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(Full name of the Patient)

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(Date of birth or PESEL)

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(Phone number)

INFORMATION ABOUT LIPOSUCTION AND INFORMED CONSENT

Instructions

The following informed-consent form is a document that has been prepared to inform the patient about liposuction surgery (suction-assisted lipectomy), its risks, and other, alternative treatment. It is very important that you read this information carefully and completely. Please sign each page, indicating that you have read and understood the entire document.

General information. Characteristic of liposuction surgery

Indications

Liposuction is a surgical technique aimed at removing the excess of adipose tissue from specific areas of the body, including the face and neck, upper arms, trunk, abdomen, hips, buttocks, thighs, knees, calves and ankles. This is not a substitute for weight reduction, but a method for removing localized deposits of adipose tissue that do not respond to diet or exercise. Liposuction may be performed as a sole procedure for body contouring or combined with other surgical techniques such as facelift, abdominoplasty, or thigh lift procedures, i.e. methods of removing excess of skin or sagging skin lift. The best candidates for liposuction are individuals of relatively normal weight who have excess fat in particular body areas. The best results with liposuction may be obtained in individuals with elastic skin.

Sagging, loose skin may require additional surgical techniques – abdominoplasty. Body-contour irregularities due to structures other than fat cannot be improved by liposuction. Liposuction improves the appearance of „cellulite” to a small extent.

Liposuction surgery is performed by using metal cannulas that are inserted through small skin incisions and allow for fragmentation and removal of adipose tissue. Liposuction may be performed under local or general anaesthesia.

Tumescent liposuction technique involves the infiltration of suctioned adipose tissue with fluid containing local anaesthetic and epinephrine. This technique can reduce discomfort at the time of surgery and post-operative bruising. Support garments and dressings are worn to control swelling and promote healing.

Alternative treatments

Alternative forms of management consist of not performing surgical procedure. Diet and physical exercise may be of benefit in the reduction of excess body fat. Abdominoplasty with removal of excess skin and fatty tissue may be required in some patients after liposuction. Other methods used for body contouring or removal of adipose tissue include pharmacological or laser lipolysis, water jet lipolysis for adipose tissue fragmentation, as well as ultrasound-assisted procedures. Alternative forms of treatment are also associated with certain risks and potential complications.

The aim of the proposed procedure is

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Foreseeable consequences of the procedure

- 1. Scarring** – Every surgical procedure leaves scars, which sometimes may be unattractive. Abnormal scars may occur on the surface of the skin and within deeper tissues. Scars may be of different colour than the surrounding skin tone. The correction of such scars may require additional surgical treatment.
- 2. Skin discolouration/swelling** – Some bruising and swelling normally occur after liposuction. The skin within or near the surgical site can appear either lighter or darker than surrounding skin. However, it is uncommon that swelling and skin discolouration persist for long periods of time or remain permanent.
- 3. Asymmetry** – Liposuction may result in some asymmetrical body appearance. Factors such as skin tone, fatty deposits, muscle tone or skeletal prominence may contribute to the outcome of the abdominoplasty.
- 4. Skin contour irregularities** – Liposuction may result in skin contour irregularities and visible skin depressions. Skin folding or wrinkling may also occur after liposuction. This may improve with time, or it may require additional surgical correction.
- 5. Long-term results** – The change in body contour may be associated with age, weight loss or weight gain, pregnancy and other body changes not related to previous liposuction.
- 6. Pain** – Pain of varying intensity may occur after liposuction surgery. Chronic pain occurs infrequently and is usually associated with nerves becoming trapped in the forming scar. Do not drive, do not make any important decisions and do not drink any alcohol while taking pain medication.

Liposuction-related risk factors

Every surgical procedure involves a certain amount of risk factors, and therefore it is very important to understand the risks associated with liposuction.

A choice to undergo a surgical procedure is individual and based on the comparison of the risk to potential benefit of improving body appearance. Although the majority of patients do not experience these complications, you should discuss them with the plastic surgeon to make sure you made the right choice and fully understand the risks, potential complications, and consequences of liposuction. Below you will find the scientifically proven cases of possible side effects and complications of surgical liposuction.

- 1. Patient Selection** – Individuals with poor skin tone, medical problems, obesity, or unrealistic expectations may not be considered as candidates for liposuction.
- 2. Bleeding** – A rare complication. It may occur during or after surgery. Should postoperative bleeding occur, it may require immediate treatment to prevent the formation of haematoma or the need for transfusion. Do not take any aspirin or anti-inflammatory medications for at least 21 days before the planned surgery to reduce the risk of bleeding. Untreated hypertension may cause bleeding during or after the procedure. Excess blood accumulated below the level of the skin (haematoma) may lead to delayed wound healing and formation of abnormal scars.
- 3. Infection** – is a very rare complication after such surgery. Should an infection occur, antibiotics are administered. Should it not respond to such treatment additional surgery may be necessary. Higher risk of infection is associated with simultaneous abdominoplasty and liposuction.
- 4. Change in skin sensation** – Some change in skin sensation is a common complication directly after the surgery. Most patients regain normal skin sensation after several months. Permanent partial or complete loss of skin sensation after surgery is extremely rare.
- 5. Seroma** – Infrequently, fluid may accumulate between the skin and deeper tissues. It may occur after surgery, trauma or intensive physical exercise. In such case drainage of such fluid is necessary.
- 6. Adipose tissue necrosis** – Adipose tissue necrosis may occur. Removal of such tissue may be required.

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7. Injury of deeper structures – Deeper structures including nerves, blood vessels, muscles, and peritoneum (in very rare cases) may become injured during surgical procedure. Such injury may be temporary or permanent.

8. Anaesthesia – Both general and local anaesthesia involve certain risk, which include both complications and death.

9. Allergic reactions – In rare cases, allergic reaction to suture material, topical preparations, or tapes may occur. Systemic reactions are very serious and associated with response to drugs. Allergic reactions may require additional treatment.

10. Shock – It is an extremely rare complication and is associated with excessive blood loss in cases of liposuction of large areas, during which large amount of fat is removed. It requires immediate treatment.

11. Cardiac and pulmonary complications – Pulmonary complications may be secondary to pulmonary embolism, fat embolism or partial lung injury after general anaesthesia. Such complications may lead to death. Cardiac complications are a risk associated with any general anaesthesia. You should seek medical attention immediately, if you experience shortness of breath, chest pain, or abnormal heart beats.

12. Skin necrosis – Skin necrosis is very rare after liposuction. Additional treatments, including surgery may be necessary.

13. Unsatisfactory result – Body contour deformations in the form of visible or palpable unevenness may occur. It may be necessary to perform additional surgery.

14. Delayed healing – Wound disruption or delayed wound healing is possible. Some areas of the body may not heal normally and healing may be delayed. Some areas of skin may be subject to necrosis. This may require frequent dressing changes or further surgery to remove the poorly healing tissues. Smoking patients present a greater risk of skin necrosis and wound healing complications.

15. Information about contraception – You should inform your surgeon if you use any form of contraception or if you are pregnant. Many medications including antibiotics may neutralise the contraceptive medication allowing for pregnancy.

16. Intimate relations after surgery – Intimate relations after surgery may lead to bleeding and haematoma formation. Additionally, they may cause bruising and swelling, which may prolong or hinder the healing process.

17. Smoking – Patients who are currently smoking or exposed to second-hand smoke present higher risk for surgical complications during healing process and abnormal scar formation. Such patients may additionally experience side effects in the form of problems with anaesthesia or bleeding.

Please indicate your current status by checking the appropriate item below:

I am a non-smoker. I understand the potential risk of second-hand smoke exposure causing surgical complications.

I am a smoker. I understand the risk of surgical complications due to smoking. It is important to refrain from smoking at least 6 weeks before surgery and until the healing process is completed.

18. Medication – Do not drive, do not make any important decisions and do not drink any alcohol while taking pain medications.

19. Neurological disorders and mental symptoms – The occurrence of mental disorders after liposuction surgery related to unfulfilled expectations associated with patient's appearance after surgery were reported in the literature. True patient's expectations are important. The aim of this procedure is to improve patient's appearance, not to obtain ideally symmetrical effect.

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Patient-associated complications

Patient-associated complications occur when:

- 1. The patient does not comply with postoperative recommendations.
- 2. The patient refrains from performing certain actions.

Possible actions associated with the procedure and circumstances that justify them:

During surgical procedure a situation may occur, which requires additional procedure which was not discussed with the patient before the surgery. The occurrence of complications during or after the surgery itself may necessitate additional procedures, which were not previously discussed with the patient.

Additional treatment necessary

Should complications occur, additional surgery or other treatments may be necessary. Even when the risk of complications is not high and they occur infrequently one should take into account the possibility of their occurrence and need to perform additional procedures to improve the outcome of the primary procedure.

Patient’s objections:

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Disclaimer

Informed-consent document is used to communicate information about the proposed treatment along with disclosure of risks factors and alternative forms of treatment. This document is based on scientific literature and clinical practice. However, the informed-consent document is not all-inclusive in defining other methods of care and associated risks.

The informed-consent document reflects the current state of medical knowledge only at the time it is issued.

I hereby declare that on at **Doctor Maciej Sznurkowski** discussed with me the pre-, intra- and postoperative course of action. During our talk I have had the opportunity to ask questions about the liposuction procedure, complications, which may occur during surgery, postoperative care and risk associated with the planned procedure. Such information was presented to me in a comprehensible and exhaustive manner. I received the postoperative recommendations.

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STATEMENTS. INFORMED CONSENT FOR SURGERY OR TREATMENT

.....
(Planned procedure)

.....
(Planned anaesthesia)

I,, pursuant to Articles 32-35 of the Act of 5 December 1996 on the Professions of Doctor and Dentist (Journal of Laws of 2008 No. 136, item 857 as amended) and Article 19, Section 1, Point 3 of the Act of 31 August 1991 on Healthcare Institutions (Journal of Laws of 2007, No. 14, item 89, as amended) consent to the above-described planned surgical procedure and authorise **Doctor Maciej Sznurkowski** and his assistants to perform it.

Furthermore, I declare that I was informed in a comprehensive and understandable manner about:

1. The need and way to prepare for the surgical procedure, including the need for early termination or discontinuation of the therapy I am subject to;
2. Type of the surgical procedure, its anticipated duration, type of anaesthesia and anticipated result;
3. Typical, most common complications of the procedure;
4. Course of action after the surgical procedure, including the need to introduce pharmacological therapy;
5. Typical, most common complications of the introduced pharmacological therapy;
6. Need to attend follow-up visits after the procedure;
7. Negative consequences and complications which may occur due to my delayed introduction of medical recommendations;
8. Potential complications associated with the surgical procedure and healing process, consequences of not following medical recommendations, as stated in the Informed Consent for liposuction surgery.
9. The cost of the surgery and treatment, which I accept.

I recognize that the outcome of the procedure that is possible to obtain, the healing period and efficacy of potential postoperative therapy may not be precisely defined, which results from the nature of the planned procedure.

I also recognize that the final outcome of the procedure, as well as the course of the postoperative period are strictly dependant on individual case. Moreover, I recognise that the final outcome of the procedure depends on many factors listed in the informed-consent document concerning the procedure (surgery), including my health condition, age, skin elasticity, individual skin and entire body reaction to administered medications. Before the procedure I received comprehensive and

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understandable information that the final outcome is not identical in every case and may differ from effects which were obtained in other patients.

I recognize that during the course of the procedure, medical treatment and anaesthesia, unforeseen conditions may occur which left untreated could be life-threatening or lead to bodily injury or severe health disorder, and necessitate additional procedures. I therefore authorize the physician who is authorised to perform the planned surgery to perform additional procedures which may prove indispensable due to the above-mentioned circumstances. The authority granted under this paragraph shall include all health conditions that require treatment and are not known to my physician at the time the procedure is begun

I consent to the administration of proposed anaesthetics, including suggested postoperative pain therapy. I understand that all forms of anaesthesia involve certain risk and the possibility of complications, injury, and sometimes death.

I declare that I was informed about pre- and postoperative recommendations. I hereby oblige to follow all medical recommendations.

I declare that I have had the opportunity to ask the doctor questions concerning the planned surgery, potential complications, risk of complications, further treatment, and postoperative recommendations. The answers were understandable for me and provided in a comprehensive manner. Moreover, I was informed about alternative forms of treatment, including no treatment at all, and alternative procedures.

I declare that the informed-consent form was presented to me before the procedure began and the time interval between handing me the informed-consent form and the procedure itself was sufficient for me to understand it completely.

I consent to preparation of appropriate procedure-related documentation, as well as to photograph or televise the procedure for medical, scientific or educational purposes, provided my identity is not revealed.

I consent to the presence of personnel necessary to the perform this procedure and admittance of other persons, whose participation in the procedure has strict educational purpose and will only include observation of the surgery and consultation of procedure-related documentation.

I recognise that outcome of the procedure that does not entirely meet my expectations is not basis for civil claim, should its performance and actions undertaken after its completion complied with requirements of current medical knowledge.

I consent to the disposal, and consequently to the transportation and utilisation of any medical devices used during the procedure, tissue, or body parts which may be removed.

I declare that the contact person indicated by me is

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The above-mentioned person is fully authorised to obtain information about the planned procedure, my condition and prognosis. This person is also fully authorised to obtain copies, duplicates and excerpts from my medical records.

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Patient's signature and date

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Physician's signature and date

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RECOMMENDATIONS AFTER TUMESCENT LIPOSUCTION

- 1. Transport.** After surgery, you should be transported home by a family member or a friend. It is recommended that they stay with you for the following 24-48 hours. After surgery, you must not drive motor vehicles.
- 2. Compression clothing after surgery.** After surgery, the patient wears special compression clothing to ensure comfort and support the skin in adapting to the new body contour.
- 3. Washing and bathing.** After surgery until the wounds heal, avoid bath, in particular in Jacuzzi.
- 4. Treated areas.** Try to maintain the dressing clean and dry as far as possible. Change it every day and if they soak through to prevent infection. Avoid overheating the treated places. Expect quite an intensive drainage, i.e. the outflow of a bloody liquid from the cuts. Although the liquid can be red, it usually contains around 1% of blood. The more intensive outflow, the less bruises and swelling. We recommend you should put an impermeable material on your bed and in other places (e.g. in the car) to avoid dirtying. When the liquid stops leaking out, clean the place with water with an antibacterial agent and put a clean dressing. When the wounds heal completely, we recommend that you should grease them (e.g. with vaseline). Stinging, itching, pain, going numb or hardness are normal symptoms and should subside within a month, although they can last much longer.
- 5. Manual lymphatic massage.** Manual lymphatic massage (MLM), known as lymphatic drainage, is a special type of massage made by a qualified masseur or physiotherapist to support the natural flow of lymph in the body. We recommend that the MLM should be started around 21 days after surgery. The MLM will reduce swelling and hardness, as well as accelerate healing. In addition, we recommend that you should massage, press and move the treated area on your own even a few days after surgery. Forcing the outflow of liquid through the cuts and drains will help reducing the swelling, bruises and the risk of hematomas.
- 6. COMPEX electrostimulation.** We recommend that COMPEX should be started around 21 days after surgery.
- 7. Physical activity.** Do not overexert yourself, but try to get back to normal activity during the first week after surgery. Excessive swelling and discomfort may indicate that you overexerted yourself. It is normal to feel vertigo, in particular while standing up and changing the dressing. Ask someone for help during those activities on the first few days after surgery. Protect the treated areas against sunlight, use SPV 30 or higher filter for around 3 weeks after surgery and if there are bruises in order to avoid discolouration. Apply the filter on the cuts until they heal completely, as well.
- 8. Diet.** If you feel nauseous, eat small quantities of light food. To reduce stomach irritation, take medicines with food. Drink around 3 litres of liquids per day.
- 9. Alcohol.** Try to refrain from alcohol for at least 5 days before surgery. After surgery, try not to consume alcohol to shorten the healing of bruises and swellings.
- 10. Smoking.** Try not to smoke or reduce smoking significantly. Smoking worsens blood circulation and slows down the healing process.

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11. Expectations. Remember that the purpose of the surgery is not to lose weight, but to model and improve the contour of your body. After surgery, the body tends to hold liquids, that is why you can observe a temporary growth of weight (for around 3 weeks). The purpose of the surgery is not to achieve perfection, but to improve your look. If you had the surgery around your bottom belly, you can feel an intensive swelling near the pubic area, including greater labia or a penis and scrotum. The post-surgery discomfort usually includes a pain in deep muscles and lasts around 3-4 weeks, but starts subsiding after around 7 days.

A small growth of body temperature, a flush on the face, neck and top part of your chest can last for around 48 hours. You will have symptoms of dejection, which should subside together with a reduction in swelling and bruises, i.e. within a week. Menstrual disorders are other side effects. As the surgery is made near tights, the swelling in your ankles and calves can last for even several months.

12. Medicines to be taken after surgery. Take antibiotics and pain killers as recommended by your doctor. Always take a full dose of antibiotics, if any.

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Patient's signature and date

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Physician's signature and date