



Informed Consent

Fat Transfer Procedures, Fat Grafts, and Injections - Buttock

INSTRUCTIONS

This is an informed consent document that has been prepared to help inform you about fat transfer (fat grafts or fat injection) procedures, their risks, and alternative treatment(s).

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page, and sign the consent for surgery as proposed by your plastic surgeon and agreed upon by you.

GENERAL INFORMATION

A person's own fat may be used to improve the appearance of the body by moving it from an area where it is less needed (usually the thighs or abdomen) to an area that has lost tissue volume due to aging, trauma, surgery, birth defects, or other causes. Typically, the transferred fat results in an increase in the volume of the body site being treated. Before the procedure, the areas from which the fat is being removed may be injected with a fluid to minimize bruising and discomfort. The fat may be removed from the body by a narrow surgical instrument (cannula) through a small incision or may be excised (cut out) directly through a larger incision. In some cases, the fat may be prepared in a specific way before being replaced back into the body. This preparation may include the washing, filtering, and centrifugation (spinning) of the fat. The fat is then placed into the desired area using either a smaller cannula or needle, or it may be placed directly through an incision or puncture holes. Since some of the fat that is transferred does not maintain its volume over time, your surgeon may inject more than is needed at the time to achieve the desired end result. Over a few weeks, the amount of transferred fat will decrease. In some cases, more fat may need to be transferred to maintain the desired results. Fat transfer procedures may be done using a local anesthetic, sedation, or general anesthesia depending on the extent of the procedure.

Fat Transfer to the Buttock:

Buttock enhancement surgery potentially improves the buttock shape and increases the volume of the buttock. Large volumes of fat transfer are often required. However, the transferred fat may become firm and cause lumps, in addition to other risks such as infection, bleeding, seroma, and fat necrosis. As discussed, fat resorption can also occur.

ALTERNATIVE TREATMENTS

Alternative forms of nonsurgical and surgical management consist of injections of man-made substances to improve tissue volume (such as hyaluronic acid and polylactic acid), the use of man-made implants, or other surgical procedures that transfer fat from the body (flaps). Risks and potential complications are associated with these alternative forms of treatment.

INHERENT RISKS OF FAT TRANSFER PROCEDURES

Every surgical procedure involves a certain amount of risk, and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. 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 plastic surgeon to make sure you understand all possible consequences of fat transfer procedures.

SPECIFIC RISKS OF FAT TRANSFER PROCEDURES

Change in Appearance:

Typically, the transferred fat loses some of its volume over time and then becomes stable. It is possible that more treatments may be needed to maintain the desired volume of the transferred fat and resulting appearance. Less commonly, if you experience significant weight gain, the transferred fat may increase in volume and cause an

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undesirable appearance. It is important to understand that more than one treatment may be needed and to discuss with your surgeon the costs associated with repeat treatments.

Firmness and Lumpiness:

While most transferred fat results in a natural feel, it is possible that some or all of the fat may become firm, hard, or lumpy. If some of the fat does not survive the transfer, it may result in fat necrosis (death of transferred fat tissue), causing firmness and discomfort or pain. Cysts may also form at the site of the transferred fat. Surgery may be required to improve such conditions.

Under- or Over-Correction:

The transfer of fat may not achieve the desired outcome. The amount of correction may be inadequate or excessive. It may not be possible to control the process of fat transfer due to factors attributable to each patient's situation. If under-correction occurs, you may be advised to consider an additional fat transfer procedure. If over-correction occurs, other surgical procedures such as liposuction or excision of the fat may be required.

Asymmetry:

Symmetrical body appearance may not result from a fat transfer procedure. Factors such as skin tone, fatty deposits, bony prominence, and muscle tone may contribute to normal asymmetry in body features. It may not be possible to achieve or maintain exact symmetry following fat transfer.

Long-Term Effects:

Subsequent changes in the shape or appearance of the area where the fat was removed or placed may occur as the result of aging, weight loss or gain, or other circumstances not related to the fat transfer procedure.

Tissue Loss:

In rare cases, the transferred fat may cause the skin over the treated area to be injured resulting in the loss of skin and surrounding tissue. This may leave scars, cause disfigurement, and require surgery for treatment.

Combined Procedures:

Fat grafting is safe to be performed with other surgical procedures such as breast augmentation, revision breast surgery, and breast reconstruction. There are many other surgical procedures where fat transfer may be incorporated including facelifts, abdominoplasty, liposuction, the treatment of open wounds, scleroderma, ulcers, and scars, to name just a few.

Seroma:

Fluid may accumulate between the skin and the underlying tissues following surgery, trauma, or vigorous exercise, which is referred to as a seroma. You may notice an increase in the fat graft area, localized swelling, or a shape change that should alert you that a seroma may have occurred in your postoperative period. Seromas should be addressed to prevent an unfavorable outcome. Should this problem occur, notify your surgeon and additional procedures for the drainage of fluid may be required.

Donor Sites:

The removal of fat in the process of fat transfer is often advantageous. The common complications from liposuction can occur at your donor site. Folds, wrinkles, or creases could occur. Some patients may have inadequate donor sites for fat grafting. Typically, these are patients who have had a previous liposuction procedure.

Fat Necrosis:

Fat that is transferred may not survive. Fatty tissue found deep in the skin might die. Fat necrosis may produce areas of firmness within the skin, hard lumps, localized tenderness/pain, or skin contracture. Calcifications and oil cysts may

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occur. Additional surgery to remove areas of fat necrosis may be necessary. There is a possibility that contour irregularities in the skin may result from fat necrosis.

Accidental Intra-Arterial Injection:

Extremely rarely, fat may be accidentally injected into arterial structures during the course of injection and produce a blockage of blood flow. This may produce skin necrosis in structures. The risks and consequences of the accidental intravascular injection of fillers are unknown and not predictable.

Serious Complications:

Although serious complications have been reported to be associated with fat transfer procedures, these are rare. Such conditions include, but are not limited to, fat embolism (a piece of fat may find its way into the blood stream and result in a serious or life threatening condition), stroke, meningitis (inflammation of the brain), serious infection, blindness or loss of vision, or death.

Blood Clots:

Blood clots (deep vein thrombosis; DVT) in the veins of the arms, legs, or pelvis may result from fat transfer if it is done as a surgical procedure. These clots may cause problems with the veins or may break off and flow to the lungs (pulmonary embolism; PE) where they may cause serious breathing problems.

Pulmonary Complications:

Pulmonary (lung and breathing) complications may occur from both blood clots (pulmonary emboli) and partial collapse of the lungs after general anesthesia. Should either of these complications occur, hospitalization and additional treatment may be required. Pulmonary emboli can be life threatening or fatal in some circumstances. Fat embolism syndrome occurs when fat droplets are trapped in the lungs. This is a very rare and possibly fatal complication of fat transfer procedures.

GENERAL RISKS OF SURGERY

Healing Issues:

Certain medical conditions, dietary supplements, and medication may delay and interfere with healing. Patients with massive weight loss may have a healing delay that could result in the incisions coming apart, infections, and tissue changes that would require additional medical care, surgeries, and prolonged hospitalizations. Patients with diabetes, or those taking medications (e.g., steroids) on an extended basis may have prolonged healing issues. Smoking will cause a delay in the healing process, often resulting in the need for additional surgeries. There are general risks associated with healing such as swelling, bleeding, possibility of additional surgeries, prolonged recovery, color and shape changes, infections, failure to meet the patient's goals and expectations, and added expense to the patient.

There may also be a longer recovery period due to the length of surgery and the anesthesia administered. Patients with significant skin laxity (like in a body lift procedure) will continue to have the same lax skin after surgery. The quality or elasticity of the skin will not change, and recurrence of skin looseness will occur at some time in the future, quicker for some than others. There are nerve endings that may become affected by healing scars from the surgery. While there may not be a major nerve injury, the small nerve endings may become too active during the healing period, producing a painful or oversensitive area due to their associations with the scar tissue. Often, massage and early non-surgical interventions can resolve this. It is important to discuss post-surgical pain with your surgeon.

Bleeding:

It is possible, though unusual, to experience a bleeding episode during or after the surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood, or you may require a blood transfusion, though such occurrences are rare. The collection of blood that can occur under your skin following

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surgery is referred to as a hematoma. Increased activity too soon after surgery can lead to increased chance of bleeding and additional surgeries. It is important to follow postoperative instructions and limit exercise and strenuous activity for the instructed time. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. Hematoma can occur at any time, usually in the first three weeks following injury to the operative area. If blood transfusions are necessary to treat blood loss, there is the risk of blood-related infections such as hepatitis and HIV (AIDS). Your surgeon may provide medications after your surgery to prevent blood clots. Medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets.

