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BE SCULPTURED

LIPOSUCTION / LIPOSCULPTURE - CONSENT FORM

Liposuction / Liposculpture was originally conceived by gynaecologist Dr Georgio Fischer and his father Dr Arpad Fischer of Rome in 1975 by using blunt hollow cannulas, attached to a suction source and a criss-crossing suctioning technique from multiple incision sites, but they were only treating the outer thighs. Liposculpture is a real medical term and the terminology has been used for decades. The “blunt” method allowed for more predictable results with much less complications. By 1978, Paris physicians Yves-Gerard Illouz and Pierre Fournier became interested in the Fishers’ ground-breaking work, subsequently making improvements to the equipment used for liposuction and utilised their method to extend to other areas of the body. A special syringe or a mechanical pump was used to create the suction required to remove fat out from the areas treated. Recognising the potential impact of this new procedure, Illouz popularised it throughout France, gradually developing the so-called “wet technique” in which a solution of saline (salt water) was injected into the fat before suctioning to decrease bleeding and make suctioning easier. They introduced smaller blunt cannulas to reduce complications, but bleeding was still a problem back then. By 1980, a lot of negative publicity came about due to many patients experiencing excessive bleeding and rippling of skin after surgery. A short time later, Fournier introduced the use of the local anaesthetic drug called lignocaine, laying the groundwork for the tumescent technique used today. Additionally, Fournier refined the Fishers’ entry technique using a criss-cross method utilising several incision sites rather than just one or two in order to give more even contouring. He also introduced the concept of applying compression to the affected area(s) post-operatively to help support and shape the suctioned tissue. Most liposuction was performed under general anaesthesia up until the mid 1980’s.

In 1987, significant improvements were made in local anaesthesia by the work of dermatologist Dr Jeffrey Klein in California. Diluted local anaesthetic solution 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 have liposuction and allows it to be distributed evenly. Small amounts of adrenaline were added to the solution to vastly decrease bleeding and bruising. This is called the “tumescent technique”. Dr Klein also demonstrated that this large volume of solution allowed him to obtain a good degree of anaesthesia, even on large areas, without evidence of systemic toxicity from the local anaesthetic drug. The main disadvantage of this method is that infiltration of the anaesthetic solution takes a significant amount of time. In addition, the cannulas used to extract the fat need to be somewhat finer in diameter to be tolerated by the patient and hence the time to remove a given volume of fat is lengthened compared with general anaesthesia. Small access points (3-5mm) are used to introduce the small tubes necessary for the procedure, both to put the fluid in and to remove the fatty tissue.

Liposculpture is a real medical term. It is used synonymously with liposuction. A good summary of its history may be read... “A Journey through Liposuction and Liposculpture: Review” <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5681335/> (Reference: Bellini E, Grieco M, Raposio E. A Journey through Liposuction and Liposculpture; Review. *Ann Med Surg (Lond)* 2017 Dec; 24:53-60)

Liposuction, in the past, was regularly performed in a hospital under general anaesthesia. With the techniques in the field using tumescent local anaesthesia, use of very narrow suction tubes, and even with a few areas having liposuction at one time, it can be performed as a day-only procedure. In Australia, it was previously possible for the procedure to be performed as an out-patient for many decades but this has changed recently. We call this procedure liposculpture and was often performed as an out-patient, until recent changes in medical insurance (Jan 2022) and now changes in government regulations (1st July 2023). Now, most procedures are required to be performed in hospitals but very often without the need to stay overnight and without the need for general anaesthesia. Because of the excellent vasoconstriction achieved by the solution injected into the fatty tissue, there is not a significant amount of blood loss and therefore blood transfusion is very unlikely to be necessary.

Liposuction / liposculpture is the most performed aesthetic surgery procedure in the world. The tumescent technique is utilised world-wide and the incidence of side-effects is relatively low and studies have confirmed this. References are provided in the “Questions and Answers” document. However, all cosmetic surgery carries risk. This document aims to explain the side effects and complications.

Liposuction / Liposculpture is best suited for those of normal weight requesting changes in shape and proportions. It is NOT a weight loss tool. It is important to stress that liposuction alone may not be sufficient for some individuals and the beneficial effects of exercise and eating a sensible diet are necessary if further weight loss is possible or to sustain results. The fat cells removed by liposuction tend to not grow back. However, existing fat cells can get bigger, so liposuction / liposculpture is not a guarantee for permanent results. A proper diet and exercise are required to sustain results. Liposculpture isn't suitable for everyone. Only patients with a BMI of under 35 will be considered but only after they have been properly assessed during the consultation. Smoking increases the level of carbon monoxide in the blood, which deprives tissues of oxygen. Blood supply is a major concern during any surgical procedure. Combining smoking and cosmetic surgery can specifically result in increased pain, loss of skin, infections, death of tissue or fat cells, delayed healing, thick scarring, permanent vessel damage, or blood clots. Smokers should cease smoking 6 weeks prior to the procedure or to consider not to have the procedure at all. People with Body Dysmorphism Disorder (BDD) are also inappropriate candidates for the procedure. Cosmetic surgery will not "fix" mental illness.

The aim with liposuction / liposculpture is not necessarily to remove all the fatty tissue, but rather enough to change an area 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. This is called visceral fat. 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 may have satisfactory results with or without some looseness of skin. For the few cases in the abdomen where excess skin remains after the procedure, possible excision of extra skin +/- surgical tightening of underlying muscles may be requested. Some women may have weakness or separation of the abdominal muscles (divarication of rectus abdominis muscles). It is often caused by multiple pregnancies but may occur after one. Abdominoplasty (removal of excess skin +/- surgical tightening of abdominal muscles) together with liposuction / liposculpture may be a preferred option for these women than liposculpture alone.

When viewing "before/ after" photographs of people who have had cosmetic surgery, it is important to know that the outcomes shown are only relevant for that particular patient and do not necessarily reflect the results other patients may experience, as results may vary due to many factors including the individual's genetics, diet and exercise.

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". Occasionally too much or too little fat may be removed, or it may be uneven, resulting in contour defects such as rippling or dimpling.

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. However, liposuction / liposculpture is not an appropriate treatment for obesity.

Cellulite results from the pull of fibrous tissue that connects skin to underlying muscle. Whilst tumescent liposculpture may reduce the degree of cellulite, it is unlikely to eliminate it.

If, in the future, the patient requests any corrections (as an example) or extra fat to be removed from an area that has had the procedure already, then there is a fee for any of those areas to have liposuction again. If other new areas are requested, then the fee for those areas is often reduced.

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

Mild-moderate sedation is provided during the procedure. This helps you relax and tends to make time go by more quickly. It is important that you are cooperative during the procedure as different positions are required to remove the fat effectively and you will need to be able to move yourself upon direction. Memory may be affected by the sedation drugs, but it is usually short-term memory loss. The sedation drugs are very commonly utilised to assist operative procedures, but some patients may have allergic reactions (rarely) and deeper levels of sedation may occur from even small doses. You are monitored by an anaesthetist or a sedationist throughout the whole procedure to ascertain any potential loss of consciousness (and correction of this), and complications arising from this.

SIDE EFFECTS

Bruising, seen as skin discolouration or black and blue areas, are expected, and this usually persists for a few weeks. Occasionally there may be excessive bruising under the skin, or there may be an accumulation of fluid in the areas. This may take a few days to a few weeks to resolve and the procedure is planned to accelerate the drainage of this fluid and so reduce bruising and facilitate healing.

Severe discomfort is less likely. There is usually some discomfort mild to moderate discomfort for a few days to a few weeks after the procedure. Discomfort is usually described as soreness and stiffness which may or may not require paracetamol. Some patients may require stronger pain relief. This varies with each individual depending on the extent of the procedure, the patient's personal pain tolerance and if any complications should occur. Persistent soreness or pain should be reported to the doctor. If undue pain is experienced it may be the sign of an impending complication and the doctor must be notified immediately.

Numbness can also occur after the procedure which may take a few weeks to many months to resolve, sometimes up to a year. It is possible but quite rare, to have persistent numbness in an area. The instruments used in liposculpture are blunt and therefore do not cut tissue in the same way as a surgical cut. Numbness is less likely to be permanent.

Texture irregularities or lumpy areas on the skin may occur and may take a several months to resolve, sometimes up to a year. These are usually normal healing reactions and represent "remodelling" of the tissue. Initially swelling occurs where the procedure has been carried out, with the most swelling occurring in the lowermost parts of the body because of the effects of gravity. Ankle swelling may occur and can last for several months, even up to a year. This is the reason when liposculpture is performed on the lower legs, a fitted stocking is required for 4 weeks or more. Itchiness is a normal post-operative side effect and may last a month or so. It is the result of the nerve endings in the skin starting to heal and regenerate. However, texture or contour irregularities may however persist indefinitely where patients may need reassessment.

Scars may develop over the incision sites (3-5mm) and may become darker or lighter in colour, become enlarged, known as hypertrophic scars or more rarely keloid. They generally tend to become less obvious with time. Sutures are not required for most incisions and the incision sites act as drainage points post operatively for the excess anaesthetic fluid to drain out.

COMPLICATIONS

Infection is a possible complication of any surgical procedure. Infection may require additional antibiotics, incisions for drainage or admission to hospital. Very rarely does a life-threatening infection occur after liposculpture using the tumescent local anaesthetic technique. Although very rare, fatal infections have been reported as well as necrotising fasciitis, which is a serious bacterial infection that destroys tissue under the skin.

Allergic reactions may occur with any medications the doctor uses or prescribes. It is important to present to Emergency at your nearest hospital if you experience any breathing difficulty or swelling of lips, tongue. This is important because you may be suffering from a general reaction to the medication which may become worse (called anaphylaxis) which, if not treated, can be life threatening.

All major blood vessels and nerves are located at a deeper plane. Small cutaneous (skin) nerve fibres are located directly under the skin and are temporarily damaged which causes the expected numbness. It is very uncommon to get permanent numbness or permanent disability from damage to deeper nerves. Liposuction instruments are blunt, so unable to "cut" a nerve.

Occasionally, a fluid collection (seroma) or blood collection (haematoma) may persist and may require drainage with a needle and syringe. This is less likely when micro-cannulas are used, which are the chosen cannula type, but may still occur.

Post operative fibrosis (or hardening of the subcutaneous tissue) may occur if the body develops an extreme reaction to the trauma created by liposculpture. Collagen is the protein found abundantly in the human body. Its development in excess or its accumulation during tissue repair generates fibrosis. This may delay recovery, cause hardening or scarring of the tissue and may require steroid injections periodically to help soften the tissue, or may be permanent.

With the older technique of liposuction, a small area of sloughing (skin loss) has been reported in the medical literature, in rare cases. Fortunately, this is infrequent with liposculpture performed under local anaesthesia with micro-cannulas but may still occur. "Erythema Ab Lipoaspiration" is a permanent blotchy (net-like pattern) pink-brown discolouration of the skin resulting from rasping the under-surface of the skin during superficial liposuction.

A rare complication is a Deep Vein Thrombosis (DVT). This is rarer when liposuction is performed under local anaesthetic, where the patient frequently moves into different positions during the procedure. With the techniques utilised, whereby most normal daily activities are resumed post-operatively, it is fortunately rare. However, if any clots develop in your deep leg veins, these may travel to your lungs. A pulmonary embolus can be serious and life threatening. It can occur after any type of surgery or during or after long haul flights.

Visceral or bowel perforation during abdominal or chest liposuction is very rare, especially when the procedure is performed under local anaesthetic and by an experienced liposuction proceduralist. The proceduralist's non-dominant hand should be constantly following the tip of the cannula over the skin to avoid the cannula inadvertently taking an unwanted direction.

Lignocaine is the numbing local anaesthetic drug of the fatty tissue. During the initial consultation with the doctor, liposculpture areas will be determined that may be performed in the one operative session. This is determined by the maximum dose of lignocaine that may be injected into the subcutaneous (under skin and on top of the muscle) fatty tissue. It is important not to exceed the recommended dose as the lignocaine may become toxic to the heart and brain (and even cause death) if excessive doses are given. Safe and recommended dosages of lignocaine are determined during the consultation and may limit what areas of liposculpture may be performed at the same time.

If sedation drugs are used excessively there is a risk of damage to lung/ heart/ brain and even death, but this is extremely rare. It is important that you are adequately fasted before the procedure under sedation of any kind. No food or milk products for 6 hours before the procedure. Only water may be consumed up to 2 hours prior to the procedure. If you are not properly fasted, your procedure will be cancelled. You will be required to have a carer pick you up and take you home afterwards as you cannot drive and cannot go home unaccompanied.

The above information mentions most of the side effects and complications that may occur from a liposculpture / liposuction procedure. Should there still be any questions, seek the answers and ask the doctor before undertaking the procedure. The patient who is well informed about the benefits and risks is then realistic in their expectations of the liposculpture procedures and what can be achieved. Patients who would be satisfied with a 50% change and not expect perfection would likely be appropriate candidates for liposuction/ liposculpture. Diet and exercise are integral in maintaining results after liposuction/ liposculpture. Be aware and mindful that cosmetic surgery is invasive and carries risk. You have the option of choosing not to go ahead as liposuction/ liposculpture is a purely elective procedure. Cosmetic surgery may be a very positive experience for many individuals but is not the only option for those who are unhappy with their appearance.

LIPOSCULPTURE PATIENT INFORMATION CONSENT FORM

PROCEDURE SITE AREAS:

- 1. I have read and understood all the information above and consent to the procedure and anaesthesia Yes / No
- 2. I have been made aware of the costs of this procedure. Yes / No
- 3. I understand I can make a confidential complaint about concerns of the surgery and quality of care on The Cosmetic Surgery Hotline (1300 362 041) Monday to Friday 0900-1700, contact the doctor directly, contact the clinic directly, or contact HCCC 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 may occur. I hereby acknowledge that I have read this information on liposuction / liposculpture and the possible risks of the procedure and the sedation. 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: _____

You will be given a copy of this consent form for your records.