

Operative Consent for Tumescent Liposuction Surgery

Patient Name: _____

Date: _____

I am aware that liposuction surgery using the tumescent technique is a relatively new procedure, and that Dr. Giarratana incorporated this procedure into his own practice in February of 1999, after a period of observation and guided clinical study in the technique of tumescent liposuction with one of the pioneers of this technique. Dr Giarratana has carefully explained the nature, goals, limitations and possible complications of this procedure. He has discussed alternative forms of treatment for reduction of fat stores, including diet and exercise. I have had the opportunity to ask questions about the procedure, its limitations and possible complications. By placing my initials next to the numbered statements below, I signify that I clearly understand and accept the following items:

- _____ 1. The goal of liposuction surgery, as in any cosmetic procedure, is improvement, not perfection.
- _____ 2. The final result will not be apparent for 3 to 6 months after the operative procedure. There is no guarantee that the expected or anticipated results will be achieved. (A 50% improvement is a reasonable expectation.)
- _____ 3. In order to achieve the best possible result, a "touch up" procedure may be required. "Touch ups" include any additional liposuction surgery to the same body area within twelve months of the original procedure. There will be a charge for any such "touch up" procedure performed.
- _____ 4. Areas of "cottage cheese" texture, frequently referred to as cellulite, will not be altered by the liposuction procedure.
- _____ 5. Liposuction is a contouring procedure and is not performed for purposes of weight reduction. Diet and exercise serve this purpose and should be a part of my lifestyle both before and after the planned liposuction procedure.
- _____ 6. Strict adherence to the postoperative regimen, including the wearing of an elastic garment for several days and proper diet and exercise, is necessary to achieve the best possible results.
- _____ 7. The goal of liposuction surgery, as in any cosmetic surgery, is to improve the patient's appearance. It does not guarantee any particular reduction of any measurements of body dimensions. Future weight gains may result in the relative increase in the size of remaining areas of fatty accumulation in the body, such as the breast, buttocks and arms.
- _____ 8. Since the use of aspirin and aspirin-like medications, such as ibuprofen, may interfere with blood clotting, I assert that I will not use any of these substances for ten days prior to my surgery.

Although complications following liposuction using the tumescent technique are infrequent, I understand they do occur. By placing my initial next to the items enumerated below, I show that I understand and accept they may occur.

- _____ 1. Skin irregularities, lumpiness, hardness and dimpling may appear post-operatively. Most of these irregularities disappear with time and massage, but localized irregularities may persist permanently. If loose skin is present in the treated area, it may or may not shrink back to conform to my new body contour.
- _____ 2. Infection is rare using the tumescent technique, but should it occur, treatment with antibiotics and/or surgical drainage, in a hospital setting, may be required.
- _____ 3. Numbness or increased sensitivity of the skin over the treated area may persist for months. It is possible that localized areas of numbness or areas of increased sensitivity could be permanent.

- _____ 4. Objectionable scarring is rare because of the small size of the incisions used in liposuction surgery, but scar formation is possible.
- _____ 5. Dizziness may occur during the first week following liposuction surgery, particularly upon rising from a sitting or lying position. If this occurs, extreme caution must be exercised while walking. I will not attempt to drive if dizziness is present. If I have not arranged for someone to drive me to and from my home on the day of the procedure, I understand that the procedure will be canceled and I will forfeit the \$500 deposit I made prior to scheduling the procedure.
- _____ 6. Surgical bleeding is very rare, but could possibly require hospitalization for management. It is also possible that blood clots could develop under my skin that require subsequent surgical drainage.
- _____ 7. Because of unforeseen complications, I have arranged for someone to stay with me for 24 hours after my surgery.
- _____ 8. Tumescent anesthesia may cause discomfort during administration.
- _____ 9. In addition to the above possible complications, I am aware of the general risks inherent in any surgical procedure and anesthetic administration, including allergic reactions, generalized infections, bleeding and organ injury, all possibly requiring hospitalization for management.

Pictures will be taken both before and after the procedure, with the patient in varying degrees of undress. These pictures are to help aide in the performance of the procedure and serve as a permanent record of the procedure. They are the property of Dr. Giarratana, and, as such, will remain in the chart of the patient in Dr. Giarratana's office.

I authorize Dr. Giarratana to use my "before" and "after" pictures for patient education:

_____ Yes _____ No

I certify that I am not pregnant: _____ (Initials)

My signature certifies that I have read and discussed the preceding material ("Operative Consent for Tumescent Liposuction Surgery") thoroughly, that I understand the goals, limitations and possible complications of liposuction surgery, and that I wish to proceed with the operation.

Patient Signature: _____

Date: _____