Infection:

Infection, although uncommon, can occur after surgery. Should an infection occur, additional treatment, including antibiotics, hospitalization, or even surgery, may be necessary. It is important to tell your surgeon of any other infections, such as a history of methicillin-resistant Staphylococcus aureus (MRSA) infections, an open wound, recent upper respiratory infection/pneumonia, ingrown toenail, insect bite, tooth abscess, or urinary tract infection. Infections in other parts of the body may lead to an infection in the operated area. Post-operative infections often result in more extensive scarring and predispose the patient to revision surgery.

Scarring:

All surgeries leave scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scarring may occur within the skin and deeper tissues. Scars may be unattractive, and of a different color than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There is a possibility of visible marks in the skin from sutures. In some cases, scars may require surgical revision or treatment.

Firmness:

Excessive firmness can occur after surgery due to internal scarring. The occurrence of this is not predictable. Additional treatments including surgery may be necessary.

Skin Sensitivity:

Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. This usually resolves during healing, but in rare situations, it may be chronic.

Major Wound Separation:

Wounds may separate after surgery. Should this occur, additional treatment, including surgery, may be necessary.

Sutures:

Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible, or produce irritation that requires suture removal.

Damage to Deeper Structures:

There is the potential for injury to deeper structures including nerves, blood vessels, muscles, and lungs (pneumothorax) during any surgical procedure. The potential for this to occur varies according to the type of procedure being performed. Injury to deeper structures may be temporary or permanent.

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Fat Necrosis:

Fat tissue found deep in the skin might die. This may produce areas of firmness within the skin. Additional surgery to remove areas of fat necrosis may be necessary. There is a possibility of contour irregularities in the skin that may result from fat necrosis.

Surgical Anesthesia:

Both local and general anesthesia involve risks. There is a possibility of complications, injuries, and even death from all forms of surgical anesthesia or sedation.

Shock:

In rare circumstances, your surgical procedure can cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. If surgical shock occurs, hospitalization and additional treatment will be necessary.

Pain:

You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after surgery. If you are a chronic pain patient followed by a pain therapy practitioner, you may be asked to see this practitioner

preoperatively to assist you in the management of your pain disorder during the post-operative period. Chronic pain may occur infrequently from nerves becoming trapped in scar tissues or due to tissue stretching.

There are nerve endings that may be affected by healing scars from the surgery. While there may not be a major nerve injury, small nerve endings may become too active during the healing period, producing a painful or oversensitive area when they are involved with scar tissues. Often, massages and early non-surgical interventions can resolve this issue. It is important to discuss post-surgical pain with your surgeon.

Cardiac and Pulmonary Complications:

Pulmonary complications may occur secondarily to blood clots (pulmonary emboli), fat deposits (fat emboli), pneumonia, or partial collapse of the lungs after general anesthesia. Pulmonary emboli can be life threatening or fatal in some circumstances. Inactivity and other conditions may increase the incidence of blood clots traveling to the lungs, causing a major blood clot that may result in death. It is important to discuss with your physician any past history of swelling in your legs or blood clots that may contribute to this condition. Cardiac complication is a common risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pains, or unusual heartbeats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatments.

Venous Thrombosis (Clot) and Sequelae:

Thrombosed veins, which resemble cords, occasionally develop in the area of the breast or around IV sites, and usually resolve without medical or surgical treatments. It is important to discuss with your surgeon any birth control pills you are taking. Certain high estrogen pills may increase your risk of thrombosed veins. Personal history of bleeding and clotting problems may also increase your risk of thrombosed veins.

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Allergic Reactions:

In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations, and injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur in response to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatments. It is important to notify your physician of any previous allergic reactions.

Drug Reactions:

Unexpected drug allergies, lack of proper response to medication, or illness caused by prescribed drugs may occur. It is important for you to inform your physician of any problems and allergies you have had with any prescribed or over the counter medications, as well as medications you are currently taking on a regularly basis. Provide your surgeon with a list of medications and supplements you are currently taking.

