

FAT TRANSFER INFORMATION AND CONSENT

ONLY SIGN IF YOU FULLY AGREE AND UNDERSTAND

WHAT IS FAT TRANSFER?

Fat Transfer is a permanent placement of a patient's own fatty tissue to correct and improve a line or contour such as lip augmentation, nasolabial lines, chin, cheeks, scars, buttocks and breast area.

This method allows your own tissue to be sculpted in a realistic, three-dimensional fashion. As the grafted fat cells become integrated with the existing depleted tissue it is very difficult to see or even feel the newly grafted cells, aside from the overall improvement detectable by photography.

First an amount of fat is harvested from an area eg: abdomen or outer thighs - usually 20-30ml, under local anaesthesia. This collected fat is then treated, refined and reinserted into the area required under local anaesthesia.

The procedure has minimal discomfort and usually takes around 45 minutes.

Several small, well hidden, cuts are made to the tissue to allow the implantation process to proceed. These areas will heal within a few days and will rarely leave any marks.

In some areas, the process will need to be repeated 2-3 times to give the best correction. The fat will often be permanent in these areas but as ageing continues, so will the reduction in contours and further procedures may be necessary in later years.

Prolonged swelling, bruising and redness is possible but usually only lasts around 1-3 weeks. Occasional uneven filling and lumpiness can occur but are usually corrected with subsequent procedures. Infection is possible but not common. Antibiotics are given prior to and after the procedure.

Multiple areas may be corrected during one sitting, but over correcting any individual area in one sitting must be avoided, thus the need for several sessions in some individuals.

PLEASE INITIAL TO INDICATE YOU ARE AWARE OF THE FOLLOWING:

- Fees from \$1320 for first procedure (one area)	
- \$660 for subsequent procedures "top ups"	
- Single or multiple procedure	
- Donor site(s)	
- Scars - incision sites	
- Anaesthesia and its complications	
- Skin preparation	
- Post-operative care	
- Follow-up appointment	
- Photos (these are for our records, you must take your own for your records)	



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COMPLICATIONS:
- Pain
- Swelling 1-3 weeks
- Bruising - usually minor/haematoma
- Restricted activity 2-3 days
- Scars - small
- Final result - 4 weeks after last procedure
- Under-correction
- Over-correction (and weight gain) - less common
-The infrequent and unexpected reabsorption of graft - 50% survival rate variable
- Complete reabsorption of graft - uncommon
- Necrosis of graft or local structures, including skin
- Discolouration of skin - uncommon
- Prolonged redness of incision site - uncommon
- Infection - uncommon
- Tattooing - rare
- Damage to nerves / surrounding structures, including blindness
- Irregularities and asymmetry - uncommon
- Perforation, embolism and death
Pre- and post-operative photos will be taken of the treatment site for record-keeping purposes. I understand that these photo- videos will be the property of the attending physician.
DO /DO NOT (please circle) agree to allow these pictures to be used for publication or teaching purposes. If I agree I understand that my identity will be kept confidential and protected.
Having discussed the reasonable expectations of fat transfer with me, and having had all my questions answered to my satisfaction, I authorise Dr Glenn Murray and assistants of his choice, to perform this procedure and any other procedure(s) that their judgement may be necessary or advisable should unforseen 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 result release Dr Murray and all of his associated staff from all liability and promise to follow all guidlines, immediately report any problems and discuss any grievances with Dr Murray.
Patient signature:Date:
certify that I have discussed all the above with the patient and have answered all questions regarding the procedure. I believe that the patient fully understands what I have explained and answered.
Witness signature:Date:
cannot dispute what I have read, agreed to and signed above . If I do then I agree to pay all costs incurred by ACM if I breach this agreement.
agree to follow the ACM social media policy and pay all costs incurred by ACM if I breach this policy.
understand that photographs are for clinical use only. I am responsible for taking my own photographs for my records. (please initial)