

Date: .....

**INFORMED CONSENT FOR LIPOSUCTION PROCEDURES**

I, the undersigned, .....  
born on .....  
living at .....  
tel. ....

after having an informational discussion about the planned procedure and possible complications, I consent to the following surgical procedure:

To be performed to me, on the following day: .....

Medicine not only consists of knowledge, but also of the unknown. Acting accordingly within the confines of the art of medicine, to the best of his knowledge and abilities, the physician cannot always guarantee an ideal surgical outcome. There is the possibility, however small, of failure and worsening of appearance during the first procedure. As a result, this may be followed by the necessity to carry out additional procedures in order to obtain the desired effect.

By opting for liposuction, I understand and assume the associated risks and complications. I understand that the probability of occurrence is minimal, but should be taken into consideration when consenting for surgery.

**Complications after surgery (listed by incidence):**

- Discoloration, hypertrophic scars and keloids in the cannula introduction incisions/sites (1:500)
- Bleeding and hematoma of the surgical area (1: 1000)
- Inflammation or infection of the surgical area (1: 2000)
- Venous thrombo-embolism (1: 100 000)
- Pulmonary fat embolism ( 1: 250 000)

**Distressing / Alarming systemic symptoms include:**

- Dyspnea (shortness of breath)
- Fever
- Generalized aches and pains
- Disseminated skin lesions
- Severe weakness

I also understand that, despite preoperatively planning the details that will be performed during the procedure with the operating physician, it may be necessary to make changes, such as, but not limited to:

- Abandoning surgery completely
- Abandoning the preplanned part of the surgery
- Decreasing the scope of the surgery
- Placing a drainage tube in one or more areas
- Making additional skin incisions
- Placing more additional sutures than originally planned

After the procedure, in a majority of cases, the following typical local side effects may occur:

- Swelling of the surgical and adjacent areas
- Bruising and its extravasation downwards due to gravity
- Increased (hyperesthesia) or decreased (hypoesthesia) skin sensitivity to stimuli

- Pain during movement
- Induration (thickening) and unevenness
- Serous fluid accumulation in the post-op area
- Leakage of bloody fluid via drains or into wound dressings

All of these symptoms occur in varying degrees and should disappear within 1 to 4 weeks.

After liposuction, it is absolutely necessary to follow the recommendations found within the discharge form and those spoken by word of mouth by the surgeon, anesthesiologist and/or nurse regarding:

- Medication
- Postoperative procedures
- Massages
- Wearing compressive garments
- Recommended control visits
- Informing the doctor and/or medical staff as soon as possible of distressful symptoms

The achieved effect after liposuction can be evident earliest at 4 up to 10 months. This depends on the amount and the quality of the fat tissue removed, as well as the patient's willingness to comply to general and specific postoperative recommendations, such as:

- Regular and long massages of the surgical area starting in the first few days after the procedure
- Avoiding weight changes (keeping a constant and normal BMI)
- Proper diet and nutrition
- Regular physical activity

Liposuction is not a procedure reserved for perfectionists due to the fact that slightly palpable unevenness and minimal asymmetry, which can be regarded as normal and physiological, occurs in patients who have undergone or are about to have liposuction performed. This procedure is not indicated in patients with body dysmorphic disorder, because a change in physical appearance will not render their well-being.

I declare, that I have acquainted myself with procedure, its advantages and disadvantages, possible complications and postoperative management, as well as other possible treatment options. I have been informed that the treatment process will be carried out in accordance with the most current medical knowledge and the principles of medical ethics. During the conversation, I was able to ask any and all questions regarding the procedures. The explanations were understood and I currently do not have any more questions. I consider my consent voluntary and informed.

I swear, that I have not withheld any information from the doctor and/or medical personnel that may influence the course of the procedure and/or its result(s).

I *consent / do not give consent\**, to having photos taken of the surgical areas, that will be attached to the medical file.

I *consent / do not give consent\**, to publishing and/or processing photos taken of the operated areas as long as I in order to prevent\* my person from being recognized.

I declare, that I will follow the medical staff's recommendations.

Patient's Signature & Date

Physician's Signature & Date