



## INFORMED CONSENT - INFORMED CONSENT – FAT TRANSFER PROCEDURES

### FAT GRAFTS AND INJECTIONS TO FACE

Name of the Doctor: **Juan Krogulec**

Name of the Patient:

Medical Record No:

#### INSTRUCTIONS

This is an informed-consent document that has been prepared to help you understand fat transfer procedures (also known as lipo augmentation, fat grafts, or fat injection), 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 and agreed upon by you.

#### GENERAL INFORMATION

A person's own fat may be used to improve the appearance of the body by moving it from an area where it is less needed (usually the thighs or abdomen) to an area that has lost tissue volume due to aging, trauma, surgery, birth defects, or other causes. Typically, the transferred fat results in an increase in volume of the body site being treated. Before the procedure, the areas from where the fat is being removed may be injected with a fluid to minimize bruising and discomfort. The fat may be removed from the body by a narrow surgical instrument (cannula) through a small incision or may be excised (cut out) directly through a larger incision. In some cases the fat may be prepared in a specific way before being replaced back in the body. This preparation may include washing, filtering, and centrifugation (spinning) of the fat. The fat is then placed into the desired area using either a smaller cannula or needle, or it may be placed directly through an incision. Since some of the fat that is transferred does not maintain its volume over time, your surgeon may inject more than is needed at the time to achieve the desired end result. Over a few weeks, the amount of transferred fat will decrease. At times, more fat may need to be transferred to maintain the desired results. Fat transfer procedures may be done using a local anesthetic, sedation, or general anesthesia depending on the extent of the procedure.

#### ALTERNATIVE TREATMENTS

Alternative forms of nonsurgical and surgical management consist of injections of man-made substances to improve tissue volume (such as hyaluronic acid, polylactic acid, etc.), use of man-made implants, or other surgical procedures that transfer fat from the body (flaps).



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**Risks and potential complications are associated with alternative forms of treatment.**

#### RISKS OF FAT TRANSFER PROCEDURES

Every procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual's choice to undergo a procedure is based on the comparison of the risk to its potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of the procedure.

#### Specific Risks of Fat Transfer Surgery

**Infection:** Infection may occur after any surgery and may rarely occur after liposculpture. The rate of infection increases with the increasing amounts of injected fat, but the overall rate still remains very low due to routine use of peri-operative antibiotics. Milder infections can be treated with antibiotics. More significant infections may require intravenous antibiotics, hospital admission, and additional surgery to remove dead tissue and drain abscesses. It is important to tell your surgeon of any other infections, such as ingrown toenail, insect bite, or urinary tract infection. Remote infections, infection in other part of the body, may lead to an infection in the operated area. Complication rates are higher in smokers, those with diabetes, and with multiple procedures.

**Bleeding:** It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood or you may require a blood transfusion, though such occurrences are rare. Increased activity too soon after surgery can lead to increased chance of bleeding and additional surgery. It is important to follow postoperative instructions and limit exercise and strenuous activity for the instructed time. Do not take any aspirin or anti-inflammatory medications for at least ten days before or after surgery, as this may increase the risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. Hematoma can occur at any time, usually in the first three weeks following injury to the operative area. If blood transfusions are necessary to treat blood loss, there is the risk of blood-related infections such as hepatitis and HIV (AIDS). Heparin medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets.

**Change in Appearance:** Typically the transferred fat loses some of its volume over time and then becomes stable. It is possible that more treatments may be needed to maintain the desired volume of the transferred fat and resulting appearance. Less commonly, if you experience significant weight gain, the transferred fat may increase in volume and cause an undesirable appearance. It is important to



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understand that more than one treatment may be needed and therefore to discuss with your surgeon the costs associated with repeat treatments.

**Firmness and Lumpiness:** While most transferred fat results in a natural feel, it is possible that some or all of the fat may become firm, hard, or lumpy. If some of the fat does not survive the transfer, it may result in fat necrosis (death of transferred fat tissue), causing firmness and discomfort or pain. Cysts may also form at the site of the transferred fat.

