



ISAPS® PATIENT SAFETY

INFORMED CONSENT OF THE INTERNATIONAL SOCIETY
OF AESTHETIC PLASTIC SURGERY

INFORMED CONSENT FOR LIPOSUCTION

November, 12 2024

Liposuction is a surgical technique to remove fat deposits in certain areas of the body that do not respond to diet or exercise. It is not a weight reduction method. To improve body contour, it can be performed alone or associated with other surgical techniques.

GENERAL RISKS AND COMPLICATIONS

Any surgery or procedure has general risks of complications:

- Postoperative bleeding
- Wound infection, respiratory (cold, pneumonia, bronchopneumonia), urinary, others
- Deep vein thrombosis in the lower extremities
- Pulmonary: atelectasis, pulmonary thromboembolism, others
- Cardiac: arrhythmia, acute myocardial infarction, problems associated with elevated or decreased blood pressure, others
- Neurological: vascular accidents, transient or permanent alterations in sensitivity or motility
- Anesthetics: allergic reaction to some medication. Both local anesthesia and general anesthesia carry a risk. There is the possibility of complications, and even death, from any form of anesthesia or sedation.

COMPLICATIONS OF LIPOSUCTION

Every surgical procedure involves risk and eventual complications. Although most patients do not experience the following complications of LIPOSUCTION, you should discuss each of them with your plastic surgeon:

- **ASYMMETRY:** Normally there is an asymmetry between the two sides of the body. After liposuction, this asymmetry may be more noticeable. Likewise, bone deformities may become noticeably evident after liposuction. These are not complications of liposuction, but rather pre-existing conditions.
- **IRREGULARITIES, NODULES OR FIBROSIS:** Additional treatment or secondary surgery may be required to reduce them.
- **ALTERATIONS IN SKIN SENSITIVITY:** Temporary or permanent alterations in sensitivity may occur in some areas.
- **BRUISES:** The presence of purple areas on the skin is common. Areas of increased volume may occur that generally disappear over the days.
- **BLEEDING:** It is possible, although uncommon, to experience a bleeding episode during or after surgery.
- **INFECTION:** Infection is uncommon after this type of intervention. If infection occurs, treatment includes antibiotics or additional surgery.

- **SKIN SCARRING:** Abnormal scars may occur. Scars may be unsightly or a different color than the surrounding skin. Additional surgery may be needed to treat abnormal scars after surgery.
- **DELAYED HEALING:** There is a possibility of wound opening or delayed healing. Some areas of the skin may not heal normally and may take a long time to heal.
- **ALLERGIC REACTIONS:** In rare cases, local allergies have been described. Systemic reactions may be caused by medications used during or after surgery. Allergic reactions may require additional treatment.

NEED FOR ADDITIONAL SURGERY

There are many variable conditions that can influence the long-term results of Breast Augmentation. Secondary surgery may be needed to make additional corrections. If complications occur, additional surgery or other treatments may be necessary.

ADDITIONAL COSTS

There may be additional costs associated with complications arising from surgery, secondary surgery or surgical revision.

CONTROLS

Since the plastic surgeon is in charge of a team of medical professionals who will be at his/her disposal, subsequent controls, procedures or cures may be carried out by one of the other members of the work team.

ISAPS Patient Safety Committee, 2022-2026

INFORMED CONSENT FOR PROCEDURE FORM

IT IS IMPORTANT THAT YOU READ THE ATTACHED INFORMATION CAREFULLY AND HAVE ALL YOUR QUESTIONS ANSWERED BEFORE YOU SIGN THE CONSENT BELOW:

INFORMED CONSENT FOR LIPOSUCTION

1. I hereby authorize DR.
and the assistants who are selected to perform the following procedure or treatment:

LIPOSUCTION

- I have read, understood and signed the pages of the attached information: "Informed Consent for Liposuction,,"
- I have not omitted or altered data when presenting my history and clinical-surgical history, especially those referring to allergies and illnesses or personal risks.
- I am aware that, during the course of the operation and medical treatment or anesthesia, unforeseen conditions may arise that require procedures other than those proposed. I hereby authorize him/her and his/her assistants to perform these other procedures in the exercise of their professional judgment. The authorization will include any condition requiring treatment that was not known to the surgeon at the time the procedure was started.
- I agree that no guarantee has been given to me by anyone as to the result that may be obtained.
- I give consent for the administration of anesthetics that are considered necessary or advisable. I understand that any form of anesthesia presents a risk and the possibility of complications, injuries and very rarely, death.
- I give consent to the photographing or filming of the operation to be performed, including any part of my body, and the subsequent use of the material for medical, scientific or educational purposes, since my identity will not be revealed in the images:

YES NO

8. For the purpose of advancing medical education, I give consent for observers to enter the operating room:

YES NO

9. The treatment mentioned above and the complications of the procedure have been explained to me in an understandable way.

10. LOCATION OF SCARS:

- Location of scars depending on the areas to be liposuctioned

I give consent for the treatment and the points cited above (1 to 10):
(Identification and signature of the patient or authorized person)

Name:

Identification:

Signature:

Date:

Disclaimer

*This medical informed consent form is offered as a guide to ISAPS members and as an aid to drafting consent forms for their patients and their practice. Whilst it provides a framework, it remains the responsibility of the individual practitioner to tailor any final documentation to the practice or legislative requirements specific to the local jurisdiction and to make consent decisions appropriate to the circumstances of each patient, in consultation with the patient and, where appropriate, with their guardian or carer.
In providing this guidance as a service to its members, ISAPS accepts no responsibility or liability associated with its subsequent use in clinical practice or in any other context.
ISAPS reserves the right to modify, amend, or update this consent form at any time without prior notice. Users are encouraged to review this form periodically for any changes.*