

Laser Assisted Lipolysis

Informed Consent Form

I, _____, understand that I have requested treatment for the reduction of fat using laser lipolysis. This is a laser technique to remove unwanted deposits of fat from specific areas of the body, including the face and neck, upper arms, trunk, abdomen, buttocks, hips and thighs, knees, calves and ankles.

I also understand that this treatment is not a substitute for weight reduction, but a method for removing localized deposits of fatty tissue that do not respond to diet or exercise.

Laser lipolysis may be performed as a primary procedure for body contouring or may be combined with other surgical procedures such as traditional liposuction, facelift, and other procedures to tighten loose skin and supporting structures. Laser lipolysis has the combined benefit of tightening the skin and reducing fat.

This treatment is intended for individuals of relatively normal weight who have excess fat in particular body areas. Those with firm, elastic skin will result in better final contour after lipolysis. Additional surgical procedures may be necessary to remove and/or tighten excess skin. Body contour irregularities due to structures other than fat cannot be improved by this technique. Lipolysis by itself will not improve areas of dimpled skin, known as "cellulite," however additional procedures attempting to improve areas of cellulite are available.

Lipolysis will be performed under local anesthesia. Tumescent liposuction technique will be utilized which involves the infiltration of fluid containing dilute local anesthetic and epinephrine into areas of fatty deposits. This technique can reduce discomfort during the procedure as well as reducing bruising following the procedure.

Lipolysis is performed by using a hollow metal instrument known as a cannula that is inserted through small skin incisions and is passed back and forth through the area of fatty deposit. The cannula is attached to a laser source, which provides the energy needed to disrupt the fatty tissue. You will be awake during the procedure. You will be placed on blood pressure, heart and oxygen monitors for safety measures.

You may receive an oral narcotic or sedative prior to the procedure and Cannot Drive Home. Most clients can return to work in 1 to 2 days following the procedure.

I understand final results could take up to six months to see. During this healing process the treated area will be swollen and bruised.

Possible Complications include:

- 1. Risks: I understand there is a risk of swelling, rash, local numbness, pain at the insertion site, and bruising.**
- 2. Infection:** Infections can occur which in most cases are easily treatable but in rare cases a permanent scarring in the area can occur.

3. Bruising is possible anytime you cut into the skin. This bruising can last for several hours, days, weeks, months and in rare cases the effect of bruising could be permanent.
4. Lumps or nodules in the treated area
5. Pain: even with the administration of anesthesia a small percentage of patients report slight to severe discomfort during and following the procedure
6. As Lipolysis is not an exact science, there might be an uneven appearance of the treated area, complaints of a lack of symmetry are common following this procedure.
7. Women who are pregnant or nursing are not eligible for laser lipolysis procedures
8. I will follow all aftercare instructions as it is crucial I do so for healing. Support garments and dressing are to be worn to control swelling and promote healing. To optimize your results you should wear the support garments at all times and for as long as possible.

I further consent to the administration of local and/or tumescent anesthesia as may be considered necessary by the above named physician or his/her associates or assistants.

In the event of an emergency I consent to transfer to an acute care medical facility.

This list is not meant to be inclusive of all possible risks associated with Lipolysis as there are both known and unknown side effects associated with any medication or procedure.

I understand there is no guarantee of results of any treatment. I understand the regular charge applies to all subsequent treatments.

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required.

By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby release the doctor and the facility from liability associated with this procedure.

Patient Signature _____ *Date:* _____