Surgery may be required to improve such conditions.

**Fluid Accumulation (Seroma):**After fat grafting or implant place, body fluids (serum) occasionally accumulate underneath the skin as a seroma. If the fluid collection is significant, Dr. Agha may elect to aspirate the fluid with a small needle in an office procedure. For buttock lifts, drains may be placed at the surgical site at the end of the operation to collect seepage of the fluid. After their removal in five to seven days, seroma may occasionally accumulate underneath the skin, requiring aspirations. If that fails to cure the seroma, then the patient will need to be seen either in the office or in operating room for insertion of new drainage tubes and the removal of seroma cavities. This is very rarely necessarily.

**Fat Absorption and Sclerosis:** Approximately 20-30% of the injected fat does not survive and gets absorbed. If this happens unevenly, there could be areas where you feel or see asymmetry due to fat resorption. Gentle massages over the buttock area helps even out and smooth these areas during the recovery phase.

**Skin Irregularities or Dimples:** Contour irregularities and depressions in the skin may occur after liposuction. Visible and palpable wrinkling of skin may occur. Also, the areas of injected fat can occasionally develop contour irregularities, including bumps and dimples, depending on your skin elasticity. Usually, post-operative massage can be helpful in smoothing these areas. On occasion, asymmetrical fullness; bulges, and depressions may be present.

**Fat Necrosis:** Fatty tissue found deep in the skin might die. This may result in fat calcification and produce areas of firmness within the skin. Additional surgery to remove areas of fat necrosis may be necessary. There is the possibility of contour irregularities in the skin that may result from fat necrosis.

**Skin Necrosis (Skin Death):** The skin above the site of surgery or at the incision site may become necrotic or “die.” When this happens, skin may change color and slough (fall) off. Necrotic skin may become infected with bacteria or microorganisms. This may require further surgical management.

**Asymmetry in Scar Placement or Contour:** No two halves of the body are identical. Therefore, following fat transfer, these asymmetries may persist and appear as differences between the contour and size of



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the two sides. Factors such as skin tone, fatty deposits, bony prominence, and muscle tone may contribute to normal asymmetry in body features. Scoliosis or other spine disorders can magnify body asymmetry.

**Long-Term Effects:** Subsequent changes in the shape or appearance of the area where the fat was removed or placed may occur as the result of aging, weight loss or gain, or other circumstances not related to the fat transfer procedure.

**Tissue Loss:** In rare cases, the transferred fat may cause the skin over the treated area to be injured resulting in loss of the skin and surrounding tissue. This may leave scars and disfigurement and require surgery for treatment.

**Fatty Cyst Formation:** The transferred fat may form small fat clumps as cysts within the placed location. This may interfere with future radiologic studies of breasts.

**Fat Transfer to Breasts:** Fat transfer has been used to improve the appearance of breasts reconstructed after cancer treatment, to improve the appearance of breast deformities, and to enlarge breasts for cosmetic purposes. While there is limited information regarding the long-term implications of such procedures, there are some potential concerns especially with regards to breast cancer detection. Since the transferred fat may become firm and cause lumps, it may be necessary to have radiological studies (mammogram, ultrasound, or MRI) performed to be sure these lumps are not due to cancer. It is also possible that the firmness may make it more difficult for you or your doctor to examine the breasts. It is also possible that a biopsy may be needed if there is concern about any abnormal findings in your breasts. However, there is no reason to believe that fat transfer procedures may cause breast cancer.

**Serious Complications:** Although serious complications have been reported to be associated with fat transfer procedures, these are very rare. Such conditions include, but are not limited to: Fat embolism (a piece of fat may find its way into the blood stream and result in a serious or life threatening condition), stroke, meningitis (inflammation of the brain), serious infection, blindness or loss of vision, or death.

**Blood Clots:** Blood clots in the veins of the arms, legs, or pelvis may result from fat transfer if it is done as a surgical procedure. These clots may cause problems with the veins or may break off and flow to the lungs where they may cause serious breathing problems.

**Pulmonary Complications:** Pulmonary (lung and breathing) complications may occur from both blood clots (pulmonary emboli) and partial collapse of the lungs after general anesthesia. Should either of these complications occur, you may require hospitalization and additional treatment. Pulmonary emboli



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can be life-threatening or fatal in some circumstances. Fat embolism syndrome occurs when fat droplets are trapped in the lungs. This is a very rare and possibly fatal complication of fat transfer procedures.

#### General Risks of Surgery

**Healing Issues:** Certain medical conditions, dietary supplements and medications may delay and interfere with healing. Patients with massive weight loss may have a healing delay that could result in the incisions coming apart, infection, and tissue changes resulting in the need for additional medical care, surgery, and prolonged hospitalizations. Patients with diabetes or those taking medications such as steroids on an extended basis may have prolonged healing issues. Smoking will cause a delay in the healing process, often resulting in the need for additional surgery. There are general risks associated with healing such as swelling, bleeding, and the length of surgery and anesthesia that include a longer recovery and the possibility of additional surgery, prolonged recovery, color changes, shape changes, infection, not meeting goals and expectations, and added expense to the patient. Patients with significant skin laxity (patients seeking facelifts, breast lifts, Abdominoplasty, and body lifts) will continue to have the same lax skin after surgery. The quality or elasticity of skin will not change and recurrence of skin looseness will occur at some time in the future, quicker for some than others. There are nerve endings that may become involved with healing scars during surgery such as suction-assisted lipectomy, Abdominoplasty, facelifts, body lifts, and extremity surgery. While there may not be a major nerve injury, the small nerve endings during the healing period may become too active producing a painful or oversensitive area due to the small sensory nerve involved with scar tissue. Often massage and early non-surgical intervention resolves this. It is important to discuss post-surgical pain with your surgeon.

**Infection in Breast Implant Patients:** Subacute or chronic infections may be difficult to diagnose. Should an infection occur, treatment including antibiotics, possible removal of the implant, or additional surgery may be necessary. Infections with the presence of a breast implant are harder to treat than infections in normal body tissues. If an infection does not respond to antibiotics, the breast implant may have to be removed. After the infection is treated, a new breast implant can usually be reinserted. It is rare that an infection would occur around an implant from a bacterial infection elsewhere in the body, however, prophylactic antibiotics may be considered for subsequent dental or other surgical procedures. In extremely rare instances, life-threatening infections, including toxic shock syndrome have been noted after breast implant surgery. Individuals with an active infection in their body or should not undergo surgery, including breast augmentation.

Although infection is unusual after this type of surgery, it may appear in the immediate post-operative period or at any time following the insertion of a breast implant. It is important to tell your surgeon of any other infections, such as ingrown toenail, insect bite, or urinary tract infection. Remote infections, infections in other parts of the body, may lead to an infection in the operated area.



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**Scarring:** All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different color than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There is the possibility of visible marks in the skin from sutures. In some cases scars may require surgical revision or treatment.

**Firmness:** Excessive firmness can occur after surgery due to internal scarring. The occurrence of this is not predictable. Additional treatment including surgery may be necessary.

**Change in Skin Sensation:** It is common to experience diminished (or loss) of skin sensation in areas that have had surgery. Diminished (or complete loss of skin sensation) may not totally resolve.

**Skin Contour Irregularities:** Contour and shape irregularities may occur. Visible and palpable wrinkling of skin may occur. Residual skin irregularities at the ends of the incisions or “dog ears” are always a possibility when there is excessive redundant skin. This may improve with time, or it can be surgically corrected.

**Skin Discoloration / Swelling:** Some bruising and swelling normally occur. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.

**Skin Sensitivity:** Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this resolves during healing, but in rare situations it may be chronic.

**Major Wound Separation:** Wounds may separate after surgery. Should this occur, additional treatment including surgery may be necessary.

**Sutures:** Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible or produce irritation that requires suture removal.

**Delayed Healing:** Wound disruption or delayed wound healing is possible. Some areas of the skin may not heal normally and may take a long time to heal. Areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue. Individuals who have decreased blood supply to tissue from past surgery or radiation therapy may be at increased risk for delayed wound healing and poor surgical outcome. Smokers have a greater risk of skin loss and wound healing complications.



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**Damage to Deeper Structures:** There is the potential for injury to deeper structures including nerves, blood vessels, muscles, and lungs (pneumothorax) during any surgical procedure. The potential for this to occur varies according to the type of procedure being performed. Injury to deeper structures may be temporary or permanent.

**Surgical Anesthesia:** Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

**Shock:** In rare circumstances, your surgical procedure can cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. If surgical shock occurs, hospitalization and additional treatment would be necessary.

**Pain:** You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after surgery. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue or due to tissue stretching. Cardiac and Pulmonary Complications: Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. Pulmonary emboli can be life-threatening or fatal in some circumstances. Inactivity and other conditions may increase the incidence of blood clots traveling 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 swelling in your legs or blood clots 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 heart beats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment.

**Venous Thrombosis and Sequelae:** Thrombosed veins, which resemble cords, occasionally develop in the area of the breast or around IV sites, and usually resolve without medical or surgical treatment. It is important to discuss with your surgeon any birth control pills you are taking. Certain high estrogen pills may increase your risk of thrombosed veins.

**Allergic Reactions:** In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur in response to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

**Asymmetry:** Symmetrical body appearance may not result after surgery. Factors such as skin tone, fatty deposits, skeletal prominence, and muscle tone may contribute to normal asymmetry in body features.



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Most patients have differences between the right and left side of their bodies before any surgery is performed. Additional surgery may be necessary to attempt to diminish asymmetry.

**Surgical Wetting Solutions:** There is the possibility that large volumes of fluid containing dilute local anesthetic drugs and epinephrine that is injected into fatty deposits during surgery may contribute to fluid overload or systemic reaction to these medications. Additional treatment including hospitalization may be necessary.

**Persistent Swelling (Lymphedema):** Persistent swelling in the legs can occur following surgery.

**Unsatisfactory Result:** Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. You may be disappointed with the results of surgery. Asymmetry, unanticipated shape and size, loss of function, wound disruption, poor healing, and loss of sensation may occur after surgery. Size may be incorrect. Unsatisfactory surgical scar location or appearance may occur. It may be necessary to perform additional surgery to improve your results.

### **ADDITIONAL ADVISORIES**

#### **Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray):**

Patients who are currently smoking or use tobacco 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, smoking 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 potential 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.

\_\_\_ I have smoked and stopped approximately \_\_\_\_\_ ago. I understand I may still have the effects and therefore risks from smoking in my system, if not enough time has lapsed.

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. I acknowledge that I will inform my physician if I continue to smoke within this time frame, and understand that for my safety, the surgery, if possible, may be delayed.

\_\_\_\_\_  
**Patient Initials**



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**Medications and Herbal Dietary Supplements:** There are potential adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Aspirin and medications that contain aspirin interfere with clotting and can cause more bleeding. These include non-steroidal anti-inflammatories such as Motrin, Advil, and Alleve. It is very important not to stop drugs that interfere with platelets, such as Plavix, which is used after a stent. It is important if you have had a stent and are taking Plavix that you inform the plastic surgeon. Stopping Plavix may result in a heart attack, stroke and even death. 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 and coordination. 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.

**Sun Exposure – Direct or Tanning Salon:** The effects of the sun are damaging to the skin. Exposing the treated areas to sun may result in increased scarring, color changes, and poor healing. Patients who tan, either outdoors or in a salon, should inform their surgeon and either delay treatment, or avoid tanning until the surgeon says it is safe to resume. The damaging effect of sun exposure occurs even with the use sun block or clothing coverage.

**Travel Plans:** Any surgery holds the risk of complications that may delay healing and delay your return to normal life. Please let the surgeon know of any travel plans, important commitments already scheduled or planned, or time demands that are important to you, so that appropriate timing of surgery can occur. There are no guarantees that you will be able to resume all activities in the desired time frame.

**Disease:** Cancer can occur independently of surgery. Individuals with a personal history or family history of cancer may be at a higher risk of breast cancer than someone with no family history of this disease. It is recommended that all women perform periodic self-examination of their breasts, have mammography according to American Cancer Society guidelines, and seek professional care should a breast lump be detected.

**Long-Term Results:** Subsequent alterations in the appearance of your body may occur as the result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause or other circumstances not related to your surgery.

**Future Pregnancy and Breast Feeding:** This surgery is not known to interfere with pregnancy. If you are planning a pregnancy, your breast and abdominal skin may stretch and offset the results of surgery.



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**Body-Piercing Procedures:** Individuals who currently wear body-piercing jewelry in the surgical region are advised that an infection could develop from this activity.

**Future Pregnancy and Breast Feeding:** This surgery is not known to interfere with pregnancy. If you are planning a pregnancy, your breast skin may stretch and offset the results of surgery. You may have more difficulty breast feeding after breast surgery.

**Female Patient Information:** It is important to inform Dr. \_\_\_\_\_ if you use birth control pills, estrogen replacement, or if you suspect 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. Activity that increases your pulse or heart rate may cause additional bruising, swelling, and the need for return to surgery and control bleeding. It is wise to refrain from intimate physical activities until your physician states it is safe.

**Interference with Sentinel Lymph Node Mapping Procedures:** Breast surgery procedures that involve cutting through breast tissue, similar to a breast biopsy, can potentially interfere with diagnostic procedures to determine lymph node drainage of breast tissue to stage breast cancer.

**Mental Health Disorders and Elective Surgery:** It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery and often are stressful. Please openly discuss with your surgeon, prior to surgery, any history that you may have of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

**Metabolic Status of Massive Weight Loss Patients:** Your personal metabolic status of blood chemistry and protein levels may be abnormal following weight loss and surgical procedures to make a patient lose weight. Individuals with abnormalities may be at risk for serious medical and surgical complications, including delayed wound healing, infection or even in rare cases, death.

### **ADDITIONAL SURGERY NECESSARY (Re-Operations)**

There are many variable conditions that may influence the long-term result of surgery. It is unknown how your tissue may respond or how wound healing will occur after surgery. Secondary surgery may be necessary to perform additional tightening or repositioning of body structures. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications



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occur infrequently, the risks cited are particularly associated with this surgery. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. In some situations, it may not be possible to achieve optimal results with a single surgical procedure.

#### **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 and the need for return to surgery.

It is wise to refrain from intimate physical activities after surgery until your physician states it is safe. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

#### **HEALTH INSURANCE**

Most health insurance companies exclude coverage for cosmetic surgical operations or any resulting complications. Please carefully review your health insurance subscriber-information pamphlet. Most insurance plans exclude coverage for secondary or revisionary surgery due to complications of cosmetic surgery.

#### **FINANCIAL RESPONSIBILITIES**

The cost of surgery involves several charges for the services provided. The total includes fees charged by your surgeon, the cost of surgical supplies, anesthesia. The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revision surgery will also be your responsibility. In signing the consent for this surgery/procedure, you acknowledge that you have been informed about its risks and consequences and accept responsibility for the clinical decisions that were made along with the financial costs of all future treatments. The first add up fat transfer is included in the package any additional will be charged accordingly.



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\_\_I understand that with cosmetic surgery, I am responsible for the surgical fees quoted to me, as well as additional fees for anesthesia, facility (OR), and possibly laboratory, X-ray, and pathology fees. Surgicenters, Outpatient Centers, and Hospitals often have rules that certain tissue/implants removed during surgery must be sent for evaluation which may result in additional fees. Please check with your surgeon to receive an estimate of any additional costs that you may be charged.

#### **DISCLAIMERINFORMED CONSENT**

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), including no surgery. The informedconsent 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 of care and risks encountered. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the current 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 of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

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



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#### CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby authorize Dr. \_\_\_\_\_ and such assistants as may be selected to perform the following procedure or treatment: **FAT INJECTIONS AND FAT GRAFTS**

I have received the following information sheet:

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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 known 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 involves risk and the possibility of complications, injury, and sometimes death.

4. I understand what my surgeon can and cannot do, and I understand there are no warranties or guarantees, implied or specific about my outcome. I have had the opportunity to explain my goals and understand which desired outcomes are realistic and which are not. All of my questions have been answered, and I understand the inherent (specific) risks of the procedures I seek, as well as those additional risks and complications, benefits, and alternatives. Understanding all of this, I elect to proceed.

5. I consent to be photographed or televised before, during, and after the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.

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 any tissue, medical devices or body parts which may be removed.



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8. I consent to the utilization of blood products should they be deemed necessary by my surgeon and/or his/her appointees, and I am aware that there are potential significant risks to my health with their utilization.

9. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.

10. I understand that the surgeon’s fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.

11. I realize that not having the operation is an option.

12. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:

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 (1-12).

I AM SATISFIED WITH THE EXPLANATION.

\_\_\_\_\_

Patient or Person Authorized to Sign for Patient

Date \_\_\_\_\_ Witness \_\_\_\_\_



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#### PRE-OPERATIVE INSTRUCTIONS

- No eating or drinking after midnight (if surgery is in the afternoon, no eating or drinking minimum 8 hours before the surgery).
- No pain medications that contain aspirin (Tylenol or other brand that has no aspirin is the only pain medication you can take), no inflammatory drugs, no vitamin E etc. for 7 days before your surgery (check the list of medications on the next page).
- If you are presently taking high blood pressure medication, you may take your medication the morning of surgery with as little water as possible. Please make sure that Dr. Bokhari is aware that you are taking medication.
- No Alcoholic drinks 3 days before and after surgery.
- No smoking 1 week before and after surgery. For facelift patients smoking is not allowed for a minimum of 4 weeks before and after surgery.
- No exercise for 2 days before surgery. No exercise 4 weeks after surgery.
- Do not wear make-up, including false eye lashes, lipstick, nail polish, and contact lenses the day of surgery
- Wear a loose button down shirt, loose pant and sandal (NO TIGHT CLOTHING PLEASE) cloths may get dirty so it is better to wear old clothing.
- Take a bath and use antibiotic soaps the morning before surgery.
- For tummy tuck and liposuction patients, DO NOT shave your pubic hair before the surgery.
- Bring your prescriptions with you the day of your surgery.
- Make sure that a responsible person will be with you to give you a ride home and be with you 24-48 hours after your surgery.
- For female patients, make sure that you are not pregnant before the surgery.
- You may bring a scarf, sun glasses or other articles to cover your dressings when leaving the office.
- It is best not to have a permanent or hair coloring within 7 days prior to surgery.
- Be punctual. If you are delayed, please call the hospital or the office.

Be assured that we will do everything within our power to make your surgical experience as convenient and comfortable as possible

**Thank you for your confidence in us.**



**INFORMED CONSENT - INFORMED CONSENT – FAT TRANSFER PROCEDURES**

**FAT GRAFTS AND INJECTIONS TO FACE**

**PAYMENT POLICY**

Full payment to be paid one (1) week before surgery. Cash, Cashier’s check and credit card is acceptable. Personal check IS NOT acceptable.

**CANCELLATION/ REFUND POLICY:**

A 20% of the total amount IS NOT REFUNDABLE if you decided to cancel your surgery

**I have read and I understand the payment and cancellation policy.**

\_\_\_\_\_

**Patients Signature**

\_\_\_\_\_

**Date**



\_\_\_\_\_  
**Patient Initials**



## INFORMED CONSENT - INFORMED CONSENT – FAT TRANSFER PROCEDURES

### FAT GRAFTS AND INJECTIONS TO FACE

#### 7 DAYS BEFORE SURGERY

#### PLEASE READ CAREFULLY

**DO NOT** take any medication containing aspirin or acetylsalicylic acid, which is aspirin, minimum of 7 days prior to surgery. To be safe, check medicine labels for ingredients. When in doubt, please feel free to call our office. If needed Tylenol can be substituted for aspirin.

The following is a list of common medications containing aspirin:

A.P.C. Tabs	DeWitt's Pills	Norgesic
Advil	Doan's Pills	Nuprin
AlkaSeltzer Plus	Dristan	pepto-Bismol
Anacin	Ecotrin	Persiten
Ascriptin	Empirin	Percodan
Aspergum	Equigesic	Rhinex
BC Powder	Emprazil	Robaxisal Tabs
Bayer	Flogesic	Salicylsalicylic
Bufferin	Florinal	Sinulin
Butal compound	Ibuprofen	Soma compound
Cama Arthritis	Isolyle	St. Joseph Aspirin
Comprazol Tabs	Measuring Tabs	Supoac
Contact	Midol	Synalgas
Cope	Momentum	Triaminicin Tabs
Coricidin tabs	Motrin	Ursinus
Darvon	Nervine	Vanquish
Dasin	Zorpin	

\_\_\_\_\_  
Patient Initials



**INFORMED CONSENT - INFORMED CONSENT – FAT TRANSFER PROCEDURES**

**FAT GRAFTS AND INJECTIONS TO FACE**

**POST-OPERATIVE INSTRUCTIONS**

**General Information**

- Do not drive a car or operate machinery for 24-48 hours or longer until advice by the doctor.
- Do not make any important decisions or sign any papers for the next 24 hours.
- Do not consume any alcohol for at least 10-14 days after your procedure.
- Do not use tranquilizers, sleeping medications, or any non prescribed medications unless approved by your physician. Avoid for 14 days any type of Nsaids(non-steroidal anti-inflammatory drugs) i.e., Advil, Ibuprofen, Aleve, Naprosyn, Etc.
- No Aspirin for 14 days.
- Do not smoke for a minimum of 2 weeks.
- Avoid sun exposure for at least 4 weeks post-operatively, and then use sun block if necessary.
- Please have a responsible person with you for 24-48 hours.

**Activity**

- Rest for the remainder of the day.
- Exercise is to be eliminated for the first 2 weeks, then start light activity (walking, etc.).
- Moderate activity can be started in 3 weeks (stationary bike) and full activity may be resumed at four weeks post-operatively.

**Treatment**

- Your first follow-up appointment will be within 1-2 days after your surgery.
- Your suture will be removed after 7 days.
- You may shower after 3 days leaving the steri strip on until Doctor advise.
- Do not wear under wire bras or constricting sports bra.
- Leave the bandage unless the doctor advises removal.

**Medications**

- **Next dose of medications may be given:**

Pain medication \_\_\_\_\_ @ \_\_\_\_\_  
 Antibiotics \_\_\_\_\_ @ \_\_\_\_\_  
 Steroids \_\_\_\_\_ @ \_\_\_\_\_  
 Other \_\_\_\_\_ @ \_\_\_\_\_

**Diet**

- Begin with clear liquids and progress to your normal diet if not nauseated.
- Avoid greasy and spicy foods.

**Notify Physician @ \_\_\_\_\_**

**IF ANY OF THE FOLLOWING PERSIST:**

- Chills fever (above 101 F degrees).
- Persistent nausea or vomiting.
- Persistent bleeding or swelling at operative site.
- Unable to urinate in 6-8 hours.
- Pain is not relieved by pain medication.