



## **Patient consent form for liposuction**

### **Part 2 of 3**

This is an 'informed consent document'. It explains the risks of and alternatives to liposuction. **It is important that you read this information carefully and completely. Please initial each page** to show that you have read it. Also, sign the consent form at the end of this part 2 for the surgery you have agreed to. For more information on liposuction, see part 1. For information on care after liposuction, please see part 3.

### **What is liposuction?**

Liposuction is surgery to remove unwanted fat through a tube inserted through small cuts in the skin.

### **What is the alternative treatment?**

The main alternative to liposuction is diet and exercise to control your weight. However, some people find that there are areas of fat that diet cannot change, and this is where liposuction can help. For liposuction to work, your skin needs to be elastic. If it is very stretched, you may be offered operations to remove extra skin, such as a tummy tuck, instead.

### **What are the main risks and complications of liposuction?**

As with all operations, there are risks involved in having liposuction. Although the risks are unlikely, it is important to weigh them up against the potential benefits of the surgery. Discuss each of them with your plastic surgeon to make sure you understand the potential complications and consequences.

#### **Complications associated with the surgery**

- **Scars**

There will be small scars from the surgery, usually in places that are not usually visible. These will usually be red at first, then purple, and then fade to become paler over 12 to 18 months. Occasionally, scars may become wider, thicker, red or painful, and you may need to have surgery to correct them.

- **Friction burns**

Please bring this form with you on the day of surgery.

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Your initials: .....



The cannula rubbing against the skin can cause friction burns. They are usually mild and will settle with time.

- **Bruising and bleeding**

Bruising is very common after liposuction, but heavy bleeding is rare. Any bleeding usually happens immediately after, or soon after, surgery. Before the surgery your surgeon will discuss any medicines that increase your risk of bleeding, and it is important to control high blood pressure.

- **Seroma**

This is where fluid collects in the areas where the liposuction has been performed. It may need to be drained by having a needle through the skin, or by having another operation. This can affect the final result.

- **Infection and swelling**

It is rare for the wounds to get infected, but if they do you may need antibiotics. Inflammation of the veins (thrombophlebitis) can happen around the inside of the knee and inner part of the upper thigh if these areas have been treated. It gradually settles within a few weeks. Fine thread veins may appear in treated areas.

- **Swelling, bruising and pain**

After the operation there will be a lot of swelling and bruising of the areas where liposuction was performed. This can take weeks to settle. The larger the area treated, the more swelling and bruising there will be, and it can take weeks to settle. There may be long-term pain, but this is rare.

If you are having treatment to your legs, you may find that your ankles are swollen for a few weeks. If your ankles have been treated, they may stay swollen for a few months.

- **Asymmetry**

This is where the areas where the liposuction was performed are not symmetrical. The contours of the treated areas can sometimes be irregular, particularly if a lot of fat has been removed, but these irregularities are usually minor.

If the contours of where you have had liposuction are irregular, you may need more liposuction, or fat grafting (where fat from another area is injected), to smooth out the irregularities.

Occasionally, the skin appears to be connected to the deep tissues. This is part of the bruising and will settle in time.

- **Increased or reduced sensation**

After liposuction it is common to have areas that are numb or more sensitive than usual. This usually settles within a few months. Loss of sensation, though rare, may be permanent.



- **Change of colour of the skin**

Bleeding, or the compression garments you have to wear after the liposuction, can change the colour of your skin in the areas treated. This change may be permanent.

- **Damage to deeper structures**

Although rare, the surgery can damage deeper structures, including nerves, blood vessels, muscles, the bowel (the part of the intestine below the stomach) and other organs. This damage may be temporary or permanent. There is a higher risk of this if you have scars in the area being treated.

- **Unsatisfactory result**

Sometimes, patients are not satisfied with the result of their liposuction, if the new contours or the amount of fat removed does not meet their expectations. It is important for you to understand that liposuction is not a treatment for obesity. The amount of fat that can be removed from an area is limited by what is safe (no more than three litres). So it may not be possible to slim down an area as much as you might like. Further liposuction may be carried out in the same area after six months.

Sometimes the skin in the area treated has lost its elasticity and is loose. Liposuction in these areas will leave the skin loose. The surgeon may recommend that they remove the loose skin to correct this, either at the same time as the liposuction or as a second procedure. This is most likely in the abdomen, the buttocks, the neck, after pregnancy and after losing weight.

Liposuction will not improve cellulite (dimples and wrinkles of the skin). It is very important that you talk to your surgeon, before you have the surgery, about the size and shape you want, and whether this can be safely achieved with a good outcome.

- **Change over time**

The appearance of the areas where you had liposuction will change as a result of ageing, pregnancy or other circumstances not related to your surgery, such as putting on or losing weight. You may need further surgery or other treatments to maintain the results of the liposuction.

- **Allergic reaction**

Rarely, allergic reactions to tape, stitches or solutions have been reported. If you have an allergic reaction you may need extra treatment.

### **Risks of anaesthetic**

- **Allergic reactions**

You could have an allergic reaction to drugs used during the surgery.

- **Chest infection**

There is a small risk of chest infection. The risk is higher if you smoke.



- **Blood clots**

Blood clots can form in the leg (called a deep vein thrombosis or 'DVT'). These cause pain and swelling and need to be treated with blood-thinning medication. In rare cases, part of the clot breaks off and goes to the lungs (called a pulmonary embolus or 'PE'). The risk of this is higher if you are taking the contraceptive pill.

There is also a risk of fat entering your bloodstream and having the same effect as a blood clot.

- **Heart attack or stroke**

A heart attack or stroke could be caused by the strain surgery places on your heart. You will be assessed for the risk of this before your surgery.

- **Death**

As with all surgery, it is possible to die as a result of this surgery.



**Further risks specific to you or the procedure**

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.....  
.....

**It is important that you have all of your questions answered before signing the consent form on the next page.**

**You can change your mind at any time, even after you have signed the consent form.**

**Disclaimer**

This document is designed to give you useful information. It is not advice on your specific needs and circumstances. It does not replace the need for you to have a thorough consultation, so you should get advice from a suitably qualified medical practitioner. We – The BAAPS and BAPRAS – have no liability for any decision you make about the surgery you decide to have.

**Date of review: February 2021** (produced February 2016)

Please bring this form with you on the day of surgery.

You can get further information and copies of this form in other languages, and in large print, from the website at [BAPRAS/BAAPS link].

Your initials: .....



**Patient consent form – liposuction**

(Affix identification label here)

Name:

Address:

Date of birth:

Hospital number:

NHS number:

Sex:        Male                   Female

Site of liposuction:

Further procedures that may become necessary:

.....

Type of anaesthetic to be used:

General     Regional     Local     Sedation only

Consultant’s name:

Has the procedure, alternative procedures and treatments and all associated risks (as well as any risks of not having this procedure) been explained to you?        Yes     No

Have you been able to ask questions and raise concerns with the doctor?        Yes     No

Have any questions you had been answered to your satisfaction?        Yes     No

Do you understand the risks of the procedure and those specific to you (including scars, friction burns, bleeding, seroma, infection, swelling, pain, asymmetry, increased or reduced sensation, change in skin colour, damage to other structures, unsatisfactory result, change over time, the need for another procedure in the future)?  
Yes     No

Do you understand the risks of the anaesthetic and those specific to you (including allergic reaction, chest infection, DVT, PE, heart attack, stroke, death)?        Yes     No

Do you agree to the following?

- Receiving a blood transfusion, if necessary, during or after the procedure        Yes     No

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- Tissue taken from you being used for research Yes  No
- Photos being taken for diagnosis and treatment Yes  No
- Anonymous photos being used for teaching Yes  No
- Medical students being in the operating theatre for the purposes of learning Yes  No

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Your initials: .....



**Do you want to go ahead with the procedure? Yes  No**

Patient's signature:.....

Date:.....

Patient's name (in block capitals):.....

**Surgeon**

Sign below to confirm that you have explained the information in this document to the patient and you believe that they understand it.

Doctor's signature:.....

Date:.....

Doctor's name (in block capitals):.....

Phone number:.....

Job title:.....

**Anaesthetist**

Sign below to confirm that you have explained the information in this document to the patient and you believe that they understand it.

Anaesthetist's signature: .....

Date:.....

Anaesthetist's name (in block capitals):.....

Phone number:.....

Job title:.....

**Interpreter**

Sign below to confirm that you have explained the information in this document to the patient and you believe that they understand it.

Interpreter's signature:..... Date:.....

Interpreter's name (in block capitals):.....

**Doctor's confirmation of consent** (to be signed on the day of surgery if this form was signed before then)

Sign below to confirm that you have made sure that the patient has no further questions and that they would still like to go ahead with the procedure.

Doctor's signature:.....

Date:.....

Doctor's name (in block capitals):.....

Phone number:.....

Job title:.....