VASER® Liposuction Patient Consent



Introduction

Please complete all details required on this form as noted by your consultant. Please make sure you read through all information thoroughly and sign and date at the bottom of the relevant areas.

Liposuction is a surgical technique to remove unwanted deposits of fat from specific areas of the body, including the face and neck, upper arms, chest, upper and lower back, abdomen, buttocks, hips, inner and outer thighs, knees, calves, and ankles. This is not a substitute for weight reduction, but a method for removing localized deposits of fatty tissue. VASER® Liposuction may be performed as a primary procedure for body contouring or may be combined with other surgical techniques.

The best candidates for VASER® Liposuction are individuals of relatively normal weight who have excess fat in specific body areas. Firm, elastic skin will result in a better contour after the procedure. Skin that has diminished tone due to stretch marks, weight loss, or natural aging 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 this technique. Liposuction itself will not improve areas of dimpled skin known as "cellulite".

The VASER® Liposuction procedure is performed utilizing advanced proprietary technology. A patented grooved solid metal probe is first inserted through one or more small skin incisions. Ultrasonic energy emitted from the sides and end of the probe as it is passed back and forth breaks down fatty deposits.

Subsequently, a hollow metal surgical instrument known as a cannula is inserted and is directed through the area of emulsified fat cells. The cannula is attached to a vacuum source, which provides gentle suction to remove the emulsified fat.

Because the VASER® Liposuction procedure is unique in that it first targets and dissolves fat cells and then draws out emulsified fat, leaving the collagen matrix intact, surgical trauma, complications and the potential for post-operative pain and bruising are minimized while skin retraction is optimal.

VASER® Liposuction may be performed under local or general anaesthesia, and requires the infiltration of fluid containing dilute local anaesthetic and adrenaline into areas of fatty deposits. This technique can reduce discomfort at the time of surgery, as well as reduce post-operative bruising. Support garments and dressings are worn after surgery to control potential swelling and promote healing, to provide comfort and support, and to help skin better fit new body contours. 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 include not treating the areas of fatty deposits, and diet and exercise regimens that 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 liposuction in some patients. Risks and potential complications are associated with alternative forms of treatment that involve surgery.

Risks & Side Effects

Every surgical procedure involves a certain amount of risk, and it is important that you understand the risks involved with the VASER® Liposuction procedure.

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 surgeon to make sure you understand the risks, potential complications, and consequences of VASER® Liposuction.

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Patient Selection

Individuals with poor skin tone, medical problems, or unrealistic expectations may not be candidates for VASER® Liposuction.

Allergic Reactions

Rarely, local allergies to tape, suture material, or topical preparations utilised in liposuction procedures have been reported. More serious systemic reactions due to drugs administered during surgery and prescription medicines may require additional treatment.

Asymmetry

Due to factors such as skin tone, bony prominence, and muscle tone, which can contribute to normal asymmetry in body features, it may not be possible to achieve symmetrical body appearance through liposuction procedures.

Bleeding

While unusual, it is possible to have a bleeding episode during or after surgery. Should post- operative bleeding occur, it may require emergency treatment to drain accumulated blood or require a blood transfusion. Non-prescription herbs and dietary supplements can increase the risk of surgical bleeding. Do not take while recovering and seek your surgeon's advice before taking any medication not noted during consultations/

Change In Skin & Skin Sensation

A temporary decrease in skin sensation may occur following VASER® Liposuction. This usually resolves over a period of time. Diminished or complete loss of skin sensation that does not totally resolve could potentially occur, as it infrequently has with various lipoplasty procedures.

Chronic Pain

Chronic pain and discomfort following VASER® Liposuction is unusual, but possible.

Infection

Infection is uncommon following this type of surgery. Should an infection occur, treatment with antibiotics or additional surgery may be necessary.

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Long-term Effects

Subsequent alterations in body contour may occur as a result of ageing, weight loss or gain, pregnancy, or other circumstances not related to VASER® Liposuction.

Declaration

I confirm that I have read, understood and have taken time to consider all of the identified risks as described above. I have also had the opportunity to discuss any additional concerns and questions with my surgeon. I have decided to proceed with stated procedure with full knowledge of the risks and intended benefits involved. I certify that I have fully informed my surgeon correctly and to the best of my knowledge of my full medical history and status, and that I understand withholding medical information could lead to complications or problems that may have been prevented if that information were known prior to my surgery.

PRINT NAME (PATIENT)	PRINT NAME (CLINICIAN)
SIGNED (PATIENT)	signed (clinician)
DATE	DATE