

Patient's Name: _____
Date of Surgery: _____

Patient Educational Information: Provided by
American Society of Plastic Surgeons

LIPOSUCTION

Liposuction is a procedure that can help sculpt the body by removing unwanted fat from specific areas, including the abdomen, hips, buttocks, thighs, knees, upper arms, chin, cheeks and neck. During the past decade, liposuction, which is also known as "lipoplasty" or "suction lipectomy," has benefited from several new refinements. Today, a number of new techniques, including ultrasound-assisted lipoplasty (UAL), the tumescent technique, and the super-wet technique, are helping many plastic surgeons to provide selected patients with more precise results and quicker recovery times. Although no type of liposuction is a substitute for dieting and exercise, liposuction can remove stubborn areas of fat that don't respond to traditional weight-loss methods.

If you're considering liposuction, this brochure will give you a basic understanding of the procedure -- when it can help, how it is performed and how you might look and feel after surgery. It won't answer all of your questions, since much depends on your individual circumstances. Please ask your doctor if there is anything about the procedure you don't understand.

THE BEST CANDIDATES FOR LIPOSUCTION

To be a good candidate for liposuction, you must have realistic expectations about what the procedure can do for you. It's important to understand that liposuction can enhance your appearance and self confidence, but it won't necessarily change your looks to match your ideal or cause other people to treat you differently. Before you decide to have surgery, think carefully about your expectations and discuss them with your surgeon.

The best candidates for liposuction are normal-weight people with firm, elastic skin who have pockets of excess fat in certain areas. You should be physically healthy, psychologically stable and realistic in your expectations. Your age is not a major consideration; however, older patients may have diminished skin elasticity and may not achieve the same results as a younger patient with tighter skin. Liposuction carries greater risk for individuals with medical problems such as diabetes, significant heart or lung disease, poor blood circulation, or those who have recently had surgery near the area to be contoured.

PLANNING YOUR SURGERY

In your initial consultation, your surgeon will evaluate your health, determine where your fat deposits lie and assess the condition of your skin. Your surgeon will explain the body-contouring methods that may be most appropriate for you. For example, if you believe you want liposuction in the abdominal area, you may learn that an abdominoplasty or "tummy tuck" may more effectively meet your goals; or that a combination of traditional liposuction and UAL would be the best choice for you. Be frank in discussing your expectations with your surgeon. He or she should be equally frank with you, describing the procedure in detail and explaining its risks and limitations.

GETTING THE ANSWERS YOU NEED

Individuals considering liposuction often feel a bit overwhelmed by the number of options and techniques being promoted today. However, your plastic surgeon can help. In deciding which is the right treatment approach for you, your doctor will consider effectiveness, safety, cost and appropriateness for your needs. This is called surgical judgment, a skill that is developed through surgical training and experience. Your doctor also uses this judgement to prevent complications; to handle unexpected occurrences during surgery; and to treat complications when they occur.

Your surgeon's education and training have helped to form his or her surgical judgement, so take the time to do some background checking. Patients are encouraged to consider a doctor certified by the American Board of Plastic Surgery ("ABPS"). By choosing a plastic surgeon who is certified by the ABPS, a patient can be assured that the doctor has graduated from an accredited medical school and completed at least five years of additional residency - usually three years of general surgery (or its equivalent) and two years of plastic surgery. To be certified by the ABPS, a doctor must also practice surgery for two years and pass comprehensive written and oral exams.

Specialist Plastic Surgeon

Patient's Initial

PREPARING FOR YOUR SURGERY

Your surgeon will give you specific instructions on how to prepare for surgery, including guidelines on eating and drinking, smoking, and taking or avoiding vitamins, iron tablets and certain medications. If you develop a cold or an infection of any kind, especially a skin infection, your surgery may have to be postponed. Though it is rarely necessary, your doctor may recommend that you have blood drawn ahead of time in case it is needed during surgery.

