



HEARTLAND AESTHETICA
CURATED BEAUTY

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Laser Lipo Informed Consent

Informed Consent Liposuction

INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you concerning liposuction surgery (suction-assisted lipectomy), its risks, and alternative treatment. It is important that you read this information carefully and completely.

INTRODUCTION

Liposuction is a surgical technique to remove unwanted deposits of fat from specific areas of the body, including the face and neck, upper arms, trunk, abdomen, buttocks, hips and thighs, and the knees, calves, and ankles. This is not a substitute for weight reduction, but a method for removing localized deposits of fatty tissue that do not respond to diet or exercise. Liposuction may be performed as a primary procedure for body contouring.

The best candidates for liposuction are individuals of relatively normal weight who have excess fat in particular body areas. Having firm, elastic skin will result in a better final contour after liposuction. 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 by itself will not improve areas of dimpled skin known as "cellulite".

Suction-assisted Lipectomy/Laser assisted Liposuction surgery is performed by using a hollow metal surgical instrument known as a cannula that is inserted through small skin incision(s) and is passed back and forth through the area of fatty deposit. The cannula is attached to a vacuum source, which provides the suction needed to remove the fatty tissue.

In some situations, a special cannula may be used that emits ultrasonic energy to break down fatty deposits. This technique is known as **Laser assisted liposuction**. Depending on your needs, your surgeon may recommend suction-assisted lipectomy alone, or in combination with ultrasound-assisted lipectomy.

There are a variety of different techniques used by surgeons for liposuction and care following surgery. Liposuction may be performed under local. Tumescence liposuction technique involves the infiltration of fluid containing dilute local anesthetic and epinephrine 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 to control swelling and promote healing.

ALTERNATIVE TREATMENT

Alternative forms of management consist of not treating the areas of fatty deposits. Diet and exercise regimens 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 OF LIPOSUCTION SURGERY

Every surgical procedure involves a certain amount of risk, and it is important that you understand the risks involved with liposuction. 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 cosmetic surgeon to make sure you understand the risks, potential complications, and consequences of liposuction.

Patient selection - Individuals with poor skin tone, medical problems, obesity, or unrealistic expectations may not be candidates for liposuction.

Bleeding - It is possible, though unusual, 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. Do not take any aspirin or anti-inflammatory medications for seven days before surgery, as this may increase the risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding.

Infection - An infection is quite unusual after this type of surgery. Should an infection occur, treatment including antibiotics or additional surgery may be necessary. In extremely rare instances, life-threatening infections, including toxic shock syndrome have been noted after liposuction surgery.

Skin scarring - Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. In rare cases, abnormal scars may result. Scars may be unattractive and of a different color than surrounding skin. Additional treatments, including surgery, may be needed to treat abnormal scarring.

Change in and skin sensation - A temporary decrease in skin sensation after liposuction may occur. This usually resolves over a period of time. Diminished (or complete loss of skin sensation) infrequently occurs and may not totally resolve.

Skin discoloration/swelling - Skin discoloration and swelling normally occurs following liposuction. In rare situations, swelling and skin discoloration may persist for long periods of time. Permanent skin discoloration is rare.

Skin contour irregularities - Contour irregularities and depressions in the skin may occur after liposuction. Visible and palpable wrinkling of skin can occur. Additional treatments including surgery may be necessary to treat skin contour irregularities following liposuction.

Asymmetry - It may not be possible to achieve symmetrical body appearance from liposuction surgery. Factors such as skin tone, bony prominence, and muscle tone may contribute to normal asymmetry in body features.

Seroma - Fluid accumulations infrequently occur in areas where liposuction has been performed. Additional treatments or surgery to drain accumulations of fluid may be necessary.

Long term effects - Subsequent alterations in body contour may occur as the result of aging, weight loss or gain, pregnancy, or other circumstances not related to liposuction.

Tumescent liposuction - There is the possibility that large volumes of fluid containing dilute local anesthetic drugs and epinephrine that is injected into fatty deposits during surgery may contribute to fluid overload or systemic reaction to these medications. Additional treatment including hospitalization may be necessary.

Other - You may be disappointed with the results of surgery. Infrequently, it is necessary to perform additional surgery to improve your results, additional fees will apply.

Allergic reactions - In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions which are more serious may occur due to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

Chronic pain - Chronic pain and discomfort following liposuction is very rare

Skin loss - Skin loss is very rare after liposuction. Additional treatments including surgery may be necessary.

Pulmonary complications - Fat embolism syndrome occurs when fat droplets are trapped in the lungs. This is a very rare and possibly fatal complication of suction-assisted lipectomy. Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli) or partial collapse of the lungs after general anesthesia. Should either of these complications occur, you may require hospitalization and additional treatment. Pulmonary emboli can be life-threatening or fatal in some circumstances.

Laser assisted Liposuction - Risks associated with the use of this technique include the above mentioned risks and the following specific risks:

Burns - Laser energy may produce burns and tissue damage either at the location where the cannula is inserted into the skin or in other areas if the cannula touches the undersurface of the skin for prolonged periods of time. If burns occur, additional treatment and surgery may be necessary.

Cannula Fragmentation - Laser energy produced within the cannula may cause disintegration (fragmentation) of the surgical instrument. The occurrence and effect of this is unpredictable. Should this occur, additional treatment, including surgery, may be necessary.

Unknown risks - The long term effect on tissue and organs to exposure to short-duration, high-intensity ultrasonic energy and laser therapy is unknown. There is the possibility that additional risk factors of ultrasound-assisted lipectomy may be discovered.

HEALTH INSURANCE

Most health insurance companies exclude coverage for cosmetic surgical operations such as liposuction or any complications that might occur from surgery. Please carefully review your health insurance subscriber-information pamphlet.

ADDITIONAL SURGERY NECESSARY

There are many variable conditions in addition to risk and potential surgical complications that may influence the long term result from liposuction. Even though risks and complications occur infrequently, the risks cited are particularly associated with liposuction. Other complications and risks can occur but are even more uncommon. Should complications occur, additional surgery or other treatments may be necessary. 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.

TERMS AND CONDITIONS

Patient Responsibility

We recommend no weight gain of patient following their procedure for at least six months during your healing period. If there is any weight gain this will adversely affect your outcome of the procedure. This may cause a less than ideal result. By signing this consent form you agree to these terms of weight management and understand the relationship of weight management and the results of liposuction.

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revisionary surgery would also be your responsibility.

ENFORCEMENT OF AGREEMENT

If any legal action is commenced by either party to enforce or interpret the Terms and Conditions set forth by this Agreement, the prevailing party shall be entitled to recovery of reasonable attorney

fees and costs. Furthermore, the parties involved consent to conduct such legal action in the State of California.

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). 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 cosmetic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the 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.

NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE RELATING TO THIS SURGERY AND/OR MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL.

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

1. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
2. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
3. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
4. I consent to the photographing and posting of images or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific educational or marketing purposes, provided my identity is not revealed by the pictures.
5. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
6. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
7. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
8. I understand that the procedure may take multiple day scheduling. This is done for my safety and is at the doctor's discretion.
9. I understand that the initiation of any procedure implies consent.
10. By signing this form I state that I am not pregnant at the time of my procedure. I do not hold FinishBody responsible for any possible birth defects should I be pregnant without realizing at the time of my liposuction procedure.
11. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
 - A. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
 - B. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
 - C. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

Updated 25 July 22

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9) and state that I am not pregnant. I AM SATISFIED WITH THE EXPLANATION.

BY SIGNING BELOW, I ACKNOWLEDGE AND CERTIFY THAT I, _____ HAVE READ AND UNDERSTAND THE "CONSENT, RELEASE AND INDEMNITY AGREEMENT" FOR THIS PROCEDURE, AND THAT I AM SIGNING IT VOLUNTARILY.

PLEASE SIGN YOUR FULL NAME BELOW IF YOU AGREE

Client Signature

Date