

CONSENT TO OPERATION FOR TUMESCENT LIPOSUCTION

I hereby request and authorize Steven M. Rotter, M.D. to perform liposuction surgery upon me on or about the _____ of _____ 20 _____, for the purpose of attempting to improve the appearance of my body shape (reducing fatty bulges).

1. I know that the possible risks include, but are not limited to:
 - ◆ **Infection** which may lead to hospitalization. (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** (very small spots) will result from this procedure. Dr. Rotter will make every reasonable effort to make these scars as inconspicuous as possible. (Initials)_____
 - ◆ **Asymmetry**: Most people are not perfectly symmetric before surgery. Therefore, absolute asymmetry cannot be fully corrected. (Initials)_____
 - ◆ **Cellulite** cannot be reliably improved with liposuction surgery. (Initials)_____
 - ◆ **Seroma** is a fluid accumulation that causes swelling and lumpiness. (Initials)_____
 - ◆ **Lumpiness, dimpling, minor depressions** occur when, bulges of fat remain or too much fat was removed from an area. This can also be caused by scar tissue. Usually these can be treated with a small procedure. (Initials)_____
 - ◆ **Abdominal area** can get firmness and horizontal ridging. This is common in women over 30, usually this resolves in a few months. (Initials)_____
 - ◆ **Sagging of the skin** especially in certain surgical areas such as the lower abdomen, buttocks, and arms. (Initials)_____
 - ◆ **Necrosis** is the loss of skin, which will lead to scarring. (Initials)_____
2. **I have discontinued Vitamin E, any herbs, and any medications containing aspirin (aspirin containing products) or anti-inflammatory medicines like ibuprofen two weeks before surgery.** (Initials)_____
3. I do not have a bleeding or clotting disorder. I am not anemic. (Initials)_____
4. I know any problems should be brought to Dr. Rotter's attention immediately. (Initials)_____
5. I know that after the procedure, there will be swelling, and bruising for several days. (Initials)_____
6. I know there will be drainage of fluid; usually heavy for the first 12 hours and steadily decreases over the next few days. (Initials)_____
7. I know that I must not be pregnant at time of surgery. (Initials)_____

- ◆ I authorize Steven M. Rotter, MD and assistants to perform any other procedure, which he may deem necessary or desirable in the course of the procedure to improve the outcome or for any unforeseen condition.

(Initials)_____

- ◆ I am aware that the practice of medicine is not an exact science, and I acknowledge that no expressed or implied guarantees or warranty has been made to me as to the results of the operation.

(Initials)_____

- ◆ I agree to keep Dr. Rotter informed of any change of address so that he can notify me of any late findings, and I agree to cooperate with Dr. Rotter regarding my care after surgery until completely discharged.

(Initials)_____

- ◆ 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)_____

◆ ANY COMPLICATIONS OR DISSATISFACTION MAY REQUIRE A SECOND SURGERY, PROCEDURE, AND/ OR MEDICATIONS IN THE FUTURE.

In the box provided, please write in your own handwriting the following sentences:

**“All my questions have been answered.
I understand the nature and risks of the surgery.”**

◆◆◆ I am satisfied that I have been fully informed.

I request and authorize Dr. Rotter to perform this surgical procedure on me. ◆◆◆

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

Witness: _____ Date: _____