



Fat Grafting Consent

I. INSTRUCTIONS

This is an informed consent document that has been prepared to help inform you of Autologous Fat Grafting 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 and agreed upon by you.**

II. INTRODUCTION

Fat Grafting is a surgical procedure to add volume, minimize wrinkles and indentations of the surface of the body. 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 abdomen or thighs) to an area that has lost tissue volume due to aging, trauma, surgery, or other causes. Typically, the transferred fat results in an increase in volume of the 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. The fat is then prepared before being replaced back in the body. This preparation includes 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, you may be injected more than is needed at the time to achieve the desired end result. Over a few weeks, to a month the amount of transferred fat will decrease. At times, more fat may need to be transferred to maintain the desired results.

III. ALTERNATIVE TREATMENTS

Alternative forms of treatment consist of not treating the lack of facial volume, injecting man-made substances to improve tissue volume (hyaluronic acid, polylactic acid, etc.), use of man-made implants. Risks and potential complications are associated with alternative forms of treatment.

IV. RISKS OF AUTOLOGOUS FAT GRAFTING SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. 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 the following complications, you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of fat grafting. The risks and complications of fat grafting can be divided into two categories: Early and Late. **Early** complications occur either at the time of surgery or within 1-2 weeks of surgery. **Late** risks and complications usually emerge 1 or more months after surgery.

Early Risks and Complications

- 1. Bleeding:** It is possible, though unusual, to have a bleeding episode during or after surgery. Do not take aspirin or anti-inflammatory medications for ten days before surgery or after surgery as this may contribute to a greater risk of bleeding. It is not unusual to see a small amount of bleeding from the surgical sites and after surgery.
- 2. Infection:** Infection is very rare after surgery. Should an infection occur, additional treatment including antibiotics might be necessary.
- 3. 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.
- 4. Asymmetry:** Symmetrical facial appearance may not result from a fat transfer procedure. Factors such as skin tone, fatty deposits, bony prominence, and muscle tone may contribute to normal asymmetry in facial features.

Late Risks and Complications

1. **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. There is the possibility of visible marks in the skin from sutures. In some cases scars may require surgical revision or treatment.
2. **Change in Appearance:** There is the possibility of a poor result from fat injection surgery. The correction of the problem may not be permanent if the fat becomes absorbed completely. Normally about 50% of the fat may be absorbed and the surgeon will inject more than necessary to make up for the expected absorption of the fat graft. It is very possible that you may need more than one fat injection surgeries to accomplish a satisfactory result.
3. **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. The may leave scars and disfigurement and require surgery for treatment.
4. **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 fat grafting surgery.

V. ADDITIONAL SURGERY NECESSARY

There are many variable conditions that may influence the long term result of brow lift surgery. Secondary surgery may be necessary to obtain optimal results. Should complications occur, additional surgery or other treatments may also be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with facelift 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.

VI. 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.

VII. 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), including no surgery. 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 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.**

CONSENT FOR SURGERY / PROCEDURE or TREATMENT

I hereby authorize Dr. Mario J. Imola and/or Dr. David M. Kowalczyk and such assistants as may be selected to perform the following procedure or treatment:

- Facial Fat Grafting
- Nano Fat Grafting
- Micro Fat Grafting

- Temples
- Mala or Cheeks
- Mouth
- Forehead
- Lower Eyelids
- Lips
- Nose

I have received and read the following four information documents:

- 1) Fat Grafting: Patient Information
- 2) Fat Grafting: Perioperative Patient Instructions
- 3) Fat Grafting: Consent
- 4) General Surgical Complications: Advisory and Consent

Patient Signature _____

Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray): Patients who are currently smoking, use tobacco products, 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, smokers may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possible 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 3 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 Signature _____

Initial _____

