

Consent for Facial Fat grafting

N.B. Please read this consent form for surgery carefully. It covers common issues with the Fat grafting procedure.

Patient's Name: _____

I authorise Dr Sanjay Azad to perform on me the operation known as lipofilling or fat grafting.

1. The nature and effects of the operation, the risks and complications involved, as well as alternative methods of treatment have been fully explained to me by Dr Sanjay Azad and I understand them.
2. I authorise Dr Sanjay Azad to perform any other procedure that she may deem desirable in attempting to improve the condition stated in Paragraph 1 or any unhealthy or unforeseen condition that may be encountered during the operation.
3. The following points, among others, have been specifically made clear:
 - a) This is usually a **staged procedure**. The final result cannot be obtained after one procedure, unless only a tiny area is to be grafted.
 - b) Grafted fat that "takes" will be **permanent**. About 60% of the fat put in will take, with the rest of the fat being absorbed by the body. The amount of fat take is variable with no exact predictability. The result of Fat Grafting is greatly influenced by changes in my weight and weight loss is not desirable after a fat grafting procedure.
 - c) The treated areas may be **lumpy** and **irregular**. This usually resolves with time as the swelling subside, but may be permanent. Fat will be injected/grafted through a number of tiny puncture sites. These do not normally leave any large visible scars though smaller scars can occasionally be visible.
 - d) Parts of the treated areas may be **numb** after the operation. This is often temporary but could be permanent.
 - e) There may be accumulations of fluid (**seroma**) beneath the skin that may require needle drainage (aspiration) and it may be necessary to repeat this procedure several times.
 - f) There is a possibility that **blood** or **pus** may collect beneath the skin during the postoperative period. If this happens, it may be necessary to do needle drainage or to open the skin under general anaesthesia and remove this accumulation of blood.
 - g) **Blood transfusion** is not required in the majority of instances; however, occasionally blood transfusion may be necessary. If a blood transfusion is given, it carries the risk of hepatitis and/or a transfusion reaction.

- h) There is a possibility of some **skin loss** and this may require skin grafting or another secondary surgical procedure.
 - i) The area of fat grafting can have altered sensation and this may not improve after the operation. There is no guarantee of relief of symptoms like chronic pain with fat grafting with the small possibility of worsening after surgery.
 - j) There is a **very rare possibility of blindness** following fat grafting of the face.
 - k) There is a very rare possibility of a **fat embolus to the brain** that could cause a stroke following fat grafting to the face.
 - l) **Swelling and discolouration** around the operative area may persist for several weeks.
 - m) There may be surface **irregularities, wrinkling** or **sagging** of the treated and/or donor areas.
 - n) Some area of fat grafting may lose their blood supply and become firm; this is a benign condition termed as Fat Necrosis. Occasionally full assessment may be necessary to further study this area.
 - o) Fat can occasionally liquefy and form oil cysts. This is a benign condition.
 - p) In association with liposuction, complications such as **infection, phlebitis** in the legs and pelvis, **pulmonary embolism** (fat or blood) and even **death** have been reported.
 - q) The appearance of my face or body will change over time due to ageing of my soft tissues, hormonal influences, alterations in weight, sun exposure. I take responsibility for my long term follow up
 - r) I confirm that Dr Sanjay Azad has advised me on the risks and possible complication associated with smoking and its effects on surgery and the postoperative recovery period. I also confirm that Dr Sanjay Azad has strongly advised me to stop smoking and I accept all responsibility for the outcome of my surgery related to smoking if I had not done so 8 weeks prior and 8 weeks after surgery.
3. The areas to be treated have been agreed upon. The donor areas have been discussed, but other areas may have been used to obtain adequate fat for grafting that you may not have been made aware of before going to sleep.
 4. I understand that the practice of medicine and surgery is not an exact science and that reputable practitioners cannot guarantee results. No guarantee or assurance had been given by Dr Sanjay Azad or anyone else as to the results that may be obtained.
 5. I understand that the two sides of the human body (left and right) are not the same and can never be made the same or identical.
 6. I understand that I may look worse after the operation if I have complications.
 7. I was given the opportunity to ask questions and to raise concerns regarding my condition, the procedure and the risks and my treatment options with Dr Sanjay Azad during my consultations. My questions and concerns have been discussed and answered to my satisfaction.
 8. I consent to the administration of anaesthetics by the expert anaesthetist responsible for this service.

9. For the purpose of advancing medical education, I consent to the admittance of authorised observers to the operating room.
10. I give permission for Dr Sanjay Azad to take still or motion clinical photographs with the understanding that such photographs remain the property of Dr Sanjay Azad.
11. I understand that should revisionary surgery be required, this will carry **ADDITIONAL COSTS**.
12. I was given the opportunity to ask questions and to raise concerns regarding my condition, the procedure and the risks and my treatment options with Dr Sanjay Azad during my consultations. My questions and concerns have been discussed and answered to my satisfaction. I certify that I have read the above authorisation and that I fully understand all such explanations.

CONSENT FOR PROCEDURE

(1) I, _____, hereby consent to undergo the investigation, treatment or operative procedure, _____, ordered by or to be performed by Dr. Sanjay Azad, Consultant Plastic Surgeon.

(2) The nature and anticipated effect of what is proposed including the significant risks and alternatives available have been explained to me. I am satisfied with these explanations and I have understood them.

(3) I also consent to such additional or alternative investigations, treatments or operative procedures as in the opinion of Dr. Sanjay Azad, Consultant Plastic Surgeon are immediately necessary.

(4) I further agree that in his discretion, Dr. Sanjay Azad may make use of the assistance of other surgeons, physicians, and hospital medical staff (including trainees) and may permit them to order or perform all or part of the investigation, treatment, or operative procedure, and I agree that they shall have the same discretion in my investigation and treatment as Dr. Sanjay Azad.

Dated _____
day / month / year

Witness _____
Patient _____