

LIPOSCULPTURE

CHECKLIST & CONSENT



LIPOSCULPTURE

Initial

- Liposculpture - I fully understand procedure _____
- Realistic expectations - results can vary _____
- Lifestyle/exercise/diet - must be maintained _____
- Fees from \$2200 per area _____
- Problems revealed by history can affect results _____
- Single or multiple procedures maybe necessary as maximum removal is five litres per procedure _____
- Anaesthesia includes _____
 - Tumescant _____
 - IV sedation _____
 - I understand risks involved in above _____
- I understand risks with Incision sites and scarring _____
- Antibiotics are commenced day before procedure _____
- Skin preparation Betadine (Iodine) - Beware of allergies _____

POST-OPERATIVE

- Compression garment to be worn _____
 - 2 to 3 weeks full-time _____
 - Further 2 to 3 weeks at night only _____
- Massage _____
- Post-operative exercises _____
- Regular follow-up appointments at one day/one week/one month _____
- Contact clinic for any concerns at anytime _____

COMPLICATIONS

COMMON

- Discolouration/bruising _____
- Swelling/oedema _____
- Minor irregularities _____
- Restricted activity two to three days (minimum) _____
- Numbness up to 12 months _____
- Scarring _____
- 1 to 12 months for final result _____

LESS COMMON

- Waviness/irregularities _____
- Asymmetry (left and right) _____
- Increased time off work _____
- Infection _____
- Pigmentation _____
- Tattooing _____
- Skin Mottling _____
- Lumpiness _____

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Initial

RARE

- Shock/blood loss _____
- Repeat procedure (extra expense to patient) _____
- Need for hospitalisation (extra expense to patient) _____
- Fluid collection _____
 - Serum _____
 - Haematoma _____
- Skin necrosis (damage) _____
- Reaction to anaesthesia _____
- Perforations or adjacent structure injury _____
- DVT, fat embolus and death _____
- Surgical revision for loose skin _____
- Other unexpected _____

Pre- and post-operative photographs will be taken of the treatment site and kept with my records. I understand that these photographs will be the property of the attending physician. I do / do not agree to allow these pictures to be used for publication or teaching purposes. If I agree, I understand that my name and identity will be kept confidential and protected.

Having discussed the reasonable expectations of tumescent liposculpture with me, and having had all of my questions answered to my satisfaction, I authorise and direct Dr Glenn Murray and the assistants of his choice to perform this surgery and any other procedure(s) (including anaesthesia) that, in his judgment, may be necessary or advisable should unforeseen circumstances arise during surgery. I understand that the practice of medicine is not an exact science and although good results are expected, there can be no guarantee as to the outcome.

Patient's signature _____ Date _____

Witness' signature _____ Date _____

I certify that I have discussed all of the above with the patient and have answered all questions regarding the procedure. I believe the patient fully understands what I have explained and answered.

Doctor's signature _____ Date _____