

INFORMED-CONSENT SUCTION-ASSISTED LIPECTOMY SURGERY

INSTRUCTIONS

This is an informed-consent document that has been prepared to help your plastic surgeon inform you concerning suction-assisted lipectomy ("liposuction") surgery, 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

Suction-assisted lipectomy 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. Liposuction is not a substitute for weight reduction, but a method for removing localized deposits of fatty tissue that does not respond to diet or exercise. Suction-assisted lipectomy may be performed as a primary procedure for body contouring or 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. Hanging skin 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 suction-lipectomy. Suction-assisted lipectomy by itself will not improve areas of dimpled skin known as "cellulite."

There are a variety of different techniques used by plastic surgeons for suction-assisted lipectomy and care following surgery. 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 suction-assisted lipectomy in some patients.

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

RISKS of SUCTION-ASSISTED LIPECTOMY SURGERY

Every surgical procedure involves a certain amount of risk, and it is important that you understand the risks involved with suction-assisted lipectomy. 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 suction-assisted lipectomy.

Patient selection- Individuals with poor skin tone, medical problems, obesity, or unrealistic expectations may not be candidates for suction-assisted lipectomy.

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 blood transfusion. Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may increase the risk of bleeding.

Infection- An infection is quite unusual after this type of surgery. Should an infection occur, treatment including antibiotics or additional surgery may be necessary.

Risks of Suction-Assisted Lipectomy, continued

Change in and skin sensation- Temporary changes in skin sensation after suction-assisted lipectomy occur which usually resolve. Diminished (or complete loss of skin sensation) infrequently occurs and may not totally resolve.

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 different color than surrounding skin. Additional treatments including surgery may be needed to treat abnormal scarring.

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

Asymmetry- Symmetrical body appearance may not result from suction-assisted lipectomy surgery. Factors such as skin tone, bony prominence, and muscle tone may contribute to normal asymmetry in body features.

Surgical shock- In rare circumstances, this procedure 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 suction-assisted lipectomy, hospitalization and additional treatment would be necessary.

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. Should fat embolism or other pulmonary complications occur following suction-assisted lipectomy, additional treatment including hospitalization may be necessary.

Skin loss- Skin loss is rare after suction-assisted lipectomy. Additional treatments including surgery may be necessary.

Seroma- Fluid accumulations infrequently occur in areas where suction-assisted lipectomy 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 suction-assisted lipectomy.

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 to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

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 complications, injury, and even death from all forms of surgical anesthesia or sedation.

HEALTH INSURANCE

Most health insurance companies exclude coverage for cosmetic surgical operations such as the suction-assisted lipectomy or any complications that might occur from surgery. Please carefully review your health insurance subscriber-information pamphlet.

Risks of Suction-Assisted Lipectomy, continued

ADDITIONAL SURGERY NECESSARY

There are many variable conditions in addition to risk and potential surgical complications that may influence the long term result from suction-assisted lipectomy. Even though risks and complications occur infrequently, the risks cited are particularly associated with suction-assisted lipectomy. 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 cannot be any 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 total includes fees charged by your doctor, the cost of surgical supplies, anesthesia, laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. 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 TREATMENT

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 SUCTION-ASSISTED LIPECTOMY SURGERY

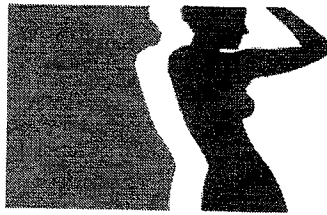
- _____
2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise 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.

Patient or Person Authorized to Sign for Patient

Date _____

Witness



**FARAHMAND
PLASTIC SURGERY**

Home Care Instructions Liposuction

Post Op Instructions:

Leave the support garments on even when using the bathroom.

You can expect:

- 1) Moderate discomfort-which should be helped by the pain medications
- 2) There may be some bloody drainage on the dressings
- 3) The greatest discomfort is usually the first 24 hours. Thereafter, you will find that you require less pain medication

Call the office if:

- 1) Severe pain not responding to pain medication
- 2) Swelling that is greater on one side than the other
- 3) the bandages seem too tight
- 4) Incisions that are red or feverish
- 5) you have a fever
- 6) any other questions or problems arise

Once cleared to shower you may do so every day. Please do not use the bathtub for 2 weeks. You will remove the garment prior to showering, take a quick shower and replace the garments. No smoking for the first 7 postoperative days. The garment can be washed and dried. While this is being done please be off your feet and quiet. You may drive once off the pain pills and when you experience no pain with this activity. No aspirin, ibuprofen for 2 weeks.

Post Op Recovery:

Do not use a hot tub for 4 weeks. Limit lifting, pulling or pushing for 10 days. Avoid sports or strenuous activities for 4-6 weeks. The garments are worn until the bruising is gone. Note: You must wear the garment to obtain a good cosmetic result.

Patient

Date

Witness

Date



**FARAHMAND
PLASTIC SURGERY**

Pre-operative care

1. Do not take aspirin, aspirin containing compounds, blood thinning products, no vitamin E, no homeopathic medicines, no ibuprofens for two weeks prior to surgery. Do not drink alcohol two days prior to surgery. Do not take any of the above mentioned products for one week after surgery. You may take TYLENOL in place of aspirin if needed.
2. Arrange for transportation to and from the surgical facility with a family member or friend. You will not be able to drive after surgery.
3. It is advisable to take some time off from work. You will want to discuss this with the Doctor. The amount of time will vary depending on the type of work that you do.
4. Arrange for someone to be with you for at least 24 hours after surgery.
5. Please do not wear any jewelry, make-up, or nail polish to the surgical facility on surgery day.
6. If you should become ill, please notify our office before surgery.
7. May take XANAX night before surgery with sip of water. Do not take Xanax on the day of surgery.
8. Do not eat any food or drink any liquids (including coffee, tea, and water) after midnight and nothing at all the morning of surgery... unless Dr. Farahmand ordered you to take medications. Your stomach must be completely empty for your safety. If you have taken anything by mouth, we will cancel your surgery. You may brush your teeth the morning of surgery.
9. It is your responsibility to keep your pre-operative appointment. Surgery will be cancelled if the required pre-operative testing is not completed.

Surgery Day

1. Call the surgical facility _____ the day before surgery to determine what time to report for registration.
 2. Remove all make-up, jewelry, and nail polish.
 3. Wear comfortable clothing, preferably a button front shirt. (BREAST SURGERY PATIENTS—Please bring a sports bra with front closure, no wires. This may be purchased at Target and is called Jogbra)
 4. If you have any questions, please do not hesitate to call our office at 332-2388.
- I have read the pre-operative information and fully understand its contents.

Patient _____ Acct# _____
Witness _____

Date _____
Date _____

Pre-operative Check List

Patient _____
Date _____

Acct# _____
Surgery date _____

Initials

- _____ Financial Policy/ Consent signed _____
- _____ Copy of Insurance card in chart _____
- _____ Consents signed _____
- _____ Orders / Scripts (Done and Signed) _____
- _____ Labs Done by _____
- _____ Mammo _____ / EKG _____
- _____ Patient consent to treatment _____
- _____ Mentor implant acknowledgement _____
- _____ Mentor consent for silicone implants _____
- _____ Pregnancy waiver / _____ peer review (disclosure) _____
- _____ Photos taken (check book if not sure) _____
- _____ Green Sheet (Read __, Gone over __, Signed __) _____
- _____ Must explain to all cosmetic patients: Surgical
cost information (Given to patient) *If further surgery
should be necessary, for any reason, the patient will
be responsible for the cost of the facility and anesthesia.
Approximately \$2200. _____
- _____ Post operative instructions given to hospital patients _____
- _____ Sized Garment, Size _____
- _____ Weight _____ lbs. For all liposuction,
abdominoplasty, and breast reduction patients _____
- _____ Must Order Breast , Chin, mandibular implants
Size: _____ Catalog number _____
- _____ Reminder on all the following procedures:
1. Abdominoplasty
1. Thigh lifts
2. Inner thigh liposuction
Patients need to shave pubic area the night before
Surgery _____
- _____ Always mark orders for surgery as follows:
"Patient not to be sedated until seen by Dr. Farahmand _____

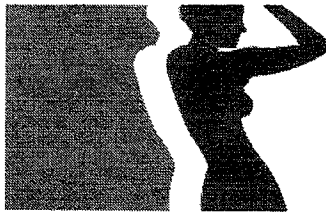


**FARAHMAND
PLASTIC SURGERY**

Pre-Operative Shopping List

The following is a list of items that should be purchased prior to surgery in order to prepare for and more easily recover from surgery.

Have	Need
_____	<input checked="" type="checkbox"/> Prescriptions – have your prescriptions filled prior to surgery to save time on the way home when you won't be feeling up to stopping.
_____	<input checked="" type="checkbox"/> Tylenol or a generic form of this drug – this will be the drug of choice once you do not need the prescription strength pain medications.
_____	<input type="checkbox"/> Multivitamin – to take prior to surgery and during your recovery for maximum health.
_____	<input checked="" type="checkbox"/> Germ-inhibiting soap, such as Dial, Safeguard, or Lever 2000 – to bath with prior to surgery in order to minimize germs.
_____	<input checked="" type="checkbox"/> Straws – you need to drink a lot of fluids after surgery in order to help get the anesthesia out of your body quicker and straws will help you drink more.
_____	<input type="checkbox"/> Frozen Peas – these are great as “ice packs” for facial areas. Get 2-4 packages so that you can use 1 or 2 and have the others freezing.
_____	<input type="checkbox"/> 4 X 4 gauze and paper tape
_____	<input type="checkbox"/> Q-tips
_____	<input type="checkbox"/> Hydrogen Peroxide
_____	<input checked="" type="checkbox"/> Gentle foods – to encourage eating and not upset the stomach initially.
_____	Clear Soda (not diet): Ginger Ale, 7-Up, Sprite
_____	Plain crackers, saltine not buttery
_____	Soups, water based not cream based
_____	Pudding / Applesauce
_____	Jello
_____	Toast
_____	Other _____



**FARAHMAND
PLASTIC SURGERY**

Pregnancy Waiver for Surgical Procedure

Patient _____

Acct# _____

To Whom it may concern:

I, _____, choose to waive a serum pregnancy Test.

I am positive I am not pregnant at this time.

In the event that I should discover otherwise, I agree to take full responsibility.

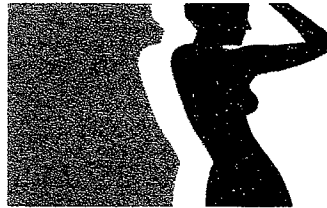
Surgical Date: _____

Date

Patient's Signature

Date

Witness



**FARAHMAND
PLASTIC SURGERY**

Audrey Farahmand MD

SURGICAL COST INFORMATION

OUR GOAL IS TO GIVE EACH AND EVERY PATIENT THE BEST RESULTS. UNFORTUNATELY APPROXIMATELY 5% OF ALL PLASTIC SURGERY PROCEDURES WILL REQUIRE REVISION(S) DUE TO EXCESS SCAR TISSUE.

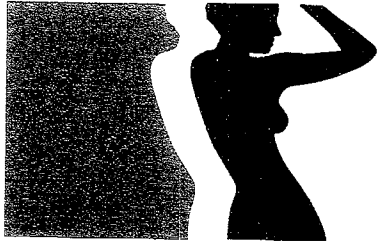
SHOULD THIS HAPPEN, OUR POLICY IS TO ONLY CHARGE FOR FACILITY COSTS AND ANESTHESIA. THE CHARGE WILL BE APPROXIMATELY \$2200.00. YOU WILL NOT BE CHARGED FOR THE DOCTOR'S TIME.

THIS REVISION POLICY ABOVE IS APPLICABLE TO SCAR TISSUE ONLY FOR OUR BREAST AUGMENTATIONS. NOT INCULDED ARE DEFLATIONS OR CHANGING THE SIZE OF IMPLANTS.

PATIENTS SIGNATURE

DATE

WITNESS SIGNATURE



FARAHMAND
PLASTIC SURGERY

(239) 332-2388
Fax (239) 332-2382

13710 Metropolis Avenue
Suite #104

Fort Myers, Florida 33912

www.farahmandplasticsurgery.com

Illicit/Illegal Drugs and Surgery Warning

WARNING: If you have used or are planning to use illicit/illegal drugs within 72 hours of your surgical procedure, it could severely interfere with your anesthesia. It could cause a wide range of medical and surgical complications. The drug using patient having surgery needs special attention in order to avoid interactions and complications. Please speak to Dr. Farahmand about your drug use so that she may review the different drugs and their clinical effects and the problems which could be encountered.

If you have used illicit/illegal drugs 72 hours prior to your surgery it is recommended that you reschedule your surgery to another date.

Signature

Date

Witness

Date