



BE SCULPTURED

Fat Transfer Informed Consent Form

Human fat has been used for many years. It was first used late in the 19th century, but did not become commonplace until after the invention of liposuction in the 1970's and 1980's. The uses of fat are many and varied. It can be useful in depressed scars of the face and body in replacing tissue lost with the aging process, to augment to the face and body for aesthetic reasons and to correct defects of the body.

Fat is a living tissue and when it is transferred some of the fat will die, as it has been traumatised to some extent as well as taken away from its usual blood supply. At the end of a treatment session the area treated is usually fully corrected and filled with fat, but this will slowly settle over the following weeks. It is impossible to estimate just how much of the transferred fat will be lost with each treatment, but this means that usually a number of treatment sessions will be necessary to treat a particular problem. Fat survives better in some areas than in others, and in some people better than others.

Fat is removed from one area of the body to be placed into another. Donor sites can be from any area. The fat is removed under a local anaesthetic and the fresh fat is transferred back into the body using small (1-2mm) blunt needles.

Possible risks and/or complications of fat transfer surgery may include:

1. Persistence and/or recurrence of wrinkles or defects that are treated
2. Scar formation including a depressed or raised (hypertrophic/keloid) scar
3. Bleeding, bruising and swelling
4. Infection
5. Discolouration including lightening or darkening of the skin
6. Lumpiness or asymmetry in donor area as well as recipient site of transfer
7. Allergic reaction to anaesthetic solution
8. Nerve damage causing difficulty speaking or seeing
9. Persistent redness
10. Persistent numbness

By signing below, I acknowledge that I have read the foregoing fat transfer consent form and that I feel the doctor has adequately informed me of the risks of this procedure, alternative methods of treatment, and risks of not treating my condition, and I hereby consent to fat transfer treatment.

Patient's name PRINTED in full:

Patient's signature: Date:

Doctor's name PRINTED in full:

Doctor's signature: Date: