

CONSENT FOR SURGERY

I, Roxanne Test, desire Darshan Shah, M.D., F.A.C.S. and such assistants as may be assigned by him, to perform the elective procedure(s) of:

- **FIRST AREA SUCTION ASSISTED LIPECTOMY / LIPOSCULPTURE** (A surgery to improve the cosmetic appearance of my _____ by suctioning excess fat from under the surface of the skin.)

The nature and purpose of the operation(s), possible alternative methods of treatment, including no treatment/surgery, risks and possible complications have been fully explained to me by Darshan Shah, M.D., F.A.C.S. during my preoperative consultation. I have been advised that all surgery involves general risks, including but not limited to bleeding, infection, nerve or tissue damage and, rarely, cardiac arrest, death, or other serious bodily injury. I acknowledge that no guarantees or assurances have been made as to the results that may be obtained, and that any future surgery needed for any complication or dissatisfaction is fully my financial responsibility.

I understand that anesthesia will be given and that it, too, carries risks. I consent to the administration of anesthesia by either Darshan Shah, M.D., F.A.C.S. or a qualified anesthesiologist and to the use of such anesthetics as he may deem advisable.

It has been explained to me that during the course of the operation unforeseen conditions may be revealed that necessitate an extension of the original procedure, and I hereby authorize my doctor and/or such assistants as may be selected by him to perform such procedures as are necessary and desirable, including but not limited to the services of pathologists, radiologists, or a laboratory. The authority granted in this paragraph shall extend to remedying conditions that are not known to my doctor at the time the operation commences.

I understand that if computer generated documents were used in my planning that it was used merely for the purpose of illustration and discussion. I certify my understanding that there is not a warranty, expressed or implied as to my final appearance by the use of such electronically altered images.

I understand that photography is important in planning and evaluating surgery, and I give permission for photographs to be taken before, during and after my surgery. I understand these photographs are used for documentation purposes, and may be selectively used without reference to my identity for educational or illustrative purposes. I also hereby grant permission for the use of any of my medical records including illustrations, photographs or other imaging records created in my case, for use in examination, testing, credentialing and/or certifying purposes by The American Board of Plastic Surgery, Inc. I understand that any identifiable characteristic maybe blanked our of my photos to protect patient privacy.

I agree to keep my doctor informed of any change in my permanent address so that he can inform me of any important new findings relating to my surgery. I further agree to cooperate with him in my aftercare until I am discharged from his care.

In signing this consent, I hereby certify that I understand the risks, benefits, and alternatives to my procedure(s) and that I have discussed them with Darshan Shah, M.D., F.A.C.S..

Darshan R. Shah, M.D., F.A.C.S.

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(661) 327-3800

Initials:

Please do not give your permission or sign this consent form if you have any questions regarding your procedure(s). Please advise a staff member of these questions or concerns so that arrangements can be made for Darshan Shah, M.D., F.A.C.S. to discuss them with you.

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

GENERAL SURGICAL RISKS

ABOUT RISKS

- We want you to understand fully the risks involved in surgery so that you can make an informed decision. Although complications are infrequent, all surgeries have some degree of risk. All of us at Beautologie Cosmetic Surgery and Laser Center will use our expertise and knowledge to avoid complications in so far as we are able. If a complication does occur, we will use those same skills in an attempt to solve the problem quickly. The importance of having a highly qualified medical team and the use of a certified facility cannot be overestimated.
- In general, the least serious problems occur more often and the more serious problems occur rarely. If a complication does arise, you, Dr. Shah, and the nursing staff will need to cooperate in order to resolve the problem. Most complications involve an extension of the recovery period rather than any permanent effect on your final result.

NORMAL SYMPTOMS

- **SWELLING AND BRUISING:** Moderate swelling and bruising are normal after any surgery. Your swelling may increase as your activity increases, this is normal. Severe swelling and bruising may indicate bleeding or possible infection.
- **DISCOMFORT AND PAIN:** Mild to moderate discomfort or pain is normal after any surgery. If the pain becomes severe and is not relieved by pain medication, please call us at (661) 327-3800.
- **CRUSTING ALONG THE INCISION LINES:** We usually treat this with antibiotic ointment.
- **NUMBNESS:** Small sensory nerves to the skin surface are occasionally cut when the incision is made or interrupted by undermining of the skin during surgery. The sensation in those areas gradually returns--usually within 2 or 3 months as the nerve endings heal spontaneously.
- **ITCHING:** Itching and occasional small shooting electrical sensations within the skin frequently occur as the nerve endings heal. Skin moisturizers, and massages are frequently helpful. These symptoms are common during the recovery period.
- **REDNESS OF SCARS:** All new scars are red, dark pink, or purple. Scars on the face usually fade within 3 to 6 months. Scars on the breasts or body may take a year or longer to fade completely.

