

INFORMED CONSENT FOR
FAT TRANSFER
(INCLUDING BRAZILIAN BUTT LIFT, AKA BBL)

**PLEASE READ THIS DOCUMENT, INITIAL THE BOTTOM OF EACH PAGE
AND SIGN THE LAST TWO PAGES**

BRING THIS DOCUMENT TO YOUR PRE-OPERATIVE APPOINTMENT

PATIENT NAME _____

KAROL A GUTOWSKI, MD, FACS
ANDREA MARTIN, MD
(THE PHYSICIANS)

PATIENT INITIALS _____

INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you concerning **fat transfer (fat grafting or fat injection surgeries)**, its risks, and alternative treatments.

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 the procedure or surgery as proposed by your plastic surgeon.

INTRODUCTION

A person's own fat may be used to improve the appearance of the body by transferring it from one area to another. Typically, the transferred fat results in an increase in volume of the body site being treated. Before the procedure, the areas where the fat is being removed (aka harvested) 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, excised (cut out) directly through a larger incision, or a combination of both. In some cases the fat may be prepared in a specific way before being transferred back in the body. This preparation may include 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. Since some of the fat that is transferred does not survive the transfer process, your surgeon may inject more than is needed at that time to achieve the desired end result. Over a few weeks, the amount of transferred fat will decrease. At times, a series of fat transfers may be necessary to obtain/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.

ALTERNATIVE TREATMENTS

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

RISKS of FAT TRANSFER

Every procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual's choice to undergo surgery is based on the comparison of the potential risks to benefits. The majority of patients do not experience these complications, but you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of the procedure.

Bleeding- It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to stop, drain accumulated blood or blood transfusion. Do not take any aspirin or anti-inflammatory medications for two weeks before surgery, as this may increase the risk of bleeding, unless directed by your physician. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding, and should also be stopped (See "Medications To Avoid").

Seroma- Although unlikely, a collection of fluid may develop where the fat was removed. This is usually treated by draining the fluid with a needle, using compression, or placing a small drain.

Infection- Infection is unusual after this procedure. Should an infection occur, additional treatment including antibiotics or surgery may be necessary.

Scarring- All invasive procedures leave scars, some more visible than others. Although good wound healing after a procedure is expected, abnormal scars may occur both within the skin and in the deeper tissues. Scars may be unattractive and a different color than the surrounding skin. There is the possibility of visible marks from sutures used to close the wound. Scars may also limit motion and function. Additional treatments including surgery may be needed to treat scarring.

Change in Appearance- Typically the transferred fat loses some of its volume over time, then stabilizes. It is possible that more treatments may be necessary to obtain/maintain the desired outcome. Less commonly, if you experience significant weight gain, the transferred fat may increase in volume and cause an undesirable appearance. You may also notice loose skin in the area where fat was removed. It is important to understand that more than one treatment may be needed and, therefore, to discuss with your surgeon the costs associated of repeat treatments.

Change in Contour or Texture- 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 tissue), causing firmness, discomfort or pain. Cysts may also form at the site of the transferred fat. Surgery may be required to improve such conditions.

Asymmetry- The human body is normally asymmetrical. There can be a variation from one side to the other following surgery.

Long-term Changes & Recurrence- 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 surgery.

Persistent Swelling- Persistent swelling can occur following surgery.

Pain- Chronic pain may occur rarely after fat removal or transfer.

Skin Sensitivity - Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this resolves during healing, but in rare situations it may be chronic.

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

Damage to deeper structures- Deeper structures such as nerves, blood vessels, muscles, intrathoracic or intraperitoneal organs may be damaged during the course of this surgery. The potential for this to occur varies according to where on the body the surgery is being performed. Injury to deeper structures may result in temporary or permanent sequelae, and may result in other systemic effects, such as fat embolism.

Surgical anesthesia- Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

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

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 to drugs used during surgery and prescription medications. Allergic reactions may require additional treatment.

Serious Complications- Although serious complications have been reported to be associated with fat transfer procedures, these are very rare. Such conditions include, but are not limited to: **Fat embolism** (fat in the blood stream, resulting in a serious or life threatening condition), **air embolism, stroke, meningitis** (inflammation of the brain), **serious infection, blindness/change in vision, or death.**

Blood clots- Blood clots in the blood vessels of the arms, legs, or pelvis may result from surgery. These clots may cause problems with blood flow locally, or may break off and flow to the lungs or other anatomical locations where they may cause serious problems.

Pulmonary complications- Pulmonary (lung and breathing) complications may occur from both blood clots (pulmonary emboli) and other risks related to general anesthesia. Should these complications occur, you may require hospitalization and additional treatment. Pulmonary emboli can be life-threatening or fatal in some circumstances. Fat embolism syndrome occurs when fat droplets travel to distant organs, including the lungs and brain. This is a very rare and possibly fatal complication of fat transfer procedures.

