

## Consent form: Liposuction and Fat Transfer

Areas to be treated:

- Upper/Lower Abdomen
- Flanks
- Inner thighs
- Outer thighs
- Other

I understand that Liposuction (with or without Fat Transfer) is an elective minimally invasive surgical procedure to remove body fat from specific area(s) of the body. I understand that where Liposuction is followed by Fat Transfer, some or all of the removed fat will be placed into other specific area(s) of the body.

The procedure has been explained to me during a consultation with my doctor in a way that I understand. I have had the opportunity to ask questions and my questions have been answered. Alternative methods of treatment have been discussed with me.

I confirm that on ..... I was given the following information sheets, copies of which are attached to this form:

- Liposuction
- Fat Transfer
- Other .....

I have read and understood these information sheets. After reading these information sheets I have had another opportunity to ask questions of my doctor and I confirm that my questions have been answered in a way that I understand.

I **understand** that no guarantee has been given by anyone as to the results that I may obtain. The outcome of any form of surgery, including Liposuction or Fat Transfer, is uncertain and cannot be predicted. I understand that sometimes poor outcomes do occur and that these can be permanent.

I also understand that there are risks to the procedure proposed. The most common and generally significant risks are set out in the information sheets. I appreciate that the information sheets might not list all of the risks of a procedure. I have, however, had the opportunity to discuss with my doctor any other risks which I think are important to me and I confirm:

(Please complete or delete as appropriate)

- There are no other risks that are important to me.

or

- We have discussed the following important risks which are not dealt with in the information sheets:

.....

I consent to the administration of such anaesthetics considered necessary or advisable. I understand that all forms of anaesthesia involve risk and the possibility of complications, injury and sometimes death.

I consent to the disposal of any tissue medical, medical devices or body parts removed.

I agree to comply with the aftercare advice which is set out in the attached aftercare advice note including:

- Use of a garment support for 6 weeks AM and PM;
- Diet;
- Avoiding strenuous exercise; and
- Wound care.

I understand that smoking significantly increases the risk of wound infection and delayed healing. I understand that if I do not comply with my doctor's advice this may affect the final treatment outcome.

I confirm that I have told my doctor about all relevant past medical history, to include any of the following:

- Psychiatric or psychological difficulties;
- Other cosmetic medical or surgical procedures;
- Problems with healing, or with the formation of scars.

Patient name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Surgeons name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_