COMMON RISKS

- **HEMATOMA:** Small collections of blood under the skin are usually allowed to absorb spontaneously. Larger hematomas may require aspiration, drainage, or even surgical removal to achieve the best result.
- **INFLAMMATION AND INFECTION:** A superficial infection may require antibiotic ointment. Deeper infections are treated with antibiotics. Development of an abscess usually requires drainage.

- **THICK, WIDE, OR DEPRESSED SCARS:** Abnormal scars may occur even though we have used the most modern plastic surgery techniques. Injection of steroids into the scars, placement of silicone sheeting onto the scars, or further surgery to correct the scars is occasionally necessary. Some areas on the body scar more than others, and some people scar more than others do. Your own history of scarring should give you some indication of what you can expect. There are many treatments for scars. The best treatment is to take care of the scar aggressively from the first day after surgery, give it time (up to two years) and keep all your follow up visits with your doctor. Sometimes silicone gel sheeting, vitamin E, kenalog injections and laser can be tried. Scar creams and scar gels are also available. All of these items and procedures are not included in the cost of the surgery. If after one year you feel there is still an unsatisfactory scar, and your surgeon agrees that a scar revision may help, the cost of this procedure will be \$1000 surgeons fee, \$800 operating room cost, and \$250 anesthesia fee (for larger scars such as a breast lift scar or tummy tuck scar) OR \$500 surgeons fee, \$500 operating room cost, and \$250 anesthesia fee for smaller scars (breast augmentation scars).
- **WOUND SEPARATION OR DELAYED HEALING:** Any incision, during the healing phase, may separate or heal unusually slow for a number of reasons. These include inflammation, infection, wound tension, decreased circulation, smoking or excess external pressure. If delayed healing occurs, the final outcome is usually not significantly affected, but secondary revision of the scar may be indicated.
- **SENSITIVITY OR ALLERGY TO DRESSINGS OR TAPE:** Occasionally, allergic or sensitivity reactions may occur from soaps, ointments, tape or sutures used during or after surgery. Such problems are unusual and are usually mild and easily treated. In extremely rare circumstances, allergic reactions can be severe and require aggressive treatment or even hospitalization. The tape may sometime cause blisters underneath the skin. If this happens, go ahead and remove the tape and place neospirin on the blisters. **DO NOT** use the tape any more.
- **INCREASED RISKS FOR SMOKERS:** Smokers have a greater chance of skin loss and poor healing because of decreased skin circulation. (See Preparing for Surgery)
- **INJURY TO DEEPER STRUCTURES:** Blood vessels, nerves and muscles may be injured during surgery. The incidence of such injuries is rare.
- If they are severe, any of the problems mentioned under Common Risks may significantly delay healing or necessitate further surgical procedures.
- Medical complications such as pulmonary embolism, severe allergic reactions to medications, cardiac arrhythmias, heart attack, and hyperthermia are rare but serious and life-threatening problems. Having a board-certified anesthesiologist present at your surgery reduces these risks as much as possible. (Failure to disclose all pertinent medical data before surgery may cause serious problems for you and for the medical team during surgery.)

**RARER
COMPLICATIONS**

**UNSATISFACTORY
RESULT & NEED FOR
REVISIONAL
SURGERY**

- All Plastic Surgery treatments and operations are performed to improve a condition, a problem or appearance. While the procedures are performed with a very high probability of success, disappointments occur and results are not always acceptable to patients or the surgeon. Secondary procedures or treatments may be indicated. Rarely, problems may occur that are permanent.
- **POOR RESULTS:** Asymmetry, unhappiness with the result, poor healing, etc. may occur. Minimal differences are usually acceptable. Larger differences frequently require revisional surgery. You will be financially responsible for any revisional surgery you may need.

Signature: _____

**POLICIES OF
SURGERY**

- **REVISION POLICY** Revision Policy Rarely, one year after your cosmetic surgery you may experience an adverse event and need or desire a slight "touch up" procedure to be done. This may be additional skin removal, a small amount of liposuction, or scar revision. You will be responsible for the Anesthesia and Operating room and physicians fees for the touch up procedure. This is not negotiable.

Signature: _____

- **OVERAGE FEES** Overage Fees Occasionally, your surgery may take longer than the estimated time on your price quote sheet. The estimated time is calculated based on our experience with hundreds of previous surgeries. For some people however, there may be additional surgical complexity, additional time for anesthesia or additional time required for nursing duties. The patient is responsible for these overage charges. You will usually receive a bill in the mail for these additional charges directly from the Anesthesiologist and/or the Hospital. Please contact these sources with your questions.

Signature: _____

- **HOSPITAL STAY** If you would like, or if your physician requires, you may spend the night in the hospital. This is an additional \$1500 fee that you will have to pay directly to the hospital admitting department. Occasionally, unforeseen events may require you to stay in the hospital after surgery. This may be covered by your insurance, however you will be financially responsible for these charges if your insurance will not cover the expense.

Signature: _____

Signature: _____ Date: _____

Witness / Nurse Signature: _____

SPECIFIC SURGICAL RISKS

SUCTION ASSISTED LIPECTOMY (LIPOSUCTION)

■ **WAVINESS, WRINKLING, OR DIMPLING OF THE SKIN:** As knowledge has increased and technology has improved, this potential problem has become much less common. The use of much smaller cannulas (tubes inserted to remove the fat cells) has helped tremendously. Ultrasonic Liposuction also helps reduce the risk of these problems. Tight and firm skin before surgery will probably remain so after healing. If your skin is loose, wrinkled, or dimpled before surgery, it may remain the same or be slightly worse after surgery.

After liposuction of any area of your body, we cannot guarantee the amount of skin tightening you will have. This depends on many factors: your genetics, your skin condition and how much you exercise after surgery. You might require removal of excess skin (i.e. a tummy tuck or other procedure) which you will be financially responsible for.

■ **ASYMMETRY:** It is not always possible to obtain total symmetry when bilateral procedures are performed. Very few people are totally symmetrical prior to liposculpture. If a significant difference is visible following healing, a secondary "touch up" procedure may be indicated to minimize such findings. If any touch up procedure is required, you must wait at least one year, demonstrate weight loss from your pre procedure weight, and have kept all follow up visits. You should wait at least 6 months to one year for everything to full settle after surgery before making any final judgments about the symmetry. Most of our patients are very happy after their first surgery.

■ **LOSS OF SENSATION:** Usually, any numbness or loss of sensation is temporary and resolves within a few months. It may take up to a year or longer to get full recovery of your nerve sensation. During the recovery process you may notice over-sensitivity, burning or electrical-shock sensations. These are all normal symptoms and will resolve over time.

■ **INDENTATION OR EXCESS FAT REMOVAL:** Although this can occur in an attempt to remove as much fat as possible, careful discussion and preoperative understanding between you and Dr. Shah make this an unlikely possibility.

■ **FLUID AND ELECTROLYTE PROBLEMS:** When we anticipate that large volumes of fat need removal (2000 cc or more), we will request that you donate a unit or two of your own blood during the preoperative period. This will help your body adjust to the loss of fluid and blood that occurs during surgery and to the postoperative shift of fluids to the areas under the skin that were suctioned. These changes, the operative fluid losses and the postoperative fluid shifts, help to explain why you may feel "washed out" for a few days after surgery.

Severe fluid and electrolyte problems, usually associated with large volume liposculpture, can cause surgical shock, require hospitalization, and, in the most extreme case, cause death. Autotransfusion (above paragraph) certainly reduces such potential risks.

■ **INFECTION:** This is a very unusual problem. If it occurs, Dr. Shah will prescribe antibiotics.

- **BLEEDING AND BRUISING:** Some bruising almost always surfaces for 2-3 weeks after liposculpture. Formation of hematomas (blood clots under the skin) is rare. Resolution occurs with time and massage. Extremely rare cases may require suction of the blood clots.
- **SKIN LOSS:** Skin loss is extremely rare following liposculpture and may require secondary reparative surgery which you will be financially responsible for. Smoking, diabetes, obesity or other health issues can increase the chance of healing problems, including skin, fat and tissue loss to occur. Please be sure to have all medical problems optimized and stop smoking before and after the surgery.
- **LUMPS OR FIRMNESS UNDER THE SKIN:** During the healing phase (several weeks or longer) you may feel firmness or lumpiness under the treated areas. This is normal and can often be resolved with time and massage.
- **SEROMA FORMATION:** Fluids can collect under the skin following liposculpture (very uncommon). If this problem occurs, aspiration with a needle or even open drainage might be indicated.
- **PULMONARY EMBOLISM:** This is a very rare and potentially fatal complication of all large operations. Fat droplets in the blood stream are trapped in the lungs. Should this unlikely complication occur, hospitalization and other treatment may be necessary, which you will be financially responsible for.

ALTERNATIVES

- Liposculpture is entirely elective. Alternatives include weight loss and exercise. Loose skin and fat can sometimes be surgically excised. Alternative surgical treatments have their own potential risks.
- **SECONDARY SURGERY:** If any secondary surgery is necessary, the patient is financially responsible for this surgery.

APPLICABLE HEALTH FACTORS

CONSENT FOR
SPECIAL MEDICAL
CONDITIONS NOT
APPLICABLE

- Instructions for special medical conditions are not necessary.

OTHER RISKS

- We have outlined the common and not-so-common risks of surgery in general. The specific risks and complications of each surgical procedure have been explained elsewhere in this preoperative packet. We have not discussed every possible problem that may occur, and you cannot assume that a problem will not occur simply because it is not discussed here.
- I acknowledge that the risks and complications of the surgery I am to undergo have been explained and discussed with me in detail by Dr. Shah and by the nursing staff. I have been given the opportunity to ask questions and any concerns I had about my surgery have been explained to me. My signature here attests to my understanding and satisfaction with the answers I have been given.

Signature: _____ Date: _____

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Witness / Nurse Signature: _____