

INFORMED-CONSENT-MICROSTRUCTURAL FAT GRAFTING SURGERY

INSTRUCTIONS

This is an informed-consent document that has been prepared to inform you of fat graft surgery, its risks, as well as 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 surgery as proposed by your plastic surgeon.

INTRODUCTION

Fat graft surgery is frequently performed by plastic surgeons to use fat taken from another area of the body to restore or augment fat in other area(s).

Microstructural fat grafting is a special kind of fat graft. It is performed by taking fat from another part of the body, processing it and injecting living fat cells in very small packets into the area that is being treated. We use the "Coleman Technique" and instruments for this procedure. It has been shown to have a higher "take" of the fat graft.

Only a certain amount of fat will survive with each injection procedure. That amount varies depending on many factors including where the fat is placed and where it is taken from.

Fat grafts are an effective means of filling soft tissue deficits when there has been a loss of fat due to conditions that involve disease, injuries, surgery and aging. Some areas may not be suitable for fat grafting. In some situations, surgical procedure(s) and other treatments (other filler materials) may be needed in addition to or instead of fat grafting.

ALTERNATIVE TREATMENTS

Alternative forms of care consist of not undergoing surgery. In other situations, different forms of treatment such as the use of other fillers may be preferable to fat grafts.

RISKS of FAT GRAFT SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with fat graft surgery. 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 the following complications, you should discuss each of them with your plastic surgeon to make sure you understand all possible consequences of fat graft surgery.

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 drain accumulated blood (hematoma). Do not take any aspirin or anti-inflammatory medications for ten 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- Infections after fat graft surgery may occur. Additional treatment may be required. There is the possibility of fat graft failure or scarring from an infection. Should an infection occur, treatment including antibiotics or additional surgery may be necessary.

Inability to heal- Fat grafts require adequate blood supply for survival. Areas of the body where there is inadequate blood supply due to injury, disease states, or the effect of radiation therapy may not be

capable of providing adequate blood supply for fat graft survival. Fat grafts are also vulnerable to loss in disease situations where there is a propensity for chronic swelling or vascular insufficiency disorders. Some defects may be of the extent and severity that skin grafts cannot produce closure of the wound and healing. More involved reconstructive surgical procedures may be necessary. The blood supply to the area is also adversely affected by tobacco use.

Scarring- Excessive scarring can occur. In rare cases, abnormal scars may result. Scars may be unattractive and of different color than surrounding skin. Scarring may limit joint and extremity function. Special compressive garments may be needed to help control scarring. Additional treatments including surgery may be necessary to treat abnormal scarring.

Skin sensation- Diminished (or loss) of skin sensation in the donor location for the graft as well as the location where the graft is placed may occur and not totally resolve after fat graft surgery. Injuries may occur secondary to this lack of sensation if the skin graft is subjected to excessive heat, cold, or physical force.

Skin contour irregularities- Contour irregularities and depressions may occur after fat graft surgery at the donor or recipient site. Visible and palpable wrinkling of skin can occur.

Patient failure to follow through- It is important that the fat graft is not subjected to excessive force, swelling, abrasion, or motion during the time of healing or graft loss may occur. Fat graft donor locations are similarly vulnerable to injury during the healing process. Personal and vocational activity needs to be restricted. Protective dressings and splints should not be removed unless instructed by your plastic surgeon. Successful restoration may depend on both surgery and subsequent healing. You may be advised to wear compressive garments to control both swelling and scarring following fat graft surgery. It is important that you participate both in follow-up care and follow all instructions after surgery.

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.

Unsatisfactory result- There is the possibility of an unsatisfactory result from fat graft surgery. This would include risks such as some or all of the fat tissue loss, chronic pain and skin irregularities. There may be unacceptable cosmetic deformities from fat grafts placed in visible areas of the body or in the fat graft donor areas. Abnormal color over the donor or recipient sites of the fat graft may occur.

Damage to associated structures- Structures such as nerves, blood vessels, and soft tissues may be damaged during surgery. These may be temporary or permanent.

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

Pain- Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue or from other causes after fat graft surgery.

ADDITIONAL SURGERY NECESSARY

Additional surgery or other treatments may be necessary either to make restorations or give improvements. Even though risks and complications occur infrequently, the risks cited are particularly associated with fat graft surgery. Other complications and risks can occur but are even more uncommon. 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.

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. Health insurance may not completely cover the costs of surgery and rehabilitation. You may require more rehabilitation services than your insurance plan covers.

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, every patient is unique and informed-consent documents should not be considered all inclusive in defining other methods of care and risks encountered when medical care is reasonable and directed at obtaining appropriate results. Your plastic 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.

CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby authorize Dr. Gayner and/or Dr. Stratis and such assistants as may be selected to perform the following procedure or treatment:

I have received the following information sheet:

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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 and assistants or designees to perform such other procedures that are in the expertise 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.
3. 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.
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 or televising 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.