

PATIENT NAME: _____ AGE: _____ CHART NO: _____

It is my goal to provide you with some information about your desired procedure prior to our consultation. Please take the time to read this information and feel free to ask any questions during your face to face consultation. Additional information is available in the office and on our websites.

www.ocplasticsurgeons.com
www.doctordaneshmand.com
www.bakersfieldplasticsurgery.com

Dr. Daneshmand

Liposuction Consultation

GENERAL

- ▼ Surgery you do not need - purely elective surgery
- ▼ Realistic expectations - key to success
- ▼ Appearance in mirror/ photographs, clothing
- ▼ These will usually change for the better, but be realistic this is not a substitute for a good, healthy diet

PROBLEMS

- ▼ Shape dictated by location of fat cells
- ▼ Location of fat cells influenced by heredity (familial traits) and gender (male vs. female)
- ▼ Size can be changed by weight reduction, but shape stays relatively the same

ALTERNATIVES

- ▼ No treatment (any adverse effects?)
- ▼ Diet - usually affects size but minimal affect on shape
- ▼ Exercise - may affect size but minimal affect on shape
- ▼ Direct surgical removal with "open" surgical technique
- ▼ Liposuction Surgery

WHAT IS USUALLY HELPED BY LIPOSUCTION

- ▼ Disproportionate and localized accumulations of fat
- ▼ Body contour irregularities if due to localized accumulations of fat

WHAT WILL NOT BE HELPED

- ▼ General obesity - excess or loose skin
- ▼ Body contour irregularities if due to structures or tissues other than fat (i.e. muscle, muscle weakness, bone intra-abdominal contents, glandular tissue.)

GOALS

- ▼ Improve body contour
- ▼ Establish more normal proportions between areas of the body
- ▼ Improve appearance both in and out of clothing

Patient Initials: _____

LIMITATIONS

- ▼ Cannot provide skin elasticity
- ▼ Ability to shrink over new contour is unknown
- ▼ Younger patients usually have better elasticity than older patients
- ▼ The more fat removed from an area, the greater the difficulty for the skin to shrink smooth over the new contour (regardless of age)
- ▼ All humans are asymmetrical
- ▼ Symmetry may not result from this procedure
- ▼ Suction lipectomy alters shape but is not an answer to weight problems; weight is controlled with diet and exercise
- ▼ Skin dimpling ("cellulite") present before surgery will remain after surgery

HOW LONG WILL IT LAST?

- ▼ Once removed, fat cells do not reduplicate or reform, consequently, reducing the population of fat cells in an area will produce a contour alteration that is expected to be permanent.
- ▼ One may still gain weight with poor eating habits.
- ▼ The amount of fat that is contained in the fat cells that are left behind is controlled by diet and exercise.
- ▼ **Body weight may remain the same if diet and exercise levels remain unchanged.**
- ▼ Subsequent alterations in the body contour may occur as a result of aging, weight gain or loss, pregnancy, and / or a variety of other circumstances which may not be related to the location of fat.

SURGICAL TECHNIQUES, ANESTHESIA, FACILITY & RECOVERY

- ▼ Local anesthesia and sedation vs. general anesthesia
- ▼ Outpatient surgery center or hospital
- ▼ Incisions, small cannula, suction machine, fat removal
- ▼ Dressings, support garments
- ▼ Post-Op hospitalization (may be optional)
- ▼ Restrictions and return to normal activity
- ▼ Blood transfusions

TRADE OFFS

USUALLY TEMPORARY

- ▼ Discoloration / swelling
- ▼ Discomfort (pain / sensitivity)
- ▼ Numbness
- ▼ Lumps / irregularities
- ▼ Restricted activity
- ▼ Excess / heavy drainage from incision sites

PERMANENT

- ▼ Scars and waviness
- ▼ Surface irregularities
- ▼ Pigmentation (very rare)
- ▼ Asymmetry

RISK / COMPLICATIONS

- ▼ Bleeding / blood loss, transfusion**
- ▼ Infection and fluid collections
- ▼ Injury to deeper structures (blood vessels, bowel, bladder, nerves)
- ▼ Delayed healing and contour irregularities / depressions
- ▼ Skin loss
- ▼ Pulmonary embolus & fat embolus

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EVEN THOUGH ...

Even though the risks and complications cited above occur infrequently, they are the ones that are peculiar to this operation or of greatest concern. Other complications and risks can occur but are even more uncommon. The risks of surgery are comparable to the risks you take everyday when driving or riding in an automobile.

ANY AND ALL OF THE RISKS AND COMPLICATIONS CAN RESULT IN

- ▼ Additional surgery
- ▼ Hospitalization
- ▼ Time off work
- ▼ Expense to you

INSURANCE

Insurance usually does not cover this procedure. Treatment of complications may or may not be covered by insurance. On occasion, surgical revision may be indicated following the original surgery.

If planned or performed within one (1) year after the original surgery, and if insurance does not cover these revisions, there will be a small charge by the surgeon, anesthesia department and OR facility.

NO GUARANTEE

The practice of medicine and surgery is not an exact science. Although good results are expected, there cannot be any guarantee or warranty, expressed or implied, by anyone as to the results that may be obtained.

**** If a smoker** – Must be off cigarettes for **SIX (6)** weeks before surgery and remain off cigarettes for **SIX (6)** weeks after surgery. Much greater risk for scarring, poor healing, hair loss and skin loss in smokers.

**** Must be off all aspirin containing products** for two (2) weeks before surgery and for two (2) weeks after surgery. (Check all medications with us. Some medications such as Motrin and Advil may also affect clotting.)

QUESTIONS

If there is any item or items on this consultation sheet that you do not understand, mark it and call the office. An explanation or additional information will be provided. Share the information we provide to you with interested family members or friends. I will be happy to meet with them if you wish. All questions and uncertainties should be answered and clarified prior to your surgery. A WELL INFORMED PATIENT IS A HAPPY PATIENT!

DATE: _____ Copied and provided to patient by: _____

A copy of this consultation was provided to me: _____

(Patient's signature)

Patient Initials: _____