Lipectomy - Suction

Facility:

A. Interpreter / cultural needs

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>An Interpreter Service is required?</td>
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<tr>
<td>If Yes, is a qualified Interpreter present?</td>
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<td>A Cultural Support Person is required?</td>
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<tr>
<td>If Yes, is a Cultural Support Person present?</td>
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B. Condition and treatment

The doctor has explained that you have the following condition: *(Doctor to document in patient’s own words)*

This condition requires the following procedure. *(Doctor to document - include site and/or side where relevant to the procedure)*

The following will be performed:

This procedure is a surgical suctioning of fat deposits from specific parts of the body.

C. Risks of a suction lipectomy

There are risks and complications with this procedure. They include but are not limited to the following.

**General risks:**

- Infection can occur, requiring antibiotics and further treatment.
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Asprin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Heart attack or stroke could occur due to the strain on the heart.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Death as a result of this procedure is possible.

**Specific risks:**

- Too much or too little fat may be removed, which may result in contour defects such as rippling or dimpling. This is worse in people over 35 years and/or overweight. This may require a second operation.
- Numbness, which usually disappears after some months.
- Bruising is characterised by skin discolouration, blue and black areas, and texture irregularity. This can last for up to three weeks and longer in many cases. In some cases lumpy areas may last longer and may be improved by massage.
- Infection. This may produce altered cosmetic results or delay healing of the wound.
- A collection of blood or a watery fluid in the operation site, which may produce the worst cosmetic result and may delay wound healing. A second operation may be necessary to remove the blood or serum.
- Skin loss is a very rare occurrence.
- Swelling when the knees and inner thighs are treated and particularly ankle which may last longer than a week.
- Excess skin following the procedure. This may need surgical removal for a good cosmetic result.
- When a lengthy procedure is performed on multiple extensive areas, a blood transfusion may exceptionally be required.

D. Significant risks and procedure options

*(Doctor to document in space provided. Continue in Medical Record if necessary.)*

E. Risks of not having this procedure

*(Doctor to document in space provided. Continue in Medical Record if necessary.)*

F. Anaesthetic

This procedure may require an anaesthetic. *(Doctor to document type of anaesthetic discussed)*
I acknowledge that the doctor has explained:

- my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- other relevant procedure/treatment options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- a doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

I have been given the following Patient Information Sheet/s:

- [ ] About Your Anaesthetic
- [ ] Lipectomy – Suction

I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.

I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

On the basis of the above statements,
1. What do I need to know about this procedure?

This procedure is a surgical suctioning of fat deposits from specific parts of the body.

This surgery is not recommended for prominent fatty areas. This technique is not a substitute for weight loss or exercise.

**Important Information**

Using liposuction alone, the skin is not tightened surgically. Therefore, it is best suited to people who are in good physical shape and who have skin quality which has youthful characteristics, preferably people under the age of 35.

The procedure is usually performed under anaesthetic, and you will be in hospital from 2 to 4 days and resting in bed for up to 24 hours. Local anaesthesia is usually limited for small areas.

The procedure tends to use very small cuts. Areas of contour defect can be improved by liposuction of the face, neck, breasts, fatty areas above the breast near the arm crease, the sides of the breasts, breast enlargement in men, the waist area in both sexes, the buttocks, the outer thighs (jodhpur deformity), the inner thighs, knees, calves, ankles and also the arms. The abdomen can also be reshaped. Post-surgical or post-traumatic fat deposits can also be suction contoured.

After surgery, a snug dressing will be placed on the wound for at least seven to 14 days. Where possible a commercially made support garment such as a long-legged panti-girdle, support tights, abdominal binder or surgical bra will be used. Some form of support dressing is usually used for up to eight weeks.

Pain after surgery is usually a discomfort and lasts for several days to one week. The amount of pain will be based on the size of the procedure and individual tolerance.

You can have a shower within a few days. Ask the surgeon before surgery about the massage program after surgery. Reasonable activities can be carried out after two to three weeks. Strenuous activities can usually be resumed after six weeks.

It may take up to six to eight weeks before the benefits of the procedure are visible. Patients can be expected to wait up to six months to see the final results. The aim with this operation is to gain improvement and not perfection.

2. My anaesthetic

This procedure will require an anaesthetic.

See **About Your Anaesthetic information sheet** for information about the anaesthetic and the risks involved. If you have any concerns, discuss these with your doctor.

*If you have not been given an information sheet, please ask for one.*

3. What are the risks of this specific procedure?

There are risks and complications with this procedure. They include but are not limited to the following.

**General risks:**

- Infection can occur, requiring antibiotics and further treatment.
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Asprin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
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