

INFORMED CONSENT FOR LIPOSUCTION

POSSIBLE SIDE EFFECTS

INITIAL

- | | |
|--|-------|
| 1. Skin dimpling and other irregularities (dents, waviness) | _____ |
| 2. Bruising | _____ |
| 3. Swelling | _____ |
| 4. Numbness | _____ |
| 5. Tenderness | _____ |
| 6. Fatigue | _____ |
| 7. Small scars (from entry points) may become wide and raised | _____ |
| 8. Slightly irregular sides (asymmetric) | _____ |
| 9. Bleeding, hematomas and collection of blood underneath the skin. | _____ |
| 10. Infection | _____ |
| 11. Seromas - accumulation of serum. May need to be drained, requiring a second procedure (revision). | _____ |
| 12. Pulmonary and fat emboli. Rare cases occurred when liposuction was done combined with other surgery. | _____ |

I HAVE READ AND UNDERSTAND ALL OF THE POSSIBLE COMPLICATIONS LISTED ABOVE.

SIGNATURE _____

DATE _____

WITNESS _____

DATE _____

I certify that I have read or have had read to me, the contents of this form. I understand the risks and alternatives involved in this procedure. I have had the opportunity to ask any questions that I had and all of my questions have been answered.

Signed: _____ Date: _____ Time: _____
(Patient or person authorized to consent for patient)

Witness: _____ Date: _____ Time: _____

