

“RISKS OF MEDICAL INTERVENTION (SURGERY)” – APPENDIX No. 2

INFORMED CONSENT – FAT TRANSFER PROCEDURES

FAT GRAFTS AND FAT INJECTIONS

1. “RISKS OF MEDICAL INTERVENTION (SURGERY)” – Appendix No. 2: approved by “ARZ EST” on 02.05.2019 by Order No. 01/5.

This document constitutes an integral part of the Agreement concluded between “ARZ EST” LLC and the Client/Patient.

INSTRUCTIONS

This document constitutes an informed consent form prepared to help your plastic surgeon inform you about the fat transfer procedure (fat grafts or fat injections), its risks, and alternative treatment methods.

It is important to read this information carefully and in full. Please initial each page to confirm that you have read it and sign the consent for the surgery proposed by your plastic surgeon and agreed upon with you.

GENERAL INFORMATION

The patient’s own fat may be used to improve the appearance of the body by transferring it from an area where it is less needed (usually the thighs or abdomen) to an area that has lost tissue volume due to aging, trauma, surgery, congenital defects, or other causes.

Fat transfer usually results in an increase in the volume of the treated area. Before the procedure, the areas from which fat will be removed may be treated with a special solution to reduce bruising and discomfort. Fat may be removed using a narrow surgical instrument (cannula) through a small incision or excised directly through a larger incision.

In some cases, the fat is specially prepared before being reintroduced into the body. This preparation may include washing, filtering, and centrifuging (spinning) the fat. The fat is then injected into the desired area using a smaller cannula or needle or placed directly through an incision.

Because some of the transferred fat may decrease in volume over time, the surgeon may inject a larger amount than is ultimately necessary in order to achieve the desired final result. Over the course of several weeks, the volume of the transferred fat decreases. In some cases, additional fat transfer may be required to maintain the desired result.

Fat transfer procedures may be performed under local anesthesia, sedation, or general anesthesia, depending on the extent of the procedure.

ALTERNATIVE TREATMENT METHODS

Alternative nonsurgical and surgical methods include injections of synthetic substances to increase tissue volume (for example, hyaluronic acid, poly-L-lactic acid, and others), the use of artificial implants, or other surgical tissue-transfer procedures (flap surgery).

Alternative treatment methods are also associated with risks and possible complications.

RISKS OF FAT TRANSFER PROCEDURES

Every procedure involves certain risks, and it is important to understand the possible risks. The decision to undergo the procedure is based on a comparison of the risks and potential benefits. Although most patients do not experience complications, you should discuss each of them with your plastic surgeon in order to fully understand the possible risks, complications, and consequences.

SPECIFIC RISKS OF FAT TRANSFER

Changes in Appearance: Usually, the transferred fat partially decreases in volume and then stabilizes. A repeat procedure may be required to maintain the desired volume and appearance. In rare cases, significant weight gain may cause the transferred fat to increase in volume and result in an undesirable outcome. It is important to understand that more than one procedure may be required and to discuss the associated costs with your surgeon.

Firmness and Irregularities: In most cases, transferred fat feels natural; however, partial or complete firmness of the transferred fat may occur. If some of the fat does not survive, fat necrosis (death of fatty tissue) may develop, causing firmness, discomfort, or pain. Cysts may form in the area of the fat transfer. Surgery may be required for correction.

Asymmetry: A symmetrical appearance of the body cannot always be achieved. Factors such as skin tone, fat deposits, bony prominences, and muscle tone may contribute to natural asymmetry.

Long-Term Changes: Changes in the shape or appearance of the area from which fat was removed or into which fat was injected may occur as a result of aging, changes in weight, and other factors unrelated to the procedure.

Tissue Loss: In rare cases, transferred fat may cause damage to the skin and loss of skin and underlying tissues, which may result in scarring, deformity, and the need for surgical treatment.

Fat Transfer to the Breast: This method is used for correction following breast reconstruction after cancer treatment, correction of deformities, and breast augmentation. Long-term consequences have been studied to a limited extent. Difficulties in diagnosing breast cancer may occur because transferred fat may become firm and form nodules requiring mammography, ultrasound, or MRI. A biopsy may be required. There is no basis for believing that fat transfer causes breast cancer.

Serious Complications: In extremely rare cases, severe complications may occur, including fat embolism (fat entering the bloodstream), stroke, meningitis, severe infection, blindness, loss of vision, or death.

Blood Clots: Thrombosis of the veins of the arms, legs, or pelvis may occur, particularly with surgical procedures. Blood clots may lead to serious complications, including pulmonary embolism.

Pulmonary Complications: Pulmonary complications may occur, including embolism and partial collapse of the lung following general anesthesia. Hospitalization may be required. In rare cases, fat embolism may be fatal.

GENERAL RISKS OF SURGERY

Healing Problems: Certain medical conditions, medications, and supplements may slow healing. Smoking significantly increases the risk of complications. Wound separation, infection, changes in shape, and the need for repeat surgery may occur.

Bleeding: Although rare, bleeding may occur during or after surgery. Emergency treatment or a blood transfusion may be required. The use of aspirin and anti-inflammatory medications increases the risk of bleeding.

Infection: In rare cases, treatment with antibiotics, hospitalization, or repeat surgery may be required.

Scarring: Every surgical procedure leaves scars. Hypertrophic or asymmetric scars may occur and may require correction.

Changes in Skin Sensation: Temporary or permanent loss of sensation may occur.

Contour Irregularities: Irregularities of the skin and excess tissue at the edges of incisions may occur.

Changes in Skin Color and Swelling: Bruising and swelling are normal; however, they may sometimes persist for a prolonged period.

Damage to Deep Structures: Damage to nerves, blood vessels, muscles, or the lungs (pneumothorax) may occur.

Seroma: Fluid accumulation may occur and may require drainage.

Anesthesia: Any anesthesia carries a risk of complications, including death.

Pain: Pain of varying intensity and duration may occur after surgery.

Cardiovascular Complications: Complications involving the heart and lungs may occur, particularly in the presence of risk factors.

Allergic Reactions: Local or systemic allergic reactions may occur, including anaphylaxis.

ADDITIONAL WARNINGS

Smoking and Nicotine: Increase the risk of complications and impair healing.

Medications and Supplements: Certain medications increase the risk of bleeding. Do not discontinue prescribed medications without consulting your physician.

Sun Exposure: May impair healing and increase pigmentation of scars.

Travel Plans: Possible complications may delay the return to normal activities.

Pregnancy and Breastfeeding: The procedure generally does not prevent pregnancy but may affect breast shape and breastfeeding.

Mental Health: It is important to have realistic expectations. The results of surgery do not guarantee a particular psychological effect.

NEED FOR REPEAT SURGERY

In some cases, additional surgery may be required to achieve the desired result or address complications. Medicine is not an exact science, and no guarantee of results is provided.

PATIENT COMPLIANCE WITH RECOMMENDATIONS

Strictly follow your physician's instructions. Limit physical activity. Attend follow-up examinations.

DISCLAIMER

This informed consent document is intended to provide information about the procedure, its risks, and alternative treatment methods, including the option of declining surgery. It cannot cover all possible treatment methods and risks. Standards of medical care may change as medical science develops.

Please read the above information carefully and make sure that you have received answers to all of your questions.