LIPOSCULPTURE

PATIENT INFORMATION CONSENT FORM

Liposculpture was originally conceived by gynaecologist Dr Georgio Fischer and Dr Arpad Fischer of Rome. It was pioneered and popularised by Dr Pierre Fournier, a family doctor and cosmetic surgeon in Paris, to eradicate ugly localised fatty bulges and thus improve body contour. The fat deposits are removed through thin metal tubes (or cannulae) using tiny incisions. A special syringe or a mechanical pump was used to create the suction required to remove fat out from the areas treated.

The most common areas that can be improved by liposuction are the neck, arms, breasts, abdomen, flanks, thighs and knees. This list is not exclusive as many other areas can also be treated by local removal of fatty tissue.

Liposuction / Liposculpture can be used to help give patients a start to a further exercise programme and weight loss, but it is best suited for those of normal weight requesting improvements in shape. It is not a weight loss tool. It is a “body sculpting” tool. Many people who have liposuction surgery and have a significant amount of fat removed from the abdomen, go on to lose further amounts of weight. Treatment of the abdomen and some areas of the thighs may make exercise easier which may also help with weight loss. It is important to stress that liposuction complements the beneficial effects of exercise and eating a sensible diet, and both of these things are necessary if further weight loss is possible.

The aim with liposuction is not necessarily to remove all the fatty tissue, but rather enough to make an area significantly slimmer in shape and appearance. However, in many men with a "beer belly" this surgery may be of limited benefit because the fatty deposits are beneath the abdominal muscle wall and not accessible. Liposuction does not completely tighten skin in all areas, or in all patients. It is best suited for people who are in good physical shape with firm and non-flaccid skin. This is more so in people under 50 years of age, although many people much older will have excellent results with minimal or no looseness of skin. For the few cases in the abdomen where excess skin remains after the procedure, possible surgery may be needed to achieve a better cosmetic result. Some women may have weakness or separation of the abdominal muscles (divarication of rectus abdominis muscles). It is often caused by multiple pregnancies but can occur after one. Abdominoplasty (“tummy tuck”) together with liposculpture may be a better option for these women than liposculpture alone.

In the middle of the 1980’s significant improvements were made in local anaesthesia by the work of Dr Jeffrey Klein in California. Very low concentrations of local anaesthetic can be used to numb large areas of fatty tissue without needing to use general anaesthesia. The fatty tissue is put under a slight pressure by this fluid which forces it throughout the areas to be treated and allows it to be distributed evenly. Small amounts of adrenaline are used to vastly decrease bleeding and bruising. This is called the "tumescent technique". Small access points are used to introduce the small tubes necessary for the procedure, both to put the fluid in and to remove the fatty tissue. It is possible for the procedure to be performed as an out-patient in a similar way to many other surgical procedures. As minimal blood is lost during the procedure blood transfusion is extremely unlikely to be necessary.

The tumescent technique is considered world-wide to be very safe and the incidence of side-effects is low. It is “the gold standard” of methods. Some bruising can be expected, and this usually persists for two weeks but may be less. Occasionally there may be excessive bruising under the skin, or there may be an accumulation of fluid in the areas treated. This may take a few days to resolve and the procedure is planned to accelerate the drainage of this fluid and so reduce bruising and facilitate healing. Very occasionally, a fluid collection (seroma) may persist and require drainage with a needle and syringe. This is much less likely when micro-cannulas are used, which are the chosen cannula type at this clinic.

There is usually some discomfort for a few days to a couple of weeks after the procedure. This is usually limited to some soreness and stiffness which will usually settle with the use of paracetamol alone. Persistent soreness or pain should be reported to the doctor. Numbness can also occur after the procedure which may take a few weeks to a few months to resolve. It is possible but quite rare, to have persistent numbness in an area which has been treated, as all the instruments used in liposculpture are blunt and do not cut tissue in the same way as a surgical cut. Infection is extremely rare with liposculpture, but it can be a complication of any surgical procedure. This may require drainage through incisions and further antibiotic treatment. It is extremely rare to have any life-threatening infections. Likewise, blood clots in the legs and moving to the lungs may occur with any surgery, but as the length of liposculpture procedures is not excessive and the patient is moving throughout the procedure, this is extremely unlikely.

Liposuction, in the past, was regularly performed in a hospital under general anaesthesia. With the techniques in the field using special local anaesthesia, use of tiny suction tubes, and even with several areas to be treated at one time, liposuction can be performed as an out‑patient procedure. We call this “liposculpture”. This prevents a hospital stay of several days when multiple areas are treated, and virtually eliminates the possibility of a blood transfusion, resulting in a procedure that is far safer and much less painful afterwards.

It is very difficult for the doctor to know when the correct amount of fat has been removed or to guarantee removal of the "right amount" achieving a perfect result. Occasionally too much or too little fat may be removed, or it may be uneven, resulting in a minor contour defect such as rippling or dimpling. Local anaesthesia provides the advantage that a second operation can be performed to obtain a better final result, if at all required.

Patients who are overweight or in the older age group must be willing to accept a greater possibility of these contour irregularities and/or laxity of the skin. These are to be accepted in exchange for looking better when clothed.

If in the future, the patient requests any corrections or (as an example) the desire for more fat to be removed from an already treated area, then there is a fee for any of those areas to be re-treated. If other new areas are treated, then the fee for retreatment of those areas would be considerably reduced.

We recommend a commercially made support garment or a snug dressing to be worn for at least 10 to 14 days following the procedure. Many patients continue to wear the garment for 3 or 4 weeks for comfort and security. Regular showering can be resumed on the day after and bathing about ten days after the procedure. Normal daily activities can be resumed the next day, reasonable activities in the 2nd week and more strenuous activities resumed in 3‑4 weeks.

**SIDE EFFECTS**

Most patients experience only minimal discomfort. Any pain or soreness may last for several days to approximately 2 weeks and an occasional twinge can be felt for several weeks after the procedure. This varies with each individual depending on the extent of the procedure, the patient's personal pain tolerance and if any complications should occur. If undue pain is experienced it may be the sign of an impending complication and the doctor must be notified immediately.

Numbness, if it occurs, usually disappears after several months. Bruising, seen as skin discolouration or black and blue areas, can last for 2 to 3 weeks. Texture irregularities or lumpy areas occur less often but remain longer. These are normal healing reactions and represent “remodelling” of the tissue. Initially swelling occurs where the treatment has been carried out, with the most swelling occurring in the lowermost parts of the body because of the effect of gravity. Ankle swelling may occur which can last for several weeks, so when the lower legs are treated, a fitted stocking is required for 4 weeks or more.

Scars may develop over the incision sites (only 3-5mm) or become darker or lighter in colour or become enlarged but generally they tend to heal nicely and fade and become less obvious with time.

**COMPLICATIONS**

Infection is a rare occurrence and may need additional antibiotics or a small incision for drainage. Extremely rarely does a life-threatening infection occur after liposculpture under local anaesthetic and has never happened at this clinic. Allergic reactions may occur with any medications the doctor uses or prescribes. If any rash or itch develops especially on the palms of the hands or the soles of the feet, immediately notify the Clinic or your family doctor, or go to Emergency at your nearest hospital. This is important because you may be suffering from a general reaction to the medication called anaphylaxis which, if not treated, can be very serious. A collection of blood in the area of the operation (haematoma) or watery fluid (seroma) occurs infrequently but may require drainage.

There has been reported in medical literature in rare cases, of a small area of sloughing (skin loss) with the older technique of liposuction. Fortunately, this is infrequent with liposculpture performed under local anaesthesia. A very rare complication is a deep venous thrombosis (DVT). This is rarer when liposuction is performed under local anaesthetic, and indeed with the techniques used at this clinic, whereby most normal daily activities are continued post-operatively, it is extremely rare. However, if any clots develop in your deep veins, they may travel to your lungs (pulmonary emboli) and this can be serious.

Lignocaine is the numbing drug of the fatty tissue. During the consultation with the doctor, it will be determined what areas may be treated in the one operative session. This is dictated by the maximum dose of lignocaine that may be injected safely into the sub-cutaneous (under skin) fatty tissue. It is important not to exceed a certain dose as the lignocaine may become toxic to the heart and brain (and even cause death) if excessive doses are given. This has never occurred at this clinic. This will be determined during the consultation and it may limit what areas may be treated at the same time.

The above information mentions most, but not all of the problems and benefits that are derived from the procedure. Should there still be any questions, please ask the doctor for an answer before undertaking the procedure. The patient who is well informed about the benefits and risks is then realistic in the expectations and remains very supportive and happy with the results. Reliable information rarely comes from relatives or well-meaning friends.

Photos taken for the medical record to document your progress remain the property of the Clinic and may be used for medical or educational purposes (without identification or identifying features).

LIPOSCULPTURE PATIENT INFORMATION CONSENT FORM

PROCEDURE SITE AREAS: ...........................................................................................................................................

Please answer the questions below and sign the consent form

1. Would you like a copy of the Pathology results? Yes / No

2. Would you like a copy of the Before / After photos? Yes / No

3. Have you arranged for a friend or relative to take you home after the procedure? Yes / No

4. Driver’s contact phone number ...................................................................................

**5. If leaving unaccompanied, emergency contact number …………………………………………….**

6. I have been made aware of my rights and responsibilities. Yes / No

7. I have been made aware of the costs of this procedure. Yes / No

8. The Clinic may contact me as a liposculpture referee for other patients. Yes / No

I agree to follow the instructions given to me by my doctor, to the best of my ability, before, during and after my procedure, and to notify her of any problems that occur.

I hereby acknowledge that I have read this information on liposuction and the possible risks. I have discussed this and asked questions of my doctor, who has answered them to my understanding and satisfaction.

Patient’s name PRINTED in full: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s name PRINTED in full: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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As written on the Pre-Procedure Instruction sheet, the Clinic requires the patient to be accompanied home by a friend or relative after the procedure, as anaesthesia will have been administered during my stay. I understand and accept that the Clinic will not take any responsibility as I have chosen to leave unaccompanied.

Patient's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness' signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_