Surgical Wetting Solutions:

There is a possibility that the large volumes of fluid containing dilute local anesthetic drugs and epinephrine injected into fat deposits during surgery may contribute to fluid overload or systemic reactions to these medications. Additional treatments including hospitalization may be necessary.

Persistent Swelling (Lymphedema):

Persistent swelling can occur following surgery.

Unsatisfactory Result:

Although good results are expected, there is no guarantee or warranty on the final results. The body is not symmetric, and almost everyone has some degree of unevenness, which may not be recognized in advance. One side of the face may be slightly larger, and one side of the face may be droopier. Similar possibilities exist for the breast and trunk areas. Many such issues cannot be fully corrected with surgery. The more realistic your expectations are, the better your results will appear to you. Some patients never achieve their desired goals or results, but at no fault of the surgeon or surgery. You may be disappointed with the results of surgery. Asymmetry, unanticipated shape and size, loss of function, wound disruption, poor healing, and loss of sensation may occur after surgery. Size may be incorrect. The location or appearance of surgical scar may be unsatisfactory. It may be necessary to perform additional surgeries to improve your results. Unsatisfactory results may NOT improve with each additional treatment.

ADDITIONAL ADVISORIES

Medications and Herbal Dietary Supplements:

There are potential adverse reactions that occur as a result of taking over-the-counter, herbal, and/or prescription medications. Aspirin and medications that contain aspirin interfere with forming blood clots, and therefore may contribute to more bleeding issues. If you have a medical condition (such as heart arrhythmia, heart stent, blood vessels with blockages, or blood clots), and are taking anticoagulant medications such as Plavix®, Coumadin®, Xarelto®, Effient®, or Pradaxa® to thin your blood and prevent clotting, discuss management of these medications around the time of surgery with your plastic surgeon. Your plastic surgeon may sometimes coordinate a plan for these medications with the doctor that prescribed them for your medical condition. If you have been prescribed drugs for a medical condition, do not stop them without discussing it first with your plastic surgeon. Abruptly stopping these medications may result in heart attacks, strokes, or death. Be sure to check with your physician about any drug interactions that may exist with medications that you are already taking. If you have an adverse reaction, stop the drugs immediately and call your plastic surgeon for further instructions. If the reaction is severe, immediately go to the nearest emergency room.

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When taking the prescribed pain medications after surgery, realize that they can affect your thought process and coordination. Do not drive, operate complex equipment, make any important decisions, or drink alcohol while taking these medications. Be sure to take your prescribed medication only as directed.

Sun Exposure - Direct or Tanning Salon:

The effects of the sun are damaging to the skin. Sun exposure to the treated areas may result in increased scarring, color changes, and poor healing. Patients who tan, either outdoors or in a salon, should inform their surgeon and either delay treatment, or avoid tanning until the surgeon says it is safe to resume. The damaging effect of sun exposure occurs even with the use of sun block or clothing coverage.

Travel Plans:

Any surgery holds the risk of complications that may delay healing and your return to normal life. Please let the surgeon know of any travel plans, important commitments that were already scheduled or planned, or time demands that are important to you, so that surgery can occur at appropriate times. There are no guarantees that you will be able to resume all activities in the desired timeframe. Allow at least 10-14 days prior to travel via airplane. Medications may be required should you have a long flight/trip to prevent DVT/PE in the immediate post-operative period.

Long-term Results:

Subsequent alterations in the appearance of your body may occur as the result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause or other circumstances not related to your surgery.

Body Piercing:

Individuals who currently wear body-piercing jewelry in the surgical region are advised that an infection could develop from this activity. Body-piercing jewelry should be removed prior to your surgical procedure.

Nails:

To determine your vitals status during surgery, your anesthesia provider may require access to your fingernails for monitoring. Make sure to have at least two fingernails free of nail polish or acrylic nails on the date of your surgery.

Jewelry:

Jewelry should not be brought with you at the time of your surgical procedure. Items, such as earrings, wedding rings, and necklaces should be removed and placed in a safe place.

Future Pregnancy and Breastfeeding:

This surgery is not known to interfere with pregnancy. If you are planning a pregnancy, your breast skin may stretch and offset the results of surgery. You may have more difficulty breast-feeding after this operation.

Female Patient Information:

It is important to inform your plastic surgeon if you use birth control pills or estrogen replacement, or if you suspect you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

Intimate Relations After Surgery:

Recovery from surgery involves coagulation of blood vessels, and increased activity of any kind may open these vessels, leading to bleeding, or hematoma. Activity that increases your pulse or heart rate may cause additional bruising, swelling, and the need for return to surgery to control bleeding. It is wise to refrain from intimate physical activities until your physician states it is safe.

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Mental Health Disorders and Elective Surgery:

It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvements rather than perfection. Complications or less-than-satisfactory results are sometimes unavoidable, may require additional surgeries, and are often stressful. Please openly discuss with your surgeon, prior to surgery, any past history of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

ADDITIONAL SURGERY NECESSARY (Re-Operations)

There are many variable conditions that may influence the long-term result of the surgery. It is unknown how your tissue may respond or how wound healing will occur after surgery. Secondary surgeries may be necessary to perform additional tightening or repositioning of body structures. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited above are associated with this surgery. Other complications and risks can occur but are less common. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty on the expected results. In some situations, it may not be possible to achieve optimal results with a single surgical procedure. You and your surgeon will discuss the options available should additional surgeries be advised. There may be additional costs and expenses for such additional procedures, including surgical fees, facility and anesthesia fees, and pathology and lab testing.

PATIENT COMPLIANCE

Follow all physician's instructions carefully; this is essential for the success of your surgical outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activities need to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activities that increase your pulse or heart rate may cause bruising, swelling, fluid accumulation, and the need for return to surgery. It is important that you participate in follow-up care and return for aftercare to promote your recovery after surgery.

ATTESTATIONS

Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray):

Patients who are currently smoking or use tobacco or nicotine products (patch, gum, or nasal spray) are at greater risk for significant surgical complications of skin loss, delayed healing, and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may have a significant negative effect on anesthesia and recovery from anesthesia, and can lead to coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of these types of complications. Please indicate your current status regarding these items below:

I am a non-smoker and do not use nicotine products. I understand the potential risk of second-hand smoke exposure causing surgical complications.

I am a smoker or use tobacco/nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products.

I have smoked and stopped approximately _____ ago. I understand I may still have the effects and therefore risks from smoking in my system, if not enough time has lapsed.

I have been advised to stop smoking immediately and have been informed of the risks, benefits, expectations, and alternatives to my surgery if I continue smoking.

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It is important to refrain from smoking at least 6 weeks before surgery and until your physician states it is safe to return, if desired. I acknowledge that I will inform my physician if I continue to smoke within this timeframe, and understand that for my safety, the surgery, if possible, may be delayed.

Smoking may have such a negative effect on your surgery that a urine or blood test just before surgery may be done just before surgery to determine the presence of nicotine. If positive, your surgery may be cancelled. Your surgery, the scheduling fee, and other prepaid amounts may be forfeited. Honestly disclose smoking status to your surgeon.

Sleep Apnea/CPAP:

Individuals who have breathing disorders such as "obstructive sleep apnea," and who may rely upon CPAP devices (continuous positive airway pressure) or utilize nighttime oxygen are advised that they are at a substantive risk for respiratory arrest and death when they take narcotic pain medications following surgery. This is an important consideration when evaluating the safety of surgical procedures in terms of very serious complications, including death, that relate to pre-existing medical conditions. Surgery may be considered only with post-surgery monitoring is conducted in a hospital setting in order to reduce the risk of potential respiratory complications, and to safely manage pain following surgery.

Please consider the following symptoms of sleep apnea:

- I am frequently tired upon waking, and throughout the day
- I have trouble staying asleep at night
- I have been told that I snore or stop breathing during sleep
- I wake up throughout the night or constantly turn from side to side
- I have been told that my legs or arms jerk while I'm sleeping
- I make abrupt snorting noises during sleep
- I feel tired or fall asleep during the day

It is important for you to inform and discuss any of the above symptoms that you have experienced with your surgeon.

DVT/PE Risks and Advisory:

There is a risk of blood clots, DVT, and PE with every surgical procedure. It varies with the risk factors below. The higher the risk factors, the greater the risk, and the more involved you must be in both understanding these risks and, when permitted by your physician, walking and moving your legs. There may also be leg stockings, squeezing active leg devices, and possibly medicines to help lower your risk.

