

Image Cosmetic Center Liposuction Packet

PREPARING FOR LIPOSUCTION SURGERY

Patient Name: _____

Date: _____

FOR EMERGENCY PLEASE CALL (404) 949-0049

- **TAKE MULTIVITAMINS:** Start taking multivitamins daily to improve your general health once you have scheduled your surgery.
- **TAKE VITAMIN C:** Start taking 500mg of Vitamin C twice daily to promote healing.
- **LIMIT VITAMIN E:** Limit your intake of Vitamin E to less than 400mg per day.
- **FILL YOUR PRESCRIPTIONS:** You will be given prescriptions for medications. Please have them filled BEFORE the day of surgery and bring them with you.
- **NON-PRESCRIPTION PAIN MEDICATION:** Most patients will do best by taking a combination of prescription and non-prescription medication for pain relief after surgery. Ibuprofen is very effective and is our recommendation for patients who can tolerate it without irritation/upset stomach
- **THE DAY BEFORE SURGERY CONFIRM TRANSPORTATION ARRANGEMENTS!** You are responsible for providing your own transportation to and from the office the day of surgery.
- **CONFIRM CARETAKER ARRANGEMENTS:** You will need a RESPONSIBLE ADULT as a sitter/caretaker the night of surgery.
- **CLEANSING:** The night before surgery, shower and thoroughly wash the surgical areas with soap/shampoo.
- **EATING AND DRINKING: DO NOT EAT OR DRINK ANYTHING AFTER 12:00 MIDNIGHT. THIS INCLUDES WATER!**
- **SPECIAL INFORMATION:** Do not eat or drink anything including gum!! Please check with the office before taking ANY regular daily medications the morning of surgery. **If you take medication for hypertension, DO NOT take it the morning of surgery, BUT BRING IT WITH YOU.**
- **ORAL HYGIENE:** You may brush your teeth but DO NOT swallow the water
- **MORNING OF SURGERY CLEANSING:** Shower and thoroughly wash the surgical areas again with soap/shampoo and water.
- **MAKE UP:** Please do not wear any make up, moisturizers, creams or lotions. Come 100% natural no lotions/fragrances/make up etc. Remove nail polish from one finger on right hand.
- **CLOTHING:** WEAR ONLY COMFORTABLE, LOOSE FITTING CLOTHING THAT BUTTONS OR ZIPS ON THE FRONT. The nurse will be dressing you after your surgery. Remove hairpins, wigs, and all jewelry including body piercing jewelry. PLEASE DO NOT BRING ANY VALUABLE WITH YOU.
- **DO NOT TAKE ANY MEDICATIONS AT ALL WITHOUT CONSULTATING THE STAFF AT IMAGE COSMETIC CENTER.**

Report to Image Cosmetic Center with all prescribed medications.

I have read and fully understand Preparing for Liposuction Surgery.

Patient Signature: _____

Date: _____

Image Cosmetic Center Liposuction Packet

GOING TO OUR OPERATING ROOM

- Going to the operating room is not a normal experience for most of us. Our doctors and all of the professional staff caring for you recognize the natural anxiety with which most patients approach this step in the process of achieving their goals. We believe a description of the surgery experience will be helpful.
- Your surgery will be performed here at Image Cosmetic Center in our state of the art operating suite. Specialists using modern equipment and techniques will attend you. The team includes a Registered Nurse, a MD of Anesthesia, a Surgical Technician, a Medical Assistant, and the Surgeon.
- When you arrive, you will be escorted to the pre-operative suite. You will be asked to change into a gown and a robe and will be given foot covers. The registered nurse will start an IV drip in your arm. One of our doctors and the anesthesiologist will meet with you before you enter the operating suite. This is the time for final surgical planning; it is also when we will do basic preparation or draw on your skin as needed. There will be time for last minute questions.
- Once you enter the operating room, the staff will do everything they can to make you feel secure. At the same time, to ensure your safety, our staff will connect you to monitoring devices. Medicines that will make you drowsy will flow through the tubing into a vein in your arm.
- When your surgery has been completed and your dressing is in place, you will be moved to the recovery room, you will be connected to monitoring equipment constantly. During this period, a fully trained recovery nurse will take care of you and will remain with you at all times.
- Your stay in the recovery room will last from 1-4 hours, depending on how soon you are ready to leave. Most patients are fully awake within 30-60 minutes after surgery but may not remember much about their stay in the recovery room.
- AT HOME: If you are going home, a responsible adult must take care of you the first night after surgery.

I have read and fully understand what to expect Going to the Operating room

Patient Signature: _____

Date: _____

Image Cosmetic Center Liposuction Packet

GENERAL SURGICAL RISKS

- We want you to fully understand the risks involved in surgery so that you can make an informed decision. Although complications are infrequent, all surgeries have some degree of risks. All of us at Image Cosmetic Center will use our expertise and knowledge to avoid complications as far as we are able. If a complication does occur, we will use that same skill in an attempt to solve the problem quickly.
- In general, the least serious problems occur more often and the more serious problems occur very rarely. If a complication does arise, your doctors and the medical staff will need you to cooperate in order to resolve the problem. Most complications involve an extension of the recovery period rather than any permanent effect on your final result.

SWELLING AND BRUISING: Moderate swelling and bruising is normal after surgery. Severe swelling and bruising may indicate bleeding or possible infection.

DISCOMFORT AND PAIN: If the pain becomes severe and is not relieved by pain medication, please call us at (404) 949-0049

CRUSTING ALONG THE INCISION LINE: We usually treat this with an antibiotic ointment.

NUMBNESS: Small sensory nerves to the skin surface are occasionally cut when the incision is made, or interrupted by undermining of the skin during surgery. The sensation in those areas gradually returns, usually within 2-3 months as the nerve endings heal spontaneously.

ITCHING: Itching and occasional small shooting electrical sensation within the skin frequently can occur as the nerve endings heal. Ice, skin moisturizers, and massage are very helpful. These symptoms are common during the recovery period.

REDNESS OF SCARS: All new scars are red, dark pink, or purple. Scars on the face usually fade within 3-6 months. Scars on the breast or body may take a year or longer to fade completely.

HEMATOMA: Small collections of blood under the skin are usually absorbed spontaneously. Larger hematomas may require aspiration, drainage, or even surgical removal to achieve the best results.

INFLAMMATION AND INFECTION: A superficial infection may require antibiotic ointment. Deeper infection is treated with oral antibiotics. Development of an abscess usually requires drainage.

THICK, WIDE, OR DEPRESSED SCARS: Abnormal scars may occur even through the use of most modern plastic surgery techniques. Injections of steroids into a scar, placement of silicone sheeting onto the scars or further surgery to correct the scars is occasionally necessary. Some areas on the body scar more than others and some people scar more than others. Your own history of scarring should give you some indication of what you can expect.

WOUND SEPARATION OR DELAYED HEALING: Any incision, during the healing phase, may separate or heal unusually slow for a number of reasons. These include inflammation, infection, wound tension, decreased circulation, smoking, or excess external pressure. If delayed healing occurs, the final outcome is usually not significantly affected, but secondary revision of the scar may be indicated.

SENSITIVITY OR ALLERGY TO DRESSING OR TAPE: Occasionally, an allergic or sensitivity reaction may occur from soaps, tape, or sutures used during or after surgery. Such problems are usually mild and easily treated. In extremely rare circumstances, allergic reaction can be severe and require aggressive treatment or even hospitalization.

INCREASED RISKS FOR SMOKERS: Smokers have a greater chance of skin loss and poor healing because of decreased skin circulation. (See Preparing for Surgery)

INJURY TO DEEPER STRUCTURES: Blood vessels, nerves and muscles may be injured during surgery. The incidence of such injuries is rare.

- If they are severe, any of the problems mentioned may significantly delay healing or may require further surgical procedures.
- As with any surgical procedure, serious and life threatening medical complications such as pulmonary embolism, severe allergic reaction to medications, cardiac arrhythmias, heart attack, and hyperthermia are remotely possible. Fortunately such complications are extremely rare when a patient in good health undergoes elective surgery. (Failure

Image Cosmetic Center Liposuction Packet

to disclose all pertinent medical data before surgery may increase the risk of serious problems for you and for the medical team during surgery.)

- **All plastic surgery treatment and operations are performed to improve a condition, a problem or appearance. While the procedures are performed with a high probability of success, disappointments occur and results are not always acceptable to patients or the surgeon.** Secondary procedures or treatment may be indicated. Rarely, problems may occur that are permanent.

POOR RESULTS: Asymmetry, unhappiness with results, poor healing, etc. may occur. Minimal differences are usually acceptable. Larger differences may require revision surgery.

I have read and fully understand the General Surgical Risks.

Patient Signature

Date

Initials _____

Page 4

Image Cosmetic Center Liposuction Packet

SPECIFIC SURGICAL RISKS INVOLVING LIPOSUCTION

- **WAVINESS, WRINKLING, OR DIMPLING OF THE SKIN:** As knowledge has increased and technology has improved, this potential problem has become much less common. The use of much smaller cannulas (tubes inserted to remove the fat cells) has helped tremendously. Tight and firm skin before surgery will probably remain so after healing. If your skin is loose, wrinkled, or dimpled before surgery, it may remain the same or be slightly worse after surgery. Liposuction alone will NOT tighten loose skin. Dr. Friedlander will take off as much fat as he can. Great care must be taken in being very “aggressive and too aggressive”. Natural areas of depression or drops off which may not have been visible for a long time if ever can be seen if too much fat is taken off. Areas such as the inner thighs and outer hips can show sink holes depression if too much fat is moved.
- **ASYMMETRY:** It is not always possible to obtain total symmetry when bilateral procedures are performed. Very few people are totally symmetrical prior to liposuction. If a significant difference is visible following healing, a secondary “touch up” procedure may be indicated to minimize such finding
- **LOSS OF SENSATION:** Usually, any numbness or loss of sensation is temporary and resolves within a few months.
- **INDENTATION OR EXCESS FAT REMOVAL:** Although this can occur in an attempt to remove as much fat as possible, careful discussion and preoperative understanding between you and your surgeon make this an unlikely possibility.
- **FLUID AND ELECTROLYTE PROBLEMS:** When we anticipate that large volumes of fat need removal (2000cc or more), we may request that you donate a unit or two of your own blood during the preoperative period. This will help your body adjust to the loss of fluid and blood that occurs during surgery and to the postoperative shift of fluids to the areas under the skin that were suctioned. These changes, the operative fluid losses and the postoperative fluid shifts, help to explain why you may feel “washed out” for a few days after surgery. Severe fluid and electrolyte problems, usually associated with large liposuction, can cause surgical shock, require hospitalization, and in the most extreme case, cause death. Auto transfusion (above paragraph) certainly reduces such potential risks.
- **INFECTION:** This is a very unusual problem. If it occurs you will be prescribed antibiotics.
- **BLEEDING AND BRUISING:** Some bruising almost always surfaces for 2-3 weeks after liposuction. Formation of hematomas (blood clots under the skin) is rare. Resolution occurs with time and massage. Extremely rare cases may require suction of the blood clots.
- **SKIN LOSS:** Skin loss is extremely rare following liposuction and may require secondary reparative surgery.
- **LUMPS OR FIRMNESS UNDER THE SKIN:** During the healing phase (several weeks or longer) you may feel firmness or lumpiness under the treated areas.
- **SEROMA FORMATION:** Fluids can collect under the skin following liposuction (very uncommon). If this problem occurs, aspiration with a needle or even open drainage might be indicated.
- **Liposuction is entirely elective. Alternatives include weight loss and exercise. Loose skin and fat can sometimes be excised. Alternative surgical treatments have their own potential risks.**

Regarding Depression and dimpling

“Take off as much as you can” Great care must be taken in being: very aggressive or too aggressive”

Natural areas which may not have been visible for a long time or ever can be seen if too much fat is taken off. Areas can show “sink holes depression” if too much fat if removed.

I HAVE READ AND FULLY UNDERSTAND THE SURGICAL RISKS INVOLVING LIPOSUCTION

Patient Signature

Date

Initials _____

Page 5

Image Cosmetic Center Liposuction Packet

INFORMED CONSENT

The terms the patient must understand in unprecedented adversarial legal climate of the United States in the late twentieth century are as follows:

1. The surgeon is not God.
2. The two sides of the body or faces are not alike.
3. Improvement is possible, but **perfection is impossible**.
4. Small contour irregularities will always be present.
5. Skin quality, color, and texture will not improve by this procedure.
6. Follow-up care is limited in time.
7. The fee paid is for the performance of the specific procedure only and does not include re-operations.
8. Additional unforeseen procedures may become necessary and will require additional charges.
9. Additional expenses may be incurred if complications arise. These expenses are the patient's responsibility.
10. The patient has an obligation to return for postoperative photographs to the surgeon's office.

Patient Signature

Date

Initials _____

Page 6

Image Cosmetic Center Liposuction Packet

ANESTHESIA AND OTHER INFORMATION

- When general anesthesia is used, you will be sound asleep and under the care of your anesthetist throughout the operation. Once you are settled on the operating table, you will be connected to several monitors and an intravenous catheter. A quick-acting sedative will be given through the intravenous tubing after you breathed pure oxygen for a few minutes. Once you fall asleep, your anesthesiologist will usually slip an endotracheal tube through your mouth into your windpipe to guarantee that your breathing is unimpeded. An anesthetic gas that you will breathe and other medications that will be given through the intravenous catheter will keep you asleep and pain free.
- Many patients have an instinctive fear of general anesthesia. Extremely sensitive monitors used during the surgery have greatly reduced the risks of anesthesia. A minute change in the oxygen level in your blood, in the amount of carbon dioxide you breathe out, in the percentage of anesthetic gas being administered, in your heart rate, or in your blood pressure would be reported immediately. Most complications of anesthesia in the past have occurred because of "simple" problems that were not recognized quickly enough. The sophisticated monitoring now used makes recognition and treatment of problems with anesthesia almost immediate.

OTHER RISKS: _____

Patient Name: _____

Date: _____

Signature: _____

Pre-operative Nurse Signature: _____

Date: _____

Image Cosmetic Center Liposuction Packet

REQUEST AND CONSENT FOR SURGERY

Do not sign this form unless you have read and understand it.

This document confirms our conversations regarding the surgery you have requested. The purpose of this form is not to frighten you, but is to help insure that your decision to request this operation is informed as to the nature of the surgery, when the surgery is done, what can be expected if it is done and what are the inherent risks if it is done. It does not and cannot include each and every factor or item relating to the surgery you are requesting.

I, _____ (patient name) request and authorize Dr. Lewis D. Friedlander and such assistants as may be assigned by him to perform the elective surgical procedure of **Liposuction**.

Dr. Lewis D. Friedlander has discussed and explained in detail the procedure with me. As a result of our discussion I understand, insofar possible, the nature and purpose of the procedure, possible alternative methods of treatment including no treatment/surgery, as well as the potential risks and possible complications of the surgery/anesthesia. I understand that this operation is not an emergency nor is it medically necessary to improve or protect my physical health. It has been explained to me that even in the hands of a surgeon using good skill, care and judgment, every surgical procedure involves some risks and the possibility of complications including but limited to bleeding, infection, nerve or tissue damage and rarely deformity, serious bodily injury or even death. The nature of the potential risks and complications of the surgery I am requesting have been explained to me to my satisfaction and I accept the risks involved. The following points have been emphasized to me: _____

I understand that the anesthesia will be given and that it also carries risks. I consent to the administration of anesthesia by or under the direction of _____.

It has been explained to me that during the course of operation unforeseen conditions may be revealed that necessitate an extension of the original procedure, and I hereby authorize Dr. Lewis D. Friedlander and or such assistants as may be selected by him to perform such procedures as are necessary and desirable including but not limited to the services of pathologists, radiologists, or a laboratory. The authority granted in this paragraph shall extend to remedying conditions that are not known to my doctor at the time the operation commences.

- I consent to be photographed before, during, and after surgery. I agree that these photographs shall be the property of Image Cosmetic Center, and may be used as deemed proper for scientific and educational purpose.
- I agree to keep my doctor informed of any changes in my permanent address so that he can inform me of any important new findings relating to my surgery. I further agree to cooperate with him in my care after surgery until I am completely discharged from his care.
- I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made or implied to me as to the result of the surgery or my satisfaction with the result: nor are there any guarantees against unforeseeable and/or unexpected results.
- I have read and understand the above request and consent for surgery. My questions regarding my surgery have been answered to my satisfaction. I certify that I am informed as to the nature, purpose, expectations, and risks of the surgery I am requesting.
- Please do not give or sign this consent form if you have any questions regarding your procedure. Please inform a staff member of these questions or concerns so that arrangements can be made for Dr. Lewis D. Friedlander to discuss them with you.

Patient Signature: _____

Date: _____

ICC Witness: _____

Date: _____

Pre-operative Nurse: _____

Date: _____

Initials _____

Image Cosmetic Center Liposuction Packet

MEDICATIONS

- The doctor and the nursing staff have given your comfort and care. It is important that use the medications as directed if you experience abnormal symptoms that might be related to medication usage **please call (404) 949-0049**
- Symptoms such as itching, development of a rash, wheezing and tightness in the throat would probably be due to an allergy. Should these occur, discontinue all medications and call the office for instructions.

NAUSEA: Promethazine HCl (Phenergan suppositories) - insert one rectally every four hours if needed for nausea or vomiting. (This will be called in for you if it is needed.)

PAIN: Lorcet- take one or two tablets every four to six hours if needed for pain. Once pain and discomfort begins to diminish, switch to Extra Strength Tylenol or an equivalent. While the stronger pain medication may be needed initially; they may cause constipation or drug dependence with prolonged use.

POST OPERATIVE ANTIBIOTICS: Keflex- take one tablet three times a day after surgery. It is important to complete this prescription.

I have read and fully understand the Medications I will be given or may need and how to use them.

Patient Signature

Date

Initials _____

Page 9

Image Cosmetic Center Liposuction Packet

POST OPERATIVE CARE (OUT PATIENT SURGERY)

- **Call (404) 949-0049 If you have excessive bleeding or pain!!**
- **FIRST 24 HOURS:** If you are going home, a family member or friend must drive you because you have been sedated. Someone must stay overnight with you.
- **DRESSING:** Keep your dressing as clean and dry as possible. DO NOT remove them unless instructed to do so.
- **ACTIVITY:** Take it easy and pamper yourself. Try to avoid any straining. You may go to the bathroom, sit, and watch TV, etc., but NO MATTER HOW GOOD YOU FEEL, DO NOT CLEAN THE HOUSE, REARRANGE THE ATTIC ETC. We do not want you to bleed and cause any more swelling and bruising than is unavoidable.
- **ICE PACKS:** Cold or ice packs help to reduce swelling, bruising, and pain. This should help, not hurt. If the ice feels too uncomfortable, don't use it as often.
- **DIET:** If you have any post-operative nausea, carbonated sodas and dry crackers may settle the stomach. If nausea is severe, use the suppository. If you feel normal, start with liquids and bland foods, and if those are well tolerated, progress to a regular diet.
- **SMOKING:** Smoking reduces capillary flow in your skin. We advise you not to smoke at all during the first 10 days of surgery.
- **ALCOHOL:** Alcohol dilates the blood vessels and could increase post-operative bleeding. Please do not drink until you have stopped taking the prescription pain pill, as the combination of pain pills and alcohol can be dangerous.
- **DRIVING:** Please DO NOT drive at least 2 days after general anesthesia or intravenous sedation or while taking prescription pain pills.
- **POST OPERATIVE APPOINTMENTS:** It is very important that you follow the scheduled appointment we establish after surgery.

I have read and fully understand Post-Operative Care.

Patient Signature

Date

Initials _____

Page 10

Image Cosmetic Center Liposuction Packet

SPECIFIC POST OPERATIVE INSTRUCTIONS FOR LIPOSUCTION

- **COMPRESSION GARMENT:** If you have had liposuction, a compression garment will be put on you at the end of surgery. The extra pressure this garment provides helps reduce swelling and discomfort. The garment can be removed temporarily the day after surgery for laundering. We want you to have circumferential pressure for 4-6 weeks, but you may switch to an exercise garment (Lycra or Spandex) whenever it feels comfortable to slip it on or off, as you will have to do so in order to go to the bathroom.
- **ICE PACKS:** A significant amount of bruising accompanies liposuction. Ice packs can be helpful with both swelling and discomfort. After liposuction of the abdomen, it is not uncommon for the groin and genitalia to become markedly swollen and bruised. Do not be alarmed! The swelling and bruises will go away within several weeks. Ice packs will help the discomfort and swelling.
- **SHOWERING AND BATHING:** You may shower the day after surgery. Please do not take a tub bath for one week after surgery.
- **MASSAGE:** If you desire, feel free to have a gentle massage during your post-operative course. Please wait at least 2 weeks.
- **POST-OPERATIVE VISITS:** Your stitches will need to be removed about 1 week after surgery.
- **EXPOSURE TO SUNLIGHT:** Protect the bruised areas from the sun until the bruising fades completely. If fresh scars are exposed to the sun, they will tend to become darker and take longer to fade. Sunscreen can help. Take extra care and precautions if the area operated on is slightly numb—you might not “feel” a sunburn developing!
- **ACTIVITY:** It is not uncommon to feel tired or fatigued for several days after surgery. You may start walking immediately. You may continue the activities of daily living as you feel able. **Do not drive if you are taking narcotic pain medication.** You may resume driving when you feel you are able, but wait at least 2 days after surgery. Do not return to strenuous activities or aerobic exercise for 3-4 weeks. This is to avoid bleeding, bruising, and swelling.

I HAVE READ AND FULLY UNDERSTAND SPECIFIC POST OPERATIVE INSTRUCTIONS FOR LIPOSUCTION

Patient Signature

Date

Initials _____

Page 11

Image Cosmetic Center Liposuction Packet

AS YOU HEAL

- Support from family and friends is very helpful, but because they may not understand what constitutes a normal post-operative course, their comments may unintentionally create emotional turmoil for you. We will tell you honestly how you are doing and what we expect your results to be. Please trust in our knowledge and experience when we discuss your progress with you.
- Quite frequently patients experience a brief period of “let down” or depression after cosmetic surgery. Some may subconsciously have expected to feel and look better “instantly” even though they rationally understand that this will not be the case. Patients commonly question their decision to have plastic surgery during the first few days after surgery. As the healing occurs, these thoughts usually disappear quickly. If you feel depressed, understand that this is a natural phase of the healing process and this will help you cope with this emotional state.
- **FOLLOWING INSTRUCTIONS:** Another major factor in the course of healing is whether you follow instructions given by the doctor verbally and in this booklet. Such guidelines are designed to promote the healing process and to prevent the occurrence of anything, which may interfere with recovery. It is imperative that you recognize that you are a partner in this process and have a responsibility to follow instructions carefully. The instructions, based on broad experience, are designed to give you the best opportunity for healing without delay or surprise.
- **COMPLICATIONS:** Unexpected occurrences are very infrequent and can almost always be treated successfully. Should the unexpected occur, it is in your best interest to ally yourself with the doctor and staff. We are here to support you through any difficulties and assist you in reaching your goal.
- **BRUISING AND SWELLING:** Bruising and swelling are normal in the suctioned areas and usually increase slightly over the first 48-72 hours after surgery. The bruising will decrease over 3-4 weeks, but may last as long as 6 weeks. The swelling, on the other hand, takes as long as 6-9 months to disappear completely, although you should see vast improvement within 1 month. The compression garment helps reduce swelling, and the longer it is worn, the more quickly the process will precede.
- **NUMBNESS:** Scattered numbness in the suctioned areas occurs occasionally and should improve within a few weeks.
- **LUMPINESS:** As you heal, the suctioned areas may feel “lumpy” and irregular. This also decreases with time, and massaging those areas will hasten their softening.

I have read and fully understand what to expect as I heal

Patient Signature

Date

Initials _____

Page 12

Image Cosmetic Center Liposuction Packet

Tumescent Liposuction (TL) Patient Information and Consent Form

By placing my initials on each line, I indicate that I clearly understand and accept the following:

- The surgery is purely elective.
- The goal of this surgery, as in any cosmetic procedure, is improvement not perfection.
- This surgery is not performed for purposes of weight reduction.

Goals:

- Improve body contour irregularities, due to disproportionate and localized accumulations of fat.
- Establish more normal proportions between areas of the body, both in and out of clothing.

Procedure Parameters:

- Anesthesia: Tumescent Local IV Sedation General
- Facility: Office OR Out-patient Surgical Facility
- Post-op dressings.
- Post-op Compression garments
- Post-op activity restrictions.
- Medications pre and post-op
- Off all aspirin-containing products, Ibuprofen, Vitamin E and alcohol for 1-2 weeks pre-op and 72 hours Post-op.
- Smoking can cause infection & impairs healing. If I choose to smoke I have automatically diminished the chances of a successful operation.
- Smoking one month before or one month after surgery is a danger to the success of the operation.

Temporary Side Effects:

- Bruising
- Swelling
- Soreness
- Numbness/Increased skin sensitivity
- Irregularities/Nodularities
- Asymmetry
- Nerve Injury

Permanent Side Effects:

- Incision scars
- Surface irregularities
- Pigmentation
- Loose skin
- Depressions/Indentations
- Asymmetry
- Numbness

Uncommon Complications:

- Infection
- Allergic reaction to anesthetic
- Bleeding
- Hematoma/Seroma requiring drainage
- Skin necrosis
- Pulmonary fat embolus
- Complications could result, albeit rarely, in additional surgery, hospitalization, time off work and other physician fees which would be at my expense.
- The final results may not be apparent until 3-6 months post-op.
- A "touch-up" procedure may be necessary after 6 to 12 months in order to achieve the best possible result.
- I agree to allow photographs, slides and/or videotapes of myself before, during and after the procedure to be used for teaching, publication, public relations or research purposes. I request that my identity not be revealed. I waive any right to compensation for such uses as listed above.
- I understand that I MUST have a person driving me home after the procedure.
- I grant permission for any visiting physician to observe the liposuction procedure.
- The surgical fee is paid for the operation itself and subsequent post-operative visits. There is no guarantee that the anticipated or expected results will be obtained.
- I agree to have any issue of medical malpractice decided by neutral arbitration rather than by jury or court trial.
- I have been informed of the ultrasound procedure and understand that this will be performed.

Initials _____

Image Cosmetic Center Liposuction Packet

GENERAL WOUND CARE

This sheet is provided to you in reference to many common questions that we receive regarding wound care. Although your individual situation may require special instructions, for the most part, these instructions apply to everyone who has an open wound, receives surgery, or minor procedures.

WARNING SIGNS

If you develop any of the following signs or symptoms, you are to call the physician at (404) 949-0049 or call the emergency department.

1. Chills
2. Fever
3. Separation of wound edges
4. Shortness of breath
5. Increasing pain
6. Increasing redness around wound edges
7. Increased swelling or discharge from wound

How to clean the wound:

The wound should be kept clean and dry. It should be cleaned below and above the wound site. Any crusting or dried blood should be cleaned with a sterile gauze cloth or a cotton tip applicator dipped in hydrogen peroxide. This should be done every 6 hours, and then the wound should be covered with a gauze pad or non-adherent gauze pad. This gauze pad should be treated with an antibiotic ointment or if directed by your physician an antifungal cream. Dry sterile sponges are to be placed over the adherent pad and tapped very loosely. If there is any bleeding or discharge it should be reported immediately to the physician. You need to keep the wound clean and dry for 5 days, no showers or bath, after 5 days you may take light showers.

Dressings are applied to the operative site at the close of surgery to produce one or more of the following effects. **(DO NOT CHANGE YOUR DRESSING FOR THE FIRST 24 HOURS!!)**

1. Absorb or draw fluids that may drain from the wound during healing
2. Protect the wound from contamination until the wound edges are sealed
3. Provide pressure on the wound to stop bleeding

The following agents are accepted for use when cleaning a wound:

1. Clean water and peroxide
2. Betadine
3. Recommended antibiotic ointment
4. Antifungal cream (if directed by physician)

REMOVAL OF SUTURES IS VERY IMPORTANT: IT IS IMPORTANT THAT YOU RETURN TO THE OFFICE FOR YOUR SUTURE REMOVAL WHEN SCHEDULED.

Special Instructions: _____

Signature: _____

Date: _____

Initials _____

Image Cosmetic Center Liposuction Packet

SURGERY PRE-OPERATIVE INSTRUCTIONS

Your surgery has been tentatively scheduled for _____ (Date),
provided that financial clearance, medical clearance.

MEDICATION

DO TAKE	DO NOT TAKE
	ASPIRIN

To help your surgery experience go smoothly, please remember the following:

1. **DO NOT EAT OR DRINK ANYTHING, INCLUDING WATER AFTER MIDNIGHT THE NIGHT BEFORE YOUR SURGERY. DO NOT CHEW GUM THE MORNING BEFORE SURGERY.**
2. **DO NOT** wear contact lenses, wear glasses instead.
3. **DO NOT** wear jewelry, make up, or nail polish. **DO NOT** wear beads or metal objects in your hair. Remove all body piercings. Leave all valuables at home.
4. **Wear comfortable, loose fitting clothes and flat shoes.**
5. **YOU MUST HAVE A RESPONSIBLE ADULT TO TAKE YOU HOME AFTER SURGERY.** You cannot drive yourself home or use public transportation.
6. **YOU MUST HAVE A RESPONSIBLE ADULT TO STAY WITH YOU** the night of your surgery.
7. On the day of your surgery, shower or bathe, but **DO NOT** use any lotions, oils, or deodorant on your body.
8. If you have any questions or concerns or develop any illnesses, please call **(404) 949-0049** a nurse will be available 24 hours to answer your questions.

I have read and fully understand the Surgery Pre-Operative Instructions

Patient Signature

Date

DIET AIDS, STIMULANTS AND OTHER MEDICATIONS

I have received a medication list with aspirin products. If I don't have a list or lost my list it is my responsibility to make arrangements to get one.

I understand that I am to **STOP TAKING** any product on the list **2-3 WEEKS PRIOR TO MY SURGERY DATE**

Failure to do so will result in rescheduling of surgery.

I understand that I am to have **NOTHING BY MOUTH** the night before my surgery.

I understand that I am to contact Image Cosmetic Center if I have any questions in regards to taking any medication that is not on the list.

It is the responsibility of the patient to report any diet aids, stimulants, or any other medications (prescription or over the counter). This information must be reported to physician by the patient's pre-operative day. Not reporting this information may result in a delay or rescheduling of your surgery. The following information as well as any documentation in our office is and will be held as confidential.

- No, I have not taken any diet aids or stimulants recently.
- Yes, I have taken diet aids or stimulants recently.
- Yes, I have used illegal substances recently.
- No, I have not used any illegal substances recently.

Patient Signature

Date