Unsatisfactory result- There is the possibility of an unsatisfactory result from surgery, resulting in visible deformities, loss of function, wound disruption, skin death, or loss of sensation. You may be disappointed with the results of the procedure.

Mental Health Disorders and Elective Surgery - It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery and often are stressful. Please openly discuss with your surgeon(s), prior to surgery, any history that you may have 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

In some situations, it may not be possible to achieve optimal results with a single surgery, and multiple surgeries may be necessary. Should complications occur, surgery or other treatments may be necessary. Though risks and complications occur infrequently, the risks cited above are the ones that are particularly associated with fat transfer surgery. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Though good results are expected, there cannot be any guarantee or warranty expressed or implied on the results that may be obtained.

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by your doctor, the cost of surgical supplies, anesthesia, laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. 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.

DISCLAIMER

Informed consent documents are used to communicate information about the proposed treatment of a 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.

Informed consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined based on all the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all your questions answered before signing the consent on the next page.

CONSENT FOR SURGERY, PROCEDURE or TREATMENT

1. I hereby authorize Dr. Karol Gutowski and/or Dr. Andrea Martin, and such assistants as may be selected to perform the following procedure or treatment:
Fat Transfer (including fat grafting & fat injection)

I have received the following information sheet:

INFORMED CONSENT FOR FAT TRANSFER

2. 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(s) 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(s) at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risks, and the possibility of complications, or injury.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
5. I consent to the photographing and video recording of 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 which may be removed.
8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
9. 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 (1-9).
I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Witness

Date

Time

AUTHORIZATION & CONSENT FOR RELEASE OF MEDICAL IMAGES

It is important that you read this information carefully and completely. After reviewing, please sign the consent as proposed by The Physicians or their representatives.

INTRODUCTION

For your medical records, images (photographs, slides, videos, interviews or any other images of you, or components of your medical record) may be taken before, during, or after a surgical procedure or treatment. These images may be needed to document your medical condition, used as supporting material for authorizing medical coverage and payments, and treatment planning. Consent is required to take, use and release such images. Since The Physicians are also educators of other physicians, researchers, and healthcare providers, your images may be used for other purposes as described below.

1. CONSENT TO TAKE PHOTOGRAPHS, SLIDES, DIGITAL IMAGES, AND VIDEOGRAPHY

I hereby authorize The Physicians and/or their associates to take any images before, during and after my treatments or surgeries.

2. CONSENT FOR RELEASE OF PHOTOGRAPHS/SLIDES/ VIDEOGRAPHY

I hereby authorize The Physicians and their associates to use any of these images for professional medical purposes deemed appropriate including but not limited to showing these images on public or commercial television, electronic digital networks including the internet, print or visual or broadcast media, for purposes of examination, testing, credentialing and/or certifying purposes for medical education, patient education, lay publication, or during lectures to medical or lay groups, for marketing and advertising, and for use in medical teaching, research or dissemination of medical information to medical and nonmedical audiences, including, but not limited to, journal or book publications, presentations, conferences, and print marketing material (magazine, newspaper, etc.) or electronic media (television, internet, etc.).

3. CONSENT FOR RELEASE TO PROFESSIONAL ORGANIZATIONS

I further authorize The Physicians and their associates to release such images to the American Society of Plastic Surgeons (ASPS), the American Society for Aesthetic Plastic Surgery (ASAPS), the American Board of Plastic Surgery (ABPS), the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS), and the American Board of Facial Plastic and Reconstructive Surgery (ABFPRS). I provide this authorization as a voluntary contribution in the interests of public education. The images may be used for publication in print, visual or electronic media, specifically including, but not limited to, medical journals (such as *Plastic and Reconstructive Surgery*, *Annals of Plastic Surgery*, *Aesthetic Plastic Surgery*), textbooks, lay publications, patient education or during lectures for the purpose of informing the medical profession or the general public about plastic surgery methods, medical education or examination material by ASPS, ASAPS, ABPS, AAFPRS and ABFPRS. I understand that such images shall become the property of ASPS, ASAPS, ABPS, AAFPRS and ABFPRS and may be retained or released by these organizations for the limited purpose mentioned above. I also grant permission for the use of any of my medical records including illustrations, photographs, video or other imaging records created in my case, for use in examination, certifying and/or re-certifying purposes by ABPS and ABFPRS.

I understand that I will not be identified by name in any release of these materials but in some cases the images may contain features that may make my identity recognizable. I release and discharge The Physicians and all parties acting on their authority from all rights that I may have in these images, and from any claims that I have related their use in the above-mentioned manner.

I also release The Physicians and any employees or agents from all liability, including any claims of libel or invasion of privacy, directly or indirectly connected with, arising out of or resulting from the taking and authorized use of these images or recorded interviews.

I understand that I have the right to request cessation of recording or filming at any time. I understand that I will not be entitled to monetary payment or any other consideration as a result of use of these images and /or my interview.

Patient Name _____

Patient Signature _____

Date _____

Witness or Guardian/Parent _____

Date _____