Also, while you are making preparations, be sure to arrange for someone to drive you home after the procedure and, if needed, to help you at home for a day or two.

WHERE YOUR SURGERY WILL BE PERFORMED

Liposuction may be performed in a surgeon's office-based facility, in an outpatient surgery center, or in a hospital. Smaller-volume liposuction is usually done on an outpatient basis for reasons of cost and convenience.

However, if a large volume of fat will be removed, or if the liposuction is being performed in conjunction with other procedures, a stay in a hospital or overnight nursing facility may be required.

ANESTHESIA FOR LIPOSUCTION

Various types of anesthesia can be used for liposuction procedures. Together, you and your surgeon will select the type of anesthesia that provides the most safe and effective level of comfort for your surgery.

If only a small amount of fat and a limited number of body sites are involved, liposuction can be performed under local anesthesia, which numbs only the affected areas. However, if you prefer, the local is usually used along with intravenous sedation to keep you more relaxed during the procedure. Regional anesthesia can be a good choice for more extensive procedures. One type of regional anesthesia is the epidural block, the same type of anesthesia commonly used in childbirth.

However, some patients prefer general anesthesia, particularly if a large volume of fat is being removed. If this is the case, a nurse anesthetist or anesthesiologist will be called in to make sure you are completely asleep during the procedure.

THE SURGERY

The time required to perform liposuction may vary considerably, depending on the size of the area, the amount of fat being removed, the type of anesthesia and the technique used. There are several liposuction techniques that can be used to improve the ease of the procedure and to enhance outcome.

Liposuction is a procedure in which localized deposits of fat are removed to recontour one or more areas of the body. Through a tiny incision, a narrow tube or cannula is inserted and used to vacuum the fat layer that lies deep beneath the skin. The cannula is pushed then pulled through the fat layer, breaking up the fat cells and suctioning them out. The suction action is provided by a vacuum pump or a large syringe, depending on the surgeon's preference. If many sites are being treated, your surgeon will then move on to the next area, working to keep the incisions as inconspicuous as possible. Fluid is lost along with the fat, and it's crucial that this fluid be replaced during the procedure to prevent shock. For this reason, patients need to be carefully monitored and receive intravenous fluids during and immediately after surgery.

TECHNIQUE VARIATIONS

The basic technique of liposuction, as described above, is used in all patients undergoing this procedure. However, as the procedure has been developed and refined, several variations have been introduced. Fluid Injection, a technique in which a medicated solution is injected into fatty areas before the fat is removed, is commonly used by plastic surgeons today. The fluid -- a mixture of intravenous salt solution, lidocaine (a local anesthetic) and epinephrine (a drug that contracts blood vessels) -- helps the fat be removed more easily, reduces blood loss and provides anesthesia during and after surgery. Fluid injection also helps to reduce the amount of bruising after surgery.

The amount of fluid that is injected varies depending on the preference of the surgeon.

Large volumes of fluid -- sometimes as much as three times the amount of fat to be removed -- are injected in the tumescent technique. Tumescent liposuction, typically performed on patients who need only a local anesthetic, usually takes significantly longer than traditional liposuction (sometimes as long as 4 to 5 hours). However, because the injected fluid contains an adequate amount of anesthetic, additional anesthesia may not be necessary. The name of this technique refers to the swollen and firm or "tumesced" state of the fatty tissues when they are filled with solution.

The super-wet technique is similar to the tumescent technique, except that lesser amounts of fluid are used. Usually the amount of fluid injected is equal to the amount of fat to be removed. This technique often requires IV sedation or general anesthesia and typically takes one to two hours of surgery time. Ultrasound-Assisted Lipoplasty (UAL). This technique requires the use of a special cannula that produces ultrasonic energy. As it passes through the areas of fat, the energy explodes the walls of the fat cells, liquefying the fat. The fat is then removed with the traditional liposuction technique. UAL has been shown to improve the ease and effectiveness of liposuction in fibrous areas of the body, such as the upper back or the enlarged male breast. It is also commonly used in secondary procedures, when enhanced precision is needed. In general, UAL takes longer to perform than traditional liposuction.

