fat along with a liposuction. You may also want to think about going in for heating or cooling therapy to reduce the fat. These treatments do not involve surgery. You can talk to your doctor about deoxycholic acid. It breaks down and absorbs fat. All alternate surgeries have risks and possible problems.

RISKS OF LIPOSUCTION 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 liposuction.

 _____ **Patient Initials**

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SPECIFIC RISKS OF LIPOSUCTION SURGERY

Patient Selection:
If you are obese or have soft or thin skin, medical problems, the wrong idea about what the surgery can do, then liposuction may not be right for you.

Liposuction in General:
When the surgeon injects the watered-down local anesthesia and epinephrine into the fat, it may lead to fluid overload. You may have a systemic reaction to these medications. You may need more treatment and spend more time in the hospital.

Ultrasound-, VASER-, & Laser-Assisted Lipectomy:
These techniques have the risks listed above and the following risks:

Burns:
You may get a burn, and the tissue may get damaged where the cannula enters through the cut in your skin or if the cannula touches of the area under the skin for a long time. If you get burned, you may need more surgery.

Cannula Breakage:
The ultrasonic energy that the cannula makes can break the tool. This is unpredictable. If it happens, you may need more surgery.

Unknown Risks:
Doctors do not know how tissue and organs react over time to quick bursts of strong ultrasonic energy. In the future, scientists may find that there are risks to getting liposuction with ultrasound.

Damage to Structures:
You may get injured around the area where the liposuction is done. The surgery may cause problems in your blood vessels and nerves. If you have it done around your belly, the surgery could damage your bowel, bladder, or abs. If you have it done around your chest, one of your lungs could collapse.

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 **Liposuction Surgery**.
2. I got the information sheet on Liposuction Surgery.
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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