



OP. DR. AHMET CAYMAZ

KBB HASTALIKLARI, BAŞ & BOYUN CERRAHİSİ

Informed Consent Form for Liposuction (Bichectomy)

Dear Patient / Patient Relative,

This form has been prepared to inform the patient and their relatives about the operation to be performed. It is a legal obligation to have it read and approved. Information forms are used to explain the anticipated risks and undesirable situations (complications) of surgical treatments: to convey information about other treatment options. The risks identified have been defined to meet the needs of most patients in most circumstances. However, this form should not be considered as a document that includes the risks of all treatment modalities. Depending on your own personal health or medical knowledge, your plastic surgeon may give you different or additional information.

Once you have carefully read all the information below and found the answers to all your questions, sign the form on the last page.

Surgery / Method of Procedure: Removal of cheek fat can be done to people who have fat accumulation in their cheeks when weight gain, and people who do not like the fullness of their cheeks. It is recommended that cheek fat should not be taken before the age of 20-25, because people whose cheeks are full until the age of 20-25 may decrease the fullness of their cheeks after this age. Here, the genetic characteristics of the person are also important. With this surgery, your cheeks will not collapse. Some patients want to remove as much fat as possible by surgery and want their cheeks to be sunken. With the removal of the cheek fat pads, the cheeks do not collapse, only their fullness, puffiness decreases and becomes flatter. The surgery is performed