

## INFORMED CONSENT FOR HIP LIPECTOMYLIFT SURGERY

### **Instructions**

This is an informed-consent document that has been prepared to help your plastic surgeon inform you of HIP LIPECTOMY 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**

HIP LIPECTOMY is a surgical procedure to remove excess skin and fatty tissue from the hips. Hip lipectomy is not a surgical treatment for being overweight. Obese individuals who intend to lose weight should postpone all forms of body contouring surgery until they have been able to maintain their weight loss.

There are a variety of different techniques used by plastic surgeons for HIP LIPECTOMY. HIP LIPECTOMY can be combined with other forms of body-contouring surgery, including suction-assisted lipectomy, or performed at the same time as other elective surgeries.

### **Alternative treatments**

Alternative forms of management consist of not surgically treating the areas of loose skin and fatty deposits. External devices producing deep massage or ultrasonic waves are available, and are of unproven effectiveness. Suction assisted lipectomy surgery may be a surgical alternative to HIP LIPECTOMY if there is good skin tone and localized hip fatty deposits in an individual of normal weight. Diet and exercise programs may be of benefit in the overall reduction of excess body fat.

Risks and potential complications are associated with alternative forms of treatment that involve surgery.

### **Risks Of Hip Lipectomy Surgery**

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with HIP LIPECTOMY. 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 HIP LIPECTOMY.

### **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 or, rarely, blood transfusion. **Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may increase the risk of bleeding.**

### **Infection**

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

### **Change In Skin Sensation**

Diminished (or loss of) skin sensation in the thigh area may not totally resolve after HIP LIPECTOMY.

### **Skin Contour Irregularities**

Contour irregularities and depressions may occur after HIP LIPECTOMY. Visible and palpable wrinkling of skin can occur.

## Risks of HIP LIPECTOMY Surgery, Continued

### Skin Scarring

HIP LIPECTOMY scars are planned to be hidden under garments, but, over the years, can spread, depress, or migrate into a visible position. Excessive scarring is uncommon. In rare cases, abnormal scars may result. Scars may be unattractive and of different color than surrounding skin. Additional treatments including surgery may be necessary to treat abnormal scarring.

### 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.

### Asymmetry

Symmetrical body appearance may not result from HIP LIPECTOMY. Factors such as skin tone, fatty deposits, bony prominence, and muscle tone may contribute to normal asymmetry in body features.

### Delayed Healing

Wound disruption or delayed wound healing is possible. Some areas of the thigh may not heal normally and may take a long time to heal. Some areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue.

**Smokers have a greater risk of skin loss and wound healing complications.**

### Allergic Reaction

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 medicines. Allergic reactions may require additional treatment.

### Pulmonary Complications

Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli) or partial collapse of the lungs after general anesthesia. Should either of these complications occur, you may require hospitalization and additional treatment. Pulmonary emboli can be life-threatening or fatal in some circumstances. **Notify your doctor if you have a history of pulmonary embolus (blood clots to your lungs) or thrombophlebitis (blood clots any where else in your body, but usually lower extremities).**

### Seroma

Fluid accumulations infrequently occur in between the skin and underlying muscles. Should this problem occur, it may require additional procedures for drainage of fluid.

### Long Term Effects

Subsequent alterations in body contour or scar position may occur as the result of aging, weight loss or gain, pregnancy, or other circumstances not related to HIP LIPECTOMY.

### Pain

Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue after HIP LIPECTOMY.

### Other

You may be disappointed with the results of surgery. Infrequently, it is necessary to perform additional surgery to improve your results.

## **Risks of HIP LIPECTOMY Surgery, Continued**

### **Additional Surgery Necessary**

Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with HIP LIPECTOMY. 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.

### **Health Insurance**

Most health insurance companies exclude coverage for cosmetic surgical operations such as HIP LIPECTOMY or any complications that might occur from surgery. **Please carefully review your health insurance subscriber-information pamphlet.**

### **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 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, informed consent documents should not be considered all inclusive in defining other methods of care and risks encountered. 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.

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

# CONSENT FOR SURGERY/ PROCEDURE or TREATMENT

1. I hereby authorize DR. EDUARDO BARROSO and such assistants as may be selected to perform the following procedure or treatment:

HIP LIPECTOMY

I have received and have read the following information sheet:

## INFORMED CONSENT FOR HIP LIPECTOMY SURGERY

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 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 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 involves 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.

\_\_\_\_\_  
Patient or Person Authorized to Sign for Patient

Date \_\_\_\_\_ Witness \_\_\_\_\_