

CONSENT FOR AUTOLOGOUS FAT TRANSPLANTATION

Fat is a natural filler substance harvested from you and transplanted into areas requiring fullness. Fat transfers can raise and smooth low areas helping to blend them into the surrounding skin and improve your facial structure. This procedure can plump your cheeks and back of hands, lift folds around your mouth, and raise depressed acne or surgical scars.

A simple tumescent liposuction procedure is used to harvest your fat tissue from a donor area, which is then injected into the recipient area. Both areas will receive a local anesthetic. Your enhanced shape will be noticeable immediately. Treatments may be repeated every few months, and you may need two or three to enjoy the maximum benefit.

•• Avoid Aspirin containing products for two weeks before surgery (only Tylenol is permitted) ••

1. I know that the possible risks include, but are not limited to:

- **Infection** that may lead to hospitalization. Initials _____
- **Bleeding:** I know to discontinue VITAMIN E, certain herbs, and any medications containing **aspirin (aspirin containing products), ibuprofen, or Motrin two weeks before and two weeks after your surgery.** Initials _____
- Smoking and use of alcohol should also be stopped. Initials _____
- **Death** is very rare but could result from severe infection and blood loss. Initials _____
- **Numbness** in the treated area may take months to resolve. Initials _____
- **Scars** in all the treated areas (which will be placed in the least visible areas as is possible). Initials _____
- **Asymmetry:** I know that unevenness of the skin is possible and that perfect symmetry may not occur. Initials _____
- **Cellulite** cannot be reliably improved with liposuction surgery. Initials _____
- **Necrosis** is the loss of skin, which will lead to scarring. Initials _____

2. I know that after the fat injection, my skin will become red and there will be swelling, and bruising for several days. Occasionally, the fat becomes "lumpy" and may even need to be removed. Initials _____
3. I know that I will need more than one fat injection to achieve desirable results. Initials _____
4. I also authorize Dr. Rotter to perform any other procedure, which he may deem necessary or advisable in attempting to improve my appearance, or for any unforeseen condition that he may encounter during the treatment. Initials _____
5. I know that the practice of medicine and surgery is not an exact science and therefore, reputable practitioners cannot guarantee results. I acknowledge that no guarantee has been made by anyone regarding the results of a fat injection. Initials _____
6. Any problems should be brought to Dr. Rotter's attention immediately. Initials _____
7. I have read the above consent and fully understand it. I fully understand the nature of the surgery I acknowledge that I have been advised to the alternative methods of treatment and have been given an opportunity to ask all the questions regarding the procedure. Initials _____
8. Any complications or dissatisfaction may require a second surgery, procedure, and/ or medications in the future. Initials _____

I am satisfied that I have been fully informed, and, I hereby request and authorize Steven M. Rotter, M.D. to perform fat transplantation, which includes harvesting my own fat from a donor area on me for the purpose of attempting to improve my appearance or depressed area.

Signature _____ Date _____
(Patient or person authorized to sign consent)

Witness _____ Date _____