



CONSENT FOR TUMESCENT LIPOSUCTION SURGERY

**Please initial each paragraph after reading,
if you have any questions ask Dr. Rochlin BEFORE initialing.**

PATIENT NAME _____	Date _____
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The following is/are the areas of my body to be treated by liposuction: (circle and initial)

- | | | |
|---|---|--|
| <input type="checkbox"/> Abdomen, Lower | <input type="checkbox"/> Infero-Lateral Buttocks | <input type="checkbox"/> Hips |
| <input type="checkbox"/> Abdomen, Upper | <input type="checkbox"/> Thighs, Outer | <input type="checkbox"/> Waist |
| <input type="checkbox"/> Male Breast | <input type="checkbox"/> Thighs, Inner | <input type="checkbox"/> Flanks |
| <input type="checkbox"/> Chin, Jowls, Neck | <input type="checkbox"/> Knees | <input type="checkbox"/> Arms |
| <input type="checkbox"/> Platysmal Plication | <input type="checkbox"/> Thighs, Anterior | <input type="checkbox"/> Buttocks |

Permission includes the administration of medicines for local or general anesthesia and/or intravenous sedation or analgesia as deemed suitable or as become necessary. An informed consent requires that common complications be made known to you. Most of these are not expected to occur. All must be considered. The law requires that you be made informed.

You have the right to be informed about your condition and the recommend treatment plan so that you may make an educated decision as to whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to alarm you, but is rather an effort to provide information so that you may give or withhold your consent.

INRODUCTION:

Liposuction is a surgical technique to remove unwanted deposit of fat from specific areas of the body, including the face neck, upper arms, flanks, abdomen, buttocks, hips and thighs and knees calves and ankles. Liposuction is a not a technique for treat obesity. Liposuction is not 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 or abdominoplasty 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. Suction-assisted lipectomy surgery is

I have been informed of the potential complications listed on this page (initial)_____

performed by using a hollow metal surgical instrument known as a cannula that is inserted through small skin incisions and is passed back and forth through the areas of fatty tissue.

The tumescent liposuction technique involves the infiltration of a very dilute anesthetic solution under the skin into the fatty tissue before it is removed. This technique can reduce the discomfort at the time of surgery, as well as reduce postoperative bruising. Afterward, compression

garments are worn for support, to control swelling and promote healing. Patients usually return to work after 3 to 7 days depending on surgical procedure performed.

I Clearly understand and accept the following

1. [redacted] The goal of liposuction surgery, as in any cosmetic procedure, is improvement- not perfection.
2. [redacted] The final result may not be apparent for 3-6 months post operatively.
3. [redacted] In order to achieve the best possible result, a “touch-up” procedure may be required.
4. [redacted] Areas of “cottage cheese” texture (i.e. cellulite) will be changed little by the liposuction procedure
5. [redacted] liposuction surgery is a contouring/sculpting procedure and is not performed for purposes of weight reduction, nor as a substitute for healthy diet and exercise.
6. [redacted] Strict adherence to the post-operative regimen and instructions is necessary in order to achieve the best possible results.
7. [redacted] understand that I will be in a surgical dressing for approximately one week. Upon my return visit, I will wear a support girdle or support dressing for one month.
8. [redacted] I have not taken any aspirin- containing products for minimum of two weeks prior to my surgery.
9. [redacted] consent to the administration of local or general anesthetic agents by or under the direction and supervision of Dr. Rochlin and anesthesiologist working with her.
10. [redacted] There is **no guarantee**, expressed or implied, that the expected or anticipated results will be achieved.
11. [redacted] **I understand that liposuction surgery is contraindicated in certain patients (see below) and that I am not one of these patients:**

1. [redacted] Woman who are pregnant or believe they might be pregnant
2. [redacted] Woman who are nursing
3. [redacted] Patients with active thrombophlebitis or active infection
4. [redacted] Patients with poor circulation or confined to bed
5. [redacted] Patients with a history of pulmonary embolism or blood clots in the lungs
6. [redacted] Patients with a history of severe or multiple allergic reactions
7. [redacted] Patients with uncontrolled diabetes mellitus or uncontrolled collagen vascular disease (e.g. lupus, etc.)
8. [redacted] Patients with a history of uncontrolled bleeding.
9. [redacted] Patients with positive blood tests for hepatitis, HIV, or AIDS.

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12. [redacted] I authorize and consent to the usage of photographs or video taken before, during, or after surgery for teaching, marketing, scientific journals, and other viewing purposes.
13. [redacted] Although complications following liposuction are infrequent, I understand that the following may occur:
14. [redacted] skin irregularities, lumpiness, hardness, and dimpling may appear postoperatively. Most of these irregularities disappear with time and or massage, but localized irregularities may persist permanently. If loose skin is present in the treated area, it may or may not shrink to conform to the new contour.

15. [REDACTED] infection is rare, but should it occur, treatment with antibiotics and or surgical drainage may be required.
16. [REDACTED] numbness or increased sensitivity of the skin over treated areas may persist for months. Although rare, it is possible that localized areas of numbness or increased sensitivity could be permanent.
17. [REDACTED] normal temporary side effects associated with liposuction surgery include soreness, inflammation, bruising, swelling, numbness and minor irregularity of the skin. Some of these effects can take several months to resolve.
18. [REDACTED] objectionable scarring or pigment changes are unusual because of the small size of the incisions used in liposuction surgery, but scar formation or permanent pigment changes are possible.
19. [REDACTED] Dizziness may occur during the first 24 to 48 hours following liposuction surgery, particularly upon rising from a lying or sitting position, or when removing compression garments. If this occurs, extreme caution must be taken while walking. Do not attempt to drive a car if dizziness is present.
20. [REDACTED] Surgical bleeding is very rare using the tumescent technique of liposuction surgery; however it could theoretically require hospitalization.
21. [REDACTED] Temporary accumulation of fluid under the skin (seroma) may occur, requiring possible surgical drainage.
22. [REDACTED] In addition to these possible complications, I am aware of the general risks inherent in all surgical procedures and anesthetic administration. Although rare with tumescent liposuction surgery, unexpected sever complications can occur, including but not limited to: allergic reaction, paralysis, convulsions, blood clots, strokes , heart attack, brain damage, or even en death.
23. [REDACTED] In the even of an emergency, I hereby give my consent to my transfer to a nearby hospital.
24. [REDACTED] Any surgery involves the risk of infection, bleeding, scarring, or serious injury. However, tumescent liposuction has an amazingly good safety record, the risks of liposuction are dramatically reduced using the tumescent liposuction technique.
25. [REDACTED] Patients can minimize the risk of surgical complications by not taking medications or over the counter preparations that might adversely affect the surgery. Patients should inform the surgeon of any medications being taken regularly, or occasionally, including herbal remedies.

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26. [REDACTED] **Risk of Irregularities of the skin:** Tumescent liposuction using microcannulas is the least likely to cause any significant or noticeable post surgical irregularities of the skin. By magnifying the fatty compartment, the tumescent technique permits more accurate removal of fat, with greater assurance that the liposuction cannula will not inadvertently approach too near the undersurface of the skin, which would cause irregularities. Thus, the tumescent technique helps to minimize the risk of postsurgical irregularities or rippling of the skin. Liposuction might improve pre-existing irregularities of the skin such as dimpling, but prospective patients should not assume that there will be significant improvement. It is unrealistic to expect perfectly smooth skin. Patients should expect that their skin will have approximately the same degree of dimpling and irregularities as existed before tumescent surgery. Ultimately, after liposuction the skin texture should be within existed before tumescent surgery. Ultimately, after liposuction the skin texture should be within normal limits. A casual observer should not notice any evidence of surgical irregularities of the skin. However, it is possible that noticeable irregularity of skin may result and require touch up surgery.
27. [REDACTED] **Risk of Scarring of the Skin:** Incisions for liposuction may result in scarring. The incisions made for inserting the cannula are usually less than 2 to 3 mm in length and are usually virtually invisible once healed. Although you may be able to find them upon close examination, most other people would not be able to see them. Some patients may experience temporary hyper pigmentation(darkening) that usually fades after months. Some patients may have a genetic predisposition for persistent discoloration at the incision sites. Patients that have experienced hyper pigmentation, or hyper pigmentation (pale or light colored scars) in the past

might expect to also experience it with these incisions. Certain areas of the body, such as the back or upper flanks, may be more likely to have pigmentation changes.

28. **Cellulite:** Liposuction of the tights, while improving the silhouette, does not necessarily eliminate the subtle “puckering” of the skin often called “cellulite.” Cellulite results from the pull of fibrous tissue that connects skin to underlying muscle. While tumescent liposuction may reduce the degree of cellulite, it is unlikely to eliminate it. Liposuction should not worsen cellulite.
29. **Liposuction and Obesity:** Liposuction is not an appropriate treatment for obesity. Liposuction is not a substitute for a prudent diet, good nutrition, and regular exercise. Obese patients may be good candidates for limited liposuction if their goal is simply to improve the shape of certain limited areas of the body.
30. **Postoperative Healing:** Normal healing after tumescent liposuction involves a limited but definite degree of soreness, swelling, bruising, and lumpy firmness. A temporary mild numbness of the skin may persist for up to months. Most patients can actually see some improvement of their silhouette within one week after surgery. However, because of the slow resolution of post surgical swelling, the ultimate results following liposuction usually require 12 to 24 weeks to be achieved
31. **Realistic Expectations:** Although the results of liposuction are often quite spectacular, it is not realistic to expect perfection. It is impossible to guarantee the precise amount of improvement that will result from liposuction. Patients should not have unrealistic expectations. Although patients can usually expect to achieve at least a 50% improvement, it is unreasonable to expect 95% improvement or near perfection. For the perfectionist or for liposuction of very large area, maximum improvement may require a second procedure for which an additional fee may apply. Patients who would be satisfied with 50% improvement would be reasonable good candidates for liposuction. The 50% improvement is intentionally a vague measure. It indicates a definite perceptible improvement, but something short of perfection. If a 50% improvement would make a patient happy, then it is likely that these expectations will be met.

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32. **Longevity of Results:** The fat cells that are removed by liposuction do not grow back. If the patient later gains or loses weight, the change tends to be distributed proportionately over the entire body. Although one can expect some changes with aging, provided that the patient does not gain large amounts of weight, the new, more pleasing silhouette is relatively permanent.
33. _____ I confirm Dr. Rochlin and her staff have explained to me the nature, purpose, limitations and possible consequences of liposuction surgery, as well as risk involved and possible complications. I understand the explanation I have received is not exhaustive and that other, more remote risks and consequences may arise. I have been advised that a more detailed and complete explanation of any foregoing matters will be given to me if I so desire, and I do not desire such further explanation. All questions have been answered to my satisfaction.
34. _____ I agree to keep the Dr. Semone Rochlin informed of any changes of address in order to be notified of any late findings, and I agree to cooperate with my care after surgery until completely discharged.
35. _____ I have read a copy of the foregoing consent for the operation, understand it accept these facts, and hereby authorize the above doctor to perform this surgical procedure on me.

I CERTIFY: I have read or had read to me the contents of this form; I understand the risks and alternatives involved in this procedure; I have had the opportunity to ask any question which I had and all of my questions have been answered

I confirm with my signature below that: the physician has discussed the above information with me, that I have had the chance to ask questions, that all my questions have been answered to my satisfaction, and that I thereby give informed consent. I voluntarily request treatment with by the physician, which has been explained to me, and my questions regarding such treatment, its alternatives, its complications and risk have been answered by the doctor, staff, and/or written information. My questions have been fully and completely answered for me and I have read this document and understand its contents. I hereby give my unrestricted informed consent for the procedure. In the event a dispute arises over the outcome of my procedure, I consent solely to arbitration as a legal means of settlement.

Patient Name: (Please Print) _____
Date _____

Patient Signature: _____
Date: _____

Witness Signature: _____ Date _____

Physician Only: I confirm with my signature that I have made time available to discuss with the above-named patient the risks, potential complications, and intended benefits of surgery. The patient has had the opportunity to ask any questions, all questions have been answered, and the patient has expressed understanding. Thus informed, the patient has requested to perform surgery on him/her.

Physician signature: _____ Date _____

Our patients are offered a copy of any form they sign