ALL SURGERY CARRIES SOME UNCERTAINTY AND RISK

Liposuction is normally safe, as long as patients are carefully selected, the operating facility is properly equipped and the physician is adequately trained. As a minimum, your surgeon should have basic (core) accredited surgical training with special training in body contouring. Also, even though many body-contouring procedures are performed outside the hospital setting, be certain that your surgeon has been granted privileges to perform liposuction at an accredited hospital.

Your doctor must have advanced surgical skills to perform procedures that involve the removal of a large amount of fat (more than 5 liters or 5,000 ccs); ask your doctor about his or her other patients who have had similar procedures and what their results were. Also, more extensive liposuction procedures require attentive after-care. Find out how your surgeon plans to monitor your condition closely after the procedure.

However, it's important to keep in mind that even though a well-trained surgeon and a state-of-the art facility can improve your chance of having a good result, there are no guarantees. Though they are rare, complications can and do occur. Risks increase if a greater number of areas are treated at the same time, or if the operative sites are larger in size. Removal of a large amount of fat and fluid may require longer operating times than may be required for smaller operations.

The combination of these factors can create greater hazards for infection; delays in healing; the formation of fat clots or blood clots, which may migrate to the lungs and cause death; excessive fluid loss, which can lead to shock or fluid accumulation that must be drained; friction burns or other damage to the skin or nerves or perforation injury to the vital organs; and unfavorable drug reactions.

There are also points to consider with the newer techniques. For example, in UAL, the heat from the ultrasound device used to liquefy the fat cells may cause injury to the skin or deeper tissues. Also, you should be aware that even though UAL has been performed successfully on several thousand people worldwide, the long-term effects of ultrasound energy on the body are not yet known.

In the tumescent and super-wet techniques, the anesthetic fluid that is injected may cause lidocaine toxicity (if the solution's lidocaine content is too high), or the collection of fluid in the lungs (if too much fluid is administered).

The scars from liposuction are small and strategically placed to be hidden from view. However, imperfections in the final appearance are not uncommon after lipoplasty. The skin surface may be irregular, asymmetric or even "baggy," especially in the older patient. Numbness and pigmentation changes may occur. Sometimes, additional surgery may be recommended.

AFTER YOUR SURGERY

After surgery, you will likely experience some fluid drainage from the incisions. Occasionally, a small drainage tube may be inserted beneath the skin for a couple of days to prevent fluid build-up. To control swelling and to help your skin better fit its new contours, you may be fitted with a snug elastic garment to wear over the treated area for a few weeks. Your doctor may also prescribe antibiotics to prevent infection. Don't expect to look or feel great right after surgery. Even though the newer techniques are believed to reduce some post-operative discomforts, you may still experience some pain, burning, swelling, bleeding and temporary numbness. Pain can be controlled with medications prescribed by your surgeon, though you may still feel stiff and sore for a few days. It is normal to feel a bit anxious or depressed in the days or weeks following surgery. However, this feeling will subside as you begin to look and feel better.

GETTING BACK TO NORMAL

Healing is a gradual process. Your surgeon will probably tell you to start walking around as soon as possible to reduce swelling and to help prevent blood clots from forming in your legs. You will begin to feel better after about a week or two and you should be back at work within a few days following your surgery. The stitches are removed or dissolve on their own within the first week to 10 days.

Activity that is more strenuous should be avoided for about a month as your body continues to heal. Although most of the bruising and swelling usually disappears within three weeks, some swelling may remain for six months or more.

Your surgeon will schedule follow-up visits to monitor your progress and to see if any additional procedures are needed.

If you have any unusual symptoms between visits -- for example, heavy bleeding or a sudden increase in pain -- or any questions about what you can and can't do, call your doctor.

YOUR NEW LOOK

You will see a noticeable difference in the shape of your body quite soon after surgery. However, improvement will become even more apparent after about four to six weeks, when most of the swelling has subsided. After about three months, any persistent mild swelling usually disappears and the final contour will be visible.

If your expectations are realistic, you will probably be very pleased with the results of your surgery. You may find that you are more comfortable in a wide variety of clothes and more at ease with your body. And, by eating a healthy diet and getting regular exercise, you can help to maintain your new shape.

I have read and I understand all the options available, and the limitations of surgery. I am aware of all the possible risks and complications of the proposed procedure and they have been explained to me in detail.



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Patient's Initial

INFORMED CONSENT LIPOSUCTION

This is an informed-consent document that has been prepared to help inform you concerning liposuction surgery (suction-assisted lipectomy and ultrasound-assisted lipectomy), its risks, and alternative treatment. 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.

INTRODUCTION

Liposuction is a surgical technique to remove unwanted deposits of fat from specific areas of the body, including the face and neck, upper arms, trunk, abdomen, buttocks, hips and thighs, and the knees, calves, and ankles. This is not a substitute for weight reduction, but a method for removing localized deposits of fatty tissue that do not respond to diet or exercise. Liposuction may be performed as a primary procedure for body contouring or may be combined with other surgical techniques such as facelift, abdominoplasty, or thigh lift procedures to tighten loose skin and supporting structures. The best candidates for liposuction are individuals of relatively normal weight who have excess fat in particular body areas. Having firm, elastic skin will result in a better final contour after liposuction. Skin that has diminished tone due to stretch marks, weight loss, or natural aging will not reshape itself to the new contours and may require additional surgical techniques to remove and tighten excess skin. Body-contour irregularities due to structures other than fat cannot be improved by this technique. Liposuction by itself will not improve areas of dimpled skin known as “cellulite”.

Suction-assisted lipectomy surgery is performed by using a hollow metal surgical instrument known as a cannula that is inserted through small skin incision(s) and is passed back and forth through the area of fatty deposit. The cannula is attached to a vacuum source, which provides the suction needed to remove the fatty tissue.

There are a variety of different techniques used by plastic surgeons for liposuction and care following surgery. Liposuction may be performed under local or general anesthesia. **Tumescent liposuction technique** involves the infiltration of fluid containing dilute local anesthetic and epinephrine into areas of fatty deposits. This technique can reduce discomfort at the time of surgery, as well as reduce post-operative bruising. Support garments and dressings are worn to control swelling and promote healing. Your surgeon may recommend that you make arrangements to donate a unit of your own blood that would be used if a blood transfusion were necessary after surgery.

ALTERNATIVE TREATMENT

Alternative forms of management consist of not treating the areas of fatty deposits. Diet and exercise regimens may be of benefit in the overall reduction of excess body fat. Direct removal of excess skin and fatty tissue may be necessary in addition to liposuction in some patients.

Risks and potential complications are associated with alternative forms of treatment that involve surgery.

RISKS OF LIPOSUCTION SURGERY

Every surgical procedure involves a certain amount of risk, and it is important that you understand the risks involved with liposuction. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to 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 liposuction.

Individuals with poor skin tone, medical problems, obesity, or unrealistic expectations may not be candidates for liposuction.

Bleeding - It is possible, though unusual, to have a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood or require a blood transfusion. Do not take any aspirin or anti-inflammatory medications for seven days before surgery, as this may increase the risk of bleeding. Non-prescription “herbs” and dietary supplements can increase the risk of surgical bleeding.

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Infection - An infection is quite unusual after this type of surgery. Should an infection occur, treatment including antibiotics or additional surgery may be necessary. In extremely rare instances, life-threatening infections, including toxic shock syndrome have been noted after liposuction surgery.

Skin scarring - Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. In rare cases, abnormal scars may result. Scars may be unattractive and of a different color than surrounding skin. Additional treatments, including surgery, may be needed to treat abnormal scarring.

Change in and skin sensation - A temporary decrease in skin sensation after liposuction may occur. This usually resolves over a period of time. Diminished (or complete loss of skin sensation) infrequently occurs and may not totally resolve.

Skin discoloration/swelling - Skin discoloration and swelling normally occurs following liposuction. In rare situations, swelling and skin discoloration may persist for long periods of time. Permanent skin discoloration is rare.

Skin contour irregularities - Contour irregularities and depressions in the skin may occur after liposuction. Visible and palpable wrinkling of skin can occur. Additional treatments including surgery may be necessary to treat skin contour irregularities following liposuction.

Asymmetry - It may not be possible to achieve symmetrical body appearance from liposuction surgery. Factors such as skin tone, bony prominence, and muscle tone may contribute to normal asymmetry in body features.

Seroma - Fluid accumulations infrequently occur in areas where liposuction has been performed. Additional treatments or surgery to drain accumulations of fluid may be necessary.

Long term effects - Subsequent alterations in body contour may occur as the result of aging, weight loss or gain, pregnancy, or other circumstances not related to liposuction.

Tumescent liposuction - 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.

Other - You may be disappointed with the results of surgery. Infrequently, it is necessary to perform additional surgery to improve your results.

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

Allergic reactions - In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions which are more serious may occur due to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment

Surgical shock - In rare circumstances, liposuction can cause severe trauma, particularly when multiple or extensive areas are suctioned at one time. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. Should surgical shock occur after liposuction, hospitalization and additional treatment would be necessary.

Individuals undergoing liposuction procedures where large volumes of fat is removed are at greater risk of complications. Patients contemplating large volume liposuction, greater than 5000 cc's, may be advised to have post operative monitoring and aftercare that involves overnight hospitalization.

Pulmonary complications - Fat embolism syndrome occurs when fat droplets are trapped in the lungs. This is a very rare and possibly fatal complication of suction-assisted lipectomy. Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli) or partial collapse of the lungs after general anesthesia. Should either of these complications occur, you may require hospitalization and additional treatment. Pulmonary emboli can be life-threatening or fatal in some circumstances.

Skin loss - Skin loss is very rare after liposuction. Additional treatments including surgery may be necessary.

Chronic pain - Chronic pain and discomfort following liposuction is very rare.

Burns - Ultrasonic energy may produce burns and tissue damage either at the location where the cannula is inserted into the skin or in other areas if the cannula touches the undersurface of the skin for prolonged periods of time. If burns occur, additional treatment and surgery may be necessary.

Cannula Fragmentation - Ultrasonic energy produced within the cannula may cause disintegration (fragmentation) of the surgical instrument. The occurrence and effect of this is unpredictable. Should this occur, additional treatment, including surgery, may be necessary.

Unknown risks - The long term effect on tissue and organs to exposure to short-duration, high-intensity ultrasonic energy is unknown. There is the possibility that additional risk factors of ultrasound-assisted lipectomy may be discovered.

.ADDITIONAL SURGERY MAY BE REQUIRED

There are many variable conditions in addition to risk and potential surgical complications that may influence the long term result from liposuction. Even though risks and complications occur infrequently, the risks cited are particularly associated with liposuction. Other complications and risks can occur but are even more uncommon. Should complications occur, additional surgery or other treatments may be necessary. 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.

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The fees are divided to the following: Dr. _____'s fee, the cost of the implants, hospital fee (operating room,& anesthesia) an over night stay at the hospital be an additional charge if patient decide stay. Mammogram, lab test or x-ray will be an additional charge. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revisionary surgery would also be your responsibility.

DISCLAIMER

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). The informed-consent 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 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.

CONSENT FOR SURGERY/ PROCEDURE or REATMENT

1. I hereby authorize Dr. _____ and such assistants as may be selected to perform the following procedure or treatment:

I have received the following information sheet:

INFORMED-CONSENT LIPOSUCTION SURGERY

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 acknowledge that no guarantee has been given by anyone as to the results that may be obtained.

5. I consent to the photographing or televising of 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.

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

9. 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 (1-9).
I AM SATISFIED WITH THE EXPLANATION.

The following is to confirm that we have discussed with you the nature of your condition, the proposed treatment thereof, the prospects for success and the limited risks of potential side effects associated with such treatment/s. As per current medical knowledge any potential side effects resulting from our treatments are reversible and temporary in nature.

By signing this form, you confirm and consent to the following:

1. My medical condition and the proposed treatment have been explained to me. I have been advised that although good results are expected, the possibility and nature of complications cannot be accurately anticipated and therefore, there can

be no guarantee, either expressed or implied as to the success or other result of treatment.

2. The potential side-effects of the treatment being idiosyncratic reactions (reactions specific to an individual), such as: bruising, temporary pain and itching, redness, infection, onset of herpes, onset of acne, burning and blistering, fat necrosis, facial nerve affection, unsatisfactory cosmetic result, extrusion, swelling, transient skin discoloration, allergic reaction, and reversible brow or eyelid ptosis, have been explained to me.
3. I declare that while completing the medical questionnaire, I have answered the information related to my personal medical history questions completely and I have not withheld any information.

I have consulted with the physician or therapist (depending on the nature of treatment) who will be treating me and all my questions concerning the treatment have been answered to my satisfaction. I fully understand all of the above and thereafter, I consent to the proposed treatment/s

Patient or Person Authorized to Sign for Patient

Date _____ Witness _____



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 and after the 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. _____ 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.

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.

Thank you for your confidence in us.

Dr. _____



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Patient's Initial

PAYMENT POLICY

FULL PAYMENT TO BE PAID IN CASH OR CREDIT CARD PREFERABLY 5-7 DAYS BEFORE THE SURGERY.

Patient is responsible to pay hospital overnight stay charges.

CANCELLATION/ REFUND POLICY:

CANCELLATION/ REFUND POLICY:

- 1. 20% will be deducted out of the whole amount, in case of cancellation 72 hours before surgery date.**
- 2. In case of cancellation after 72 hours , it is a Non- Refundable Receipt.**

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

Patients Signature

Date

7 DAYS BEFORE SURGERY

PLEASE READ CAREFULLY

DO NOT take any medication containing aspirin or acetylsalicylic acid, which is aspirin, 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 |
| Alka Seltzer 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 | Isolye | St. Joseph Aspirin |
| Comprazil Tabs | Measuring Tabs | Supoac |
| Contact | Midol | Synalgas |
| Cope | Momentum | Triaminicin Tabs |
| Coricidin tabs | Motrin | Ursinus |
| Darvon | Nervine | Vanquish |
| Dasin | | Zorpin |

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POST-OPERATIVE INSTRUCTIONS LIPOSUCTION

General Information

- Do not drive a car or operate machinery for 24-48 hours.
- 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 nonprescribed 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 7 days.
- Do not smoke for a minimum of 1 week.
- 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.
- Drainage (blood tinged fluids) can be expected for the first 24-36 hours.
- Empty the drains every 4-6 hours and minimum 2x's daily for the first two days.
- The amount of drainage will decrease each day thereafter. The doctor or his assistant will remove your drain usually in 5-8 days. You may shower once the drains are removed.
- Dr. _____ or his assistant will remove the bandages.
- The compression garment (girdle) is to be worn continually for a minimum of two weeks and then may be reduced to half time after. The longer you can wear your compression garment, the better the results. Do not remove girdles unless doctor advises you.

Medications

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

Pain medication _____ @ _____
 Antibiotic _____ @ _____
 Steroids _____ @ _____
 Other _____ @ _____

Diet

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

IF ANY OF THE FOLLOWING PERSIST, please notify Dr. or his assistant at 050 -8545578

- 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 medication is not relieved by medication.
- If drains fill completely a 30 minutes time period.

Follow Up care

Next appointment is scheduled-----At-----office.

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