Liposuction Procedure Operative Consent Form

I have had the opportunity to ask questions about the surgery, its limitations and possible complications. By placing my initials next to the following items, I express that I clearly understand and accept the following myself or through my legal guardian.

1.) The goal of liposuction surgery, as in any other cosmetic procedure, is **improvement of appearance; not perfection.** It does not guarantee the reduction of any measurements, including the neck, waist and all other areas.

2.) The final results will not be apparent for 3 – 6 months post-operatively. There is no guarantee that the expected or anticipated results will be achieved.

3.) In order to achieve the best possible results, a “touch-up” surgery may be required. There will be a supply cost charge to you which ranges from $400.00 – $1,200.00.

4.) Areas of “cottage cheese” texture (cellulite) will have little change after liposuction surgery.

5.) Liposuction surgery is a body contouring procedure and is not performed for purposes of weight reduction.

6.) Strict adherence to the post-operative regimen discussed by Dr. Johnson (wearing an elastic garment for at least 3-5 weeks, exercise, diet and all other regimens discussed) is necessary in order to achieve the best possible results.

7.) The surgical fee for the operation is paid at the time the surgery is scheduled.

Although complications following liposuction surgery are infrequent, by placing my initials next to the following, I understand that they may occur.

8.) Bruising is a common result of the surgery. Any bruising that occurs should resolve within 2 to 3 weeks.

9.) Post operative pain can be controlled in the majority of patients with Tylenol or Ibuprofen. However some patients require more aggressive pain management. For this reason you will receive a prescription for a narcotic pain reliever to take as necessary.

10.) Bleeding is rare, and in rare instances could require hospitalization and blood transfusion. It is possible that blood clots may form under the skin and require subsequent surgical drainage. A collection of lymph fluid (Seromas) may develop which will require drainage.

11.) Skin irregularities, lumpiness, hardness and dimpling may appear post-operatively. Most of these problems disappear with time, but localized skin firmness, lumpiness and or irregularities may be permanent. In dark-skinned patients, hyperpigmented scars (dark to black scars) can occur and be permanent. Other objectionable scarring such as keloids are possible. Other complications such as hematomas (collection of blood under the skin) can occur. If loose skin is present in the treated areas, it may or may not shrink to conform to the new contour.

12.) Infection is rare, but should it occur, treatment with antibiotics and / or surgical drainage may be required.

13.) Numbness or increased sensitivity of the skin over the treated areas may persist for months. It is possible that localized areas of numbness or increased sensitivity could be permanent.
14.) Objectionable scarring is rare because of the small size of the incisions used in liposuction surgery, but scar formation is possible.

15.) Skin necrosis (dead skin) may occur as a result of liposuction and may require skin grafting which will leave significant scarring.

16.) Dizziness may occur during the first weeks following liposuction surgery, particularly upon arising from a lying or sitting position. If this occurs, extreme caution must be exercised while walking. Do not attempt to drive a car if dizziness is present.

17.) I have been informed about the new Vaser™ (3rd Generation Ultrasound) treatment and have been informed by Dr. Johnson that burns of the skin could occur, although every effort will be made to prevent this.

18.) I have been informed about the new Smartlipo™ (Laser) treatment and have been informed by Dr. Johnson that burns of the skin could occur, although every effort will be made to prevent this.

19.) Allergic or toxic responses to anesthetic are extremely rare, but possible.

20.) In addition to these possible complications, I am aware of the general risks inherent in all surgical procedures and anesthetic administration.

You will have a nurse follow-up for dressing change the day after surgery. You will have an appointment with Dr Johnson two weeks following surgery. Feel free to call during this time if you have any questions or comments.

My Signature certifies that I have discussed the above materials with Dr. Bill J. Johnson, and I understand the goals, limitations and possible complications of liposuction surgery, and I wish to proceed with the operation.

I hereby request, authorize and give my consent to Bill J. Johnson, M.D., to perform upon me liposuction surgery and whatever operations, treatments or technical procedures which may be deemed necessary or advisable in the diagnosis or treatment of my case. I also give my permission to have such anesthetics administered as are deemed necessary or advisable.

This particular operation, which I, _____________________________________________ am about to undergo has been explained to me in detail and I understand in general what is to be done, that there are calculated risks, and that Dr. Johnson has not made any guarantee whatsoever.

_________________________________________  ___________________________________________
Patient                                                                                     Date

_________________________________________  ___________________________________________
Innovations MedSpa Rep.                                                                 Date