



The Association of Plastic & Reconstructive Surgeons of Southern Africa

AUTHORISATION FOR LIPOSUCTION

INTRODUCTION:

This informed-consent document helps your plastic surgeon inform you about your proposed surgery, its risks, and alternative treatment. It is important that you read this information carefully and have all your questions answered.

- 1 I authorise Dr Dower and his assistant(s) to perform on me (or my _____) an operation known as liposuction.
- 2 The nature and effects of this operation, including alternative methods of treatment, have been fully explained.
- 3 The risks and complications associated with this surgery have been explained to me and I understand them.

The following points about this specific surgery have been made clear to me:

- a) Areas treated by liposuction can have altered sensation (numbness). This normally disappears in 3 - 4 weeks but may persist for longer.
 - b) Infection can occur with any operation. Its incidence is low.
 - c) Pain may be felt in the lateral thighs and ankle area, even several months after the operation. It may be aggravated by jogging or exercise. This discomfort usually disappears.
 - d) Bruising is common and can last for two weeks and occasionally longer.
 - e) Skin loss can occur post-liposuction. This is very rare.
 - f) Uneven contour, surface irregularities and lumpiness can occur. This usually resolves, or greatly improves, with time, and massage. If the skin has a rippled texture prior to the operation, this will usually persist following liposuction.
 - g) Scars are usually minimal. No-one can, however, precisely predict wound healing
 - h) Swelling can last for a prolonged period of time after operation i.e. even up to six months. The ankles and feet tend to stay swollen the longest after liposuction. Results can only be evaluated at six months.
 - i) Liposuction does not remove cellulite.
- 4 I authorise Dr Dower to perform any other procedure that he may deem desirable in attempting to improve the condition stated in paragraph 1 or any unhealthy or unforeseen condition that may be encountered during the operation.

- 5 I consent to the administration of anaesthetics by a suitably qualified doctor.
- 6 The practice of medicine and surgery is not an exact science. I, therefore, understand that no guarantee or assurance can be given by Dr Dower as to the results that may be obtained.
- 7 The two sides of the human body are not the same and can never be made the same.
- 8 I have authorised Dr Dower to take clinical photographs. Such photographs remain the property of Dr Dower
- 9 I am not known to be allergic to anything except:
- _____
- 10 In the event of a contractual dispute, or any other cause of action, litigation shall ONLY be instituted in a court of the Republic of South Africa
- 11 Additional costs may occur should complications result from surgery. These costs would also be the responsibility of the patient.

I certify that I have read the above authorisation, that the explanations referred to therein were made to my satisfaction, and that I fully understand such explanations and the above authorisation.

Patient:

Witness:

Print name _____

Print name _____

Signature _____

Signature _____

Date _____

Date _____