There are many conditions that may increase or affect risks of clotting. Inform your doctor about any past or present history of any of the following:

- Past History of Blood Clots
- Family History of Blood Clots
- Birth Control Pills
- Hormone Stimulating Drugs
- Swollen Legs
- History of Cancer
- Large Dose of Vitamins
- Varicose Veins

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Past Illnesses of the Heart, Liver, Lung, or Gastrointestinal Tract.

History of Multiple Spontaneous Abortions or Miscarriages

I understand the risks relating to DVT/PE, and how important it is to comply with therapy as discussed with my surgeon. The methods of preventative therapy include:

Early ambulation when allowed

Compression devices (SCD/ICD)

Anticoagulation protocols when Allowed

For high risk patients, the risks of VTE are still high even with appropriate chemoprophylaxis. If your surgery is elective and you are a high risk patient, it is best to consider with not proceeding with such elective surgery.

COMMUNICATION ACKNOWLEDGEMENT - CONSENT

There are many ways to communicate with you. It is important to keep appointments and let us know if problems or issues arise. Methods of communication are by telephone, text, pager, answering service if available, email, and regular mail. If an emergency arises, keep us alerted to your progress so we may aid in any necessary treatments. Please do not leave a message after hours or on weekends on the office answering machine if any urgent or emergent situation exists, as there is a delay in retrieving such messages. All attempts will be made to preserve your privacy in accordance with HIPAA rules.

Please confirm below all acceptable ways of communicating with you:

Telephone

Home (- - -)

Work (- - -)

Cell (- - -)

Text

Pager - Answering service if available

Email - with up-to-date email address (@)

Regular mail and delivery

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), including no surgery. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients under most circumstances.

However, informed-consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information, which is based on all the facts in your particular case and the current 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.

STATEMENT

This facility is a office based surgery doctor's office regulated pursuant to the rules of the Board of Medicine as set forth in Rule Chapter 64B8, F.A.C.

STATEMENT

Dr. Salzhauer, elects not to carry medical malpractice insurance as permitted by Florida law.

STATEMENT

The records shall contain written anesthesia informed consent from the patient reflecting the patient's knowledge of identified risks, consent to the procedure, type of anesthesia and anesthesia provider, and that a choice of anesthesia provider exists, i.e., anesthesiologist, another appropriately trained physician as provided in this rule, certified registered nurse anesthetist, or physician assistant qualified as set forth in subparagraph 64B8-30.012(2)(b)6., F.A.C.

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.

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CONSENT for SURGERY/PROCEDURE or TREATMENT

1. I hereby authorize Dr. Michael Salzhauer and assistants who may be selected to perform **Fat Transfer/Fat Grafting - Buttock.**

I have received the following information sheet: **Fat Transfer/Fat Grafting - Buttock.**

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those outlined above. I therefore authorize the above physician and assistants or designees to perform such other procedures, which are deemed necessary and desirable, based on his or her professional judgment. The authority granted under this paragraph shall include all conditions that require treatments and those not known to my physician at the time the procedure has begun.
3. I consent to the administration of such anesthetics as considered necessary or advisable. I understand that all forms of anesthesia involve risks and the possibility of complications, injury, and sometimes death.
4. I understand what my surgeon can and cannot do, and understand that there are no warranties or guarantees, implied or specific about my outcome. I have had the opportunity to explain my goals, and understand which desired outcomes are realistic and which are not. All of my questions have been answered, and I understand the inherent (specific) risks to the procedures I seek, as well as those additional risks and complications, benefits, and alternatives. Understanding all of this, I elect to proceed.
5. I consent to be photographed or televised before, during, and after the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific, or educational purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices, or body parts that may be removed.
8. I am aware that there are potential significant risks to my health with the utilization of blood products, and I consent to their utilization should they be deemed necessary by my surgeon and/or his/her appointees.
9. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
10. I understand that the surgeons' fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.
11. I realize that not having the operation is an option. I opt out of having this procedure _____.

12. 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

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-12). I AM SATISFIED WITH THE EXPLANATION.

Patient:

(or Person Authorized to Sign for Patient)

Date:

Witness Signature:

Date:

Physician Signature:

Date: