

## INFORMED CONSENT FOR LIPOSUCTION

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### POSSIBLE SIDE EFFECTS

### INITIAL

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|--|-------|
| 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 \_\_\_\_\_

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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: \_\_\_\_\_

