

Consent to Liposuction Surgery (Template)

Patient's Name: _____ Patient's Date of Birth: _____
Medical Record No. : _____ Name of Responsible Physician: _____

I. Surgery to be implemented (please add a brief explanation for any complicated medical term)

1. Recommended Surgery (Site):
2. Recommended Reason for the Surgery:
(please note the specific side for the part with difference of left and right)

II. Statement of the Physician (please mark "V" for an item that has been notified to the patient and "X" for an item that hasn't been notified to the patient)

1. I have tried my best to explain the information relevant to the surgery in a way that the patient can understand, particularly involving the following items:
 - Reason for the surgery, steps, range, risk and success rate of the surgery and possibility of blood transfusion
 - Surgical complications and possible treatments
 - Possible consequence of not implementing the surgery and other alternative treatments
 - Any temporary or permanent symptom that may occur after the surgery
 - I have delivered the additional surgery-related descriptive information the patient if any
2. I have left sufficient time to allow the patient to ask questions related to the surgery and have answered the questions too:
 - (1) _____
 - (2) _____
 - (3) _____

Signature of the Physician Responsible for the Surgery: _____
Date: _____ Time: ____ (h) ____ (m)

III. Statement of Patient

1. The physician has explained to me and made me fully understand the information relevant to necessity, steps, risk and success rate of the surgery.
2. The physician has explained to me and made me fully understand the risks of other alternative treatments.
3. The physician has explained to me and made me fully understand the possible prognosis of the surgery and the risk of not implementing the surgery.
4. I've understood blood transfusion may be necessary during the surgery; **I** **agree** **disagree with blood transfusion.**
(Except for an emergent case as specified in Article 63 of the Medical Care Act.)
5. I have put up my questions and doubts regarding my condition, the surgery and treatment etc. and received replies.
6. I understand in case it is necessary to incise an organ or tissue during the surgery, the organ or tissue may be kept for a period of time in the hospital for the purpose of pathological analysis and report and the organ or tissue will be disposed discreetly as per relevant laws and regulations by the hospital.
7. I understand the surgery may be the most appropriate option at present but it cannot be ensured that the surgery would improve my condition definitely.

I agree with implementation of the surgery based on the statement above.

Signature of the Consenter: _____ Relation with the Patient: _____
Tel: (0) _____
Address: _____
Date: _____ Time: ____ (h) ____ (m)

Signature of the Witness:

Witness is unnecessary, Signature:

Date: _____

Time: ____ (h) ____ (m)

Remarks: _____

I. General Surgical Risks

1. Except for surgeries with local anesthesia, a small part of lungs may collapse and lose function during a surgery, resulting in an increase of the possibility of chest infection, which may require antibiotics and respiratory therapy.
2. Surgeries except for those with local anesthesia may cause vascular embolization accompanied by pain and swelling in legs. And coagulated blood clots may disperse and enter into lungs, causing a deadly danger; but such situation is not common.
3. Since the heart is under stress during a surgery, a heart disease or stroke may be induced.
4. Medical institutions and medical staff will try their best to provide a treatment and surgery to a patient; but the operation will not be necessarily successful and an accident that may even cause death still might happen.

II. The patient shall sign the field of "Signature of the Consenter" personally; but if the patient is a minor or unable to sign in the field personally, the person provided in Item 2, Article 13 of the Medical Care Act shall sign in the field <The Civil Law provides: an adult is a person whose age is 20 or above.>.

III. In case the consenter is not the patient, the relation between the consenter and the patient shall be filled in the field of "Relation with the Patient".

IV. As for the witness, the field may be left blank when there isn't any witness; but the box in front of "Witness is unnecessary" should be ticked and the person who ticks the box should leave a signature.

V. **Any medical activity relevant to a plastic or cosmetic surgery that is not necessary medically must not be executed for minors under the age of eighteen in accordance with Item 4.1 of Article 28, Physicians Act of Republic of China, Taiwan.** ◦

Description of Liposuction Surgery (Template)

The description explains conditions of concerned patients and the purpose, method, benefit, possible complications, success rate and alternatives of liposuction surgery, possible problems during recovery and possible consequences without implementing the surgery, which can be used as reference for discussions between patients and physicians. Please discuss with your physician if you still have any doubt after the physician gives his/her explanation before you sign on the consent.

I 、 Patient's Conditions:

1. Problems of body type may be caused by uneven distribution or excessive accumulation of body fat. As the surgery is for not losing weight; overweight patients shouldn't accept various figure reshaping surgeries until they have reduced their weights.
2. The patient should inform your physician if you meet any one of the following conditions:
 - 1) Allergic to some drug.
 - 2) Having ever accepted a surgery before.
 - 3) Likely to suffer from scar hyperplasia.
 - 4) Likely to suffer from blood coagulation dysfunction.
 - 5) Suffering from a chronic disease such as diabetes, hypertension, heart disease and vascular sclerosis.
 - 6) The patient should tell your physician whether you're taking any medicine or health food which contains a special ingredient such as ginkgo (that may cause bleeding)
 - 7) Smoking and drinking. As smoking may inhibit bloodstream of skin and affect wound healing accordingly; a smoker must quit smoking for one month prior to accepting such surgery.
 - 8) Taking medicines that may affect blood coagulation such as Aspirin, Vitamin E and Warfarin etc. For a patient who is taking any anticoagulant drug, please discuss with your internist about the feasibility of stopping taking such drug for 1 - 2 weeks to prevent wound healing problem caused by disturbance of blood coagulation.

II 、 Purpose & Benefit: to improve problems of body type which are caused by uneven distribution or excessive accumulation of body fat.

III 、 Method:

A small hole is created in a secret place of the body (e.g. groin or navel etc) A set of liposuction device is used to operate. Sometimes water jet liposuction, laser lipolysis, ultrasonic liposuction and power liposuction may be adopted during the operation.

IV 、 Possible Complications, Probability of Sequelae and Treatments: (including but not limited to the following)

Any surgery or anesthesia is risky. The risk depends on physical conditions of the patient and severity of the surgery. Since every patient has specific body constitution and risks; the patient should inform the physician of his/her existing medication, disease history and allergic history prior to the surgery so that the physician may adopt necessary preventions to ensure a smooth surgery.

1. Major Bleeding: major intraoperative or postoperative bleeding may occur although it is not common. If postoperative major bleeding occurs, the patient may need an emergent surgery to treat accumulated clots or a blood transfusion. The patient must not take aspirin or any other anti-inflammatory analgesic 10 days prior to the surgery in order to prevent major bleeding.
2. Local bleeding, bruise, hematoma or postoperative bleeding, which needs continuous compression

for hemostasis or a debridement to remove the hematoma.

3. Wound infection, which needs a continuous antibiotic therapy or debridement.
4. Hypertrophic scar, which is not common. The nasal scar may be not nice-looking and present a different color from that of surrounding skin. An abnormal scar needs to be treated (with surgery or etc.) additionally.
5. Long-time of wound healing: wound dehiscence or long-time wound healing may happen to anyone. A few of patients may suffer from skin ulcer and necrosis; so they may need more frequent dressing change or a surgery to remove necrotic tissue. Smoking may increase the probability of skin necrosis and complications relevant to wound healing significantly.
6. Allergic Reaction: there are a few cases of local allergy to tape, suture and disinfectant. A serious systemic allergic reaction may occur during the surgery or medication. Allergic reaction needs an additional treatment.
7. Except for surgeries with local anesthesia, a small part of lungs may collapse and lose function during a surgery, resulting in an increase of the possibility of chest infection, which may require antibiotics and respiratory therapy.
8. Surgeries except for those with local anesthesia may cause vascular embolization accompanied by pain and swelling in legs. Coagulated blood clots may disperse into the lungs and endanger the patient's life; such case needs a respiratory therapy and injection with anticoagulant.
9. Since the heart is under stress during the surgery, a heart disease or stroke may be induced, which needs an emergent interventional therapy.
10. Surface of the skin is uneven or there are obvious or touchable wrinkles on the surface of skin.

V - Possible problems during postoperative recovery period:

1. Swelling and blood stasis may appear in some part of the body. And swelling may vanish within several weeks after the surgery; but blood stasis may persist for 3 weeks or more.
2. The patient will feel numb in some part and the feeling may not resume to normal until it has lasted for several weeks or months.
3. Cares for Surgical Wound
 - 1) Drink a few water before taking your meals and you may not take the food until you don't want to vomit. You should keep common diets, reduce intake of irritating food such as spicy food and do not smoke and drink alcohol for two weeks around.
 - 2) You must rest in bed for two days at least after the surgery to reduce pain, discomfort and bleeding.
 - 3) In order to reduce swelling, you should raise the part treated as far as possible during rest.
 - 4) You may take a shower in 3 days after the surgery. You may take hip baths and massage the part with bruise in 1 week after the surgery so as to help with elimination of bruise. You may start your common activities gradually, most of your daily activities in 1 or 2 weeks and intense exercises in 6 weeks after the surgery.
 - 5) You must wear a shapewear immediately after the surgery and wear it for approximately 3 months at least so as to help with bleeding. If the shapewear is loose, you should modify it to the right size or replace it as soon as possible to help with deswelling and improvement of the body shape.
 - 6) Wound care: the wound should be kept clean and dry and dirty or wet tape should be replaced. The wound should be pasted with breathable paper tape for about 3 to 6 months and you may

- begin to massage your wound in 14 days after the operation in order to avoid scar hypertrophy.
- 7) You must return to the hospital for medical treatment if you feel a severe pain or local swelling in a short time after the surgery.
 - 8) You will not look slim instantly after the surgery and bruise and numbness at the surgical site will last for several weeks.
 - 9) In addition, you must keep your body weight after the surgery. And effect of liposuction is permanent; although if your body weight increases slightly; your fat will distributed evenly and will not accumulate in certain parts of your body.

VI 、 Supplementary Description:

Existing surgical expense is limited to existing surgery and for any further surgery or subsequent treatment, the expense will be calculated separately.

VII 、 Literatures:

1. Heller JB, Teng E, Knoll BI, Persing J. Outcome analysis of combined lipoabdominoplasty versus conventional abdominoplasty. *Plast Reconstr Surg.* 2008;121:1821–1829.
2. Broughton G II, Horton B, Lipschitz A, Kenkel JM, Brown SA, Rohrich RJ. Lifestyle outcomes, satisfaction, and attitudes of patients after liposuction: A Dallas experience. *Plast Reconstr Surg.* 2006;117:1738–1749.
3. Masoumi Lari SJ, Roustaei N, Roshan SK, Chalian M, Chalian H, Honarbakhsh Y. Determinants of patient satisfaction with ultrasound-assisted liposuction. *Aesthet Surg J.* 2010;30:714–719
4. Zocchi ML. Ultrasound assisted lipoplasty: Technical refinements and clinical evaluations. *Clin Plast Surg.* 1996;23:575–598.
5. Roustaei N, Masoumi Lari SJ, Chalian M, Chalian H, Bakhshandeh H. Safety of ultrasound-assisted liposuction: A survey of 660 operations. *Aesthetic Plast Surg.* 2009;33:213–218.
6. Illouz YG. Body contouring by lipolysis: A 5-year experience with over3000 cases. *Plast Reconstr Surg.* 1983;72:591–597.
7. Lee YH, Hong JJ, Bang CY. Dual plane lipoplasty for superficial and deep layers. *Plast Reconstr Surg.* 1999;104:1877–1884.
8. Commons GW, Halperin B, Chang CC. Large-volume liposuction: A review of 631 consecutive cases over 12 years. *Plast Reconstr Surg.* 2001;108:1753–1763.
9. Troilius C. Ultrasound-assisted lipoplasty: Is it really safe? *Aesthet Plast Surg.* 1999;23:307–311.

VIII 、 Questions from the Patient and Her Family:

- (1) _____
- (2) _____
- (3) _____

Patient (or Family/ Legal Representative): _____ (Signature & Seal)

- I have understood the description stated above and agree to accept the liposuction surgery (please sign on the Consent to Liposuction Surgery).
- I have understood the description stated above and disagree to accept the liposuction surgery.

Relation with the Patient: _____(Required)

Physician for Explanation: _____(Signature & Seal)

Date & Time: