

«Practice_Name»
«Practice_Phone»
«Practice_Website»

Patient Name:
«Person_First_Middle_Last»

CONSENT FOR FAT TRANSFER

Fat injections have been used for decades to add volume using a patient's own tissue as a donor source. Fat has been used successfully in many parts of the body including the face, breast, torso, buttocks, and extremities. While increased volume is the typical goal. Fat has also been shown to improve tissue that has been injured by radiation, and even provide anti-aging effects to the skin.

While fat transfer has been a wonderful workhorse in the field of plastic surgery, it does have some limitations. Typically, a significant portion of the fat will resorb over the several months after placement until a final placement amount has reached a steady state. This can vary between patients, with younger and thinner patients having superior results to elderly or significantly overweight patients. In general, you can expect approximately 20-30% final take in the final take in the face, 50% take in the body and breast.

The fat can also continue to change in size with weight fluctuations, just like the rest of the fat on your body. The final results can also be inexact, and fillers may be needed fine-tune the results in the face. Fillers are also more appropriate for some areas such as commissures (corners of the mouth), lip lines, and templates. Some fillers also have superior lifting ability to the tissue because their stiffness, as opposed to the soft results that fat provides.

Fat injections used in the breast can only be expected to achieve about one half to one cup size in volume, but can also be used just in selective areas like the upper pole of the breast for improved shape without a significant increase in size. The minority of patients are excellent candidates for fat injections to the breast, so many still prefer the use of implants. In breast reconstruction fat grafting can minimize the look of hollows and wrinkles. The skin is thinner with a mastectomy and has less circulation so the take can be more variable and it is possible there is complete reabsorption.

Because of mammographic changes associated with fat injections, and the inherent risk of breast cancer in all women, a baseline mammogram is required for all patients 35 and over. A baseline ultrasound or MRI may also be indicated based on a patient's medical and family history. There is an increased chance of needing a biopsy to determine the nature of palpable or radiographic abnormalities that might occur after fat transfer.

Fat injections can always be repeated to maximize results, but caution should be used in young patients who may go on to gain weight as they age. While this might be great in some instances, it can also be a problem if it results in an overcorrected look.

Patients need to have adequate donor sites of fat for the procedure they are considering. While the "donor defect" of less fullness is often very advantageous to most patients, there can be contour irregularities left in the donor areas because of the harvest of fat. This is typically a risk for thin patients who may not have enough fat to donate.

Additional risks can include: bleeding, bruising, palpable or visible irregularities, infection, scarring, and over or under-correction, if you were to become symptomatic with a COVID-19 infection during your recovery, it could increase your morbidity/mortality and complication rate.

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Patient Compliance:

Follow all physician instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activities must be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative results depend on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, and fluid accumulation and the need for return to surgery. It is wise to refrain from intimate physical activities after surgery until your physician states it is safe. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s), including no surgery. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information that is based on all the facts in your particular case and the current state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all of your questions answered before signing the following consent.

Medicine is not an exact science, so no guarantees can be made regarding complications or outcome. We do everything possible to ensure your safety, and strive for the best result in every case. We hope that you will also do your part by following your post-operative instructions, using good judgment and letting us know if there are any problems.

Please ask any questions you may have regarding the surgery or potential risks prior to signing this form. Your signature means that you have had a chance to read and discuss the common risks associated with skin graft surgery, and that you agree to proceed. A separate consent form from the hospital will also need to be signed for the medical record.

I CONSENT TO THE TREATMENT OF A FAT TRANSFER SURGERY AND I HAVE READ THE ABOVE LISTED ITEMS. I AM SATISFIED WITH THE INFORMED CONSENT PROCESS

Patient or Person Authorized to Sign for Patient

Date

Witness

Date

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