

LIPOSUCTION (SUCTION OF FAT USING VACUUM) INFORMED CONSENT FORM

The objective of this form is to enable your participation into the decision making process about your healthcare by informing you.

This form has been designed in order to meet the needs of many patients under most conditions, nevertheless, it should not be considered as a document containing the risk of the entire applicable treatment. Based upon your individual healthcare, your physician may provide you with different or additional information.

After acquiring the advantages and possible risks of diagnosis, medical treatment and surgical interventions, it is up to your decision whether or not to accept these procedures. You are entitled to refuse to be informed except for the legal and medical necessities or withdraw your consent at any time.

What Is Liposuction (Suction Of Fat Using Vacuum)?

Liposuction is a technique ensuring suction of unwanted fat in certain parts of the body. Among these areas are the face, the neck, upper arms, body, abdomen, hips, thighs, knees, calves and ankles. Liposuction is not a method for losing weight. However, it is used to take away the accumulated weight that cannot be removed via diet and exercise. Liposuction can be used in body shaping alone or along with methods like face lifting, abdominoplasty, thigh lifting etc.

The most proper candidates of liposuction are relatively normal weight, however with excessive accumulated fat in some parts of the body. Having a vivid and elastic skin ensures better results after liposuction. In contrast, loose skins cannot adapt to new contours, and additional surgical methods can be necessary for tightness. Disorders of the body contours arising from the excessive tissues except fat cannot be eliminated with liposuction. Liposuction cannot alone eliminate the orange peel appearance of the skin known as “cellulites”.

There are different techniques used for liposuction and post-liposuction care by plastic surgeons. Your surgeon may recommend preparation of a unit of your blood where post-operation may be necessary.

Risks Of Liposuction

Every surgical intervention has certain risks, and it is important that you understand the risks of liposuction. A person's choice of surgical intervention is based on comparison of risks to benefits. Although most patients do not observe such side effects, you should discuss with your plastic surgeon to make sure that you understand the risks, side effects and results of liposuction.

Choice of patients: Those with weak skin tonus, medical problems, who are obese and with unrealistic expectations cannot be candidates for liposuction.

Hemorrhage: Hemorrhage can be seen during or after surgery, although rare. In case of post- operative hemorrhage, urgent discharge of the accumulated blood and blood transfusion to the patient may be necessary. Since it can increase the risk of hemorrhage, do not use aspirin or other non-steroid anti-inflammatory drugs within a period of ten days before surgery.

Infection: Infection is rare after this kind of surgery. Antibiotic therapy and surgical incision may be required in case of infection.

Reduced Feeling Of Skin: Transient changes can be observed in the sense of the skin after liposuction. This condition generally goes away spontaneously. Reduction or loss of senses is rarely observed, which may not recover entirely.

Scar Formation: Although good recovery of the scar is expected after the surgery, abnormal scar can be formed on the skin or deeper tissue. This is rarely observed. Add-on-therapy including surgery may be necessary in treatment of abnormal scar development.

Irregular Skin Contour: Post-liposuction contour disorders and collapses can be observed. Wrinkles may occur on the skin that are visible and sensible by hand. Add-on-therapies including surgery can be needed in correction of these conditions.

Asymmetry: Maybe symmetric body appearance is not ensured after liposuction. The skin tonus, body protrusions and skin tonus all play a role in abnormal asymmetric body shape.

Surgical Shock: Rarely, interventions where more than one and wide areas are vacuumed, especially in a single séance, can cause serious trauma. Although serious side effects are rarely observed, infections and excessive liquid loss can cause severe conditions and even death. In case of surgical shock after liposuction, inpatient treatment is necessary.

Pulmonary Complications (Adverse Outcomes): Fat embolism syndrome develops as a result of fat droplets stuck within the lungs. This condition is a very rare, but possibly fatal complication of liposuction. Inpatient treatment may be required in case of development of post-liposuction fat embolism or other pulmonary complications (adverse outcomes).

Skin Loss: Post-liposuction skin loss is rare. Add-on-therapies including surgery may be necessary.

Seroma: Rare liquid accumulations can be seen in areas of liposuction implementation. Add- on-therapies or surgery can be necessary to empty the accumulations.

Long-Term Effects: Changes in body contour may occur due to reasons other than aging, putting on / losing weight, pregnancy and liposuction.

Allergic Reactions: In rare conditions, local allergic reactions are reported against tapes, stitching materials or topical medicine used. More serious systemic reactions can develop against the medicines used during surgery or prescribed afterwards. In this case, additional therapies would be necessary.

Other: You can experience disappointment as a result of the operation. Additional interventions may rarely be necessary to obtain better results.

Surgical Anesthesia: Both local and general anesthesia have their risks. All types of general anesthesia or sedation bear risks of side effects, injury and even death.

Additional Surgical Procedures That Can Be Necessary

There are different conditions that might affect results in early and late period. Although risks and complications (adverse outcomes) other than the mentioned risks can be seen, these are also rare. Additional treatments and surgical incision may be required in case of complication. There is no certainty in medicine and surgery. Although good results are expectable, no guarantee can be given about the outcomes.

Diagnosis

Treatment/procedure to be applied

Should you not intend to be informed about the purpose, duration, advantages, success ratio, potential risks and complications and alternative options of the treatment to be applied and as well as about the subsequent potential risks in case you do not accept the treatment, please declare so below with your hand writing.

I hereby declare that;

My attending physician informed me about my disease, the treatment option to be applied, its duration, advantages, success ratio, the fact that it does not necessarily guarantee the recovery of current status, period of healing, potential risks and complications, alternative techniques, the potential situations I will experience on the condition that I reject the treatment and compulsory performance of an additional operation/intervention/procedure if deemed necessary and s/he answered all my questions regarding these matters.

Above mentioned procedure has been disclosed to be performed on myself/patient I legally represent by the physicians, nurses as well as other healthcare professionals under the authority, surveillance and control of my attending physician.

I have been informed that if required, anesthesia will be performed by an anesthetist, sedation will be performed by an anesthetist or another physician competent in sedation and local anesthesia will be performed by my attending physician.

While being entitled to make decision and think straightly, I accept the medical procedure to be performed, and consent that my attending physician and his/her team will carry out any medical treatment option/surgical technique/intervention they deem to be necessary.

I authorize the hospital to examine, inspect, dispose of or keep the tissues or organs removed during the procedure for which I have consented above.

I allow my medical reports to be used for scientific researches provided that my identifying information is kept hidden.

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-12). I AM SATISFIED WITH THE EXPLANATION

I AM SATISFIED WITH THE EXPLANATION

Date:...../...../..... Time:.....

IF THE PATIENT'S CONSCIOUS	IF THE PATIENT'S UNCONSCIOUS AND ACCOMPANIED BY HIS/HER LEGAL REPRESENTATIVE
Patient's Name Surname :..... Address :..... Phone :..... Signature :	legal representatives* or guardians Name Surname :..... Address :..... Phone :..... Signature :.....
Doctor Name Surname:..... Signature:	Doctor Name Surname:..... Signature:
Witness **: Name Surname:..... Signature:	Witness **: Name Surname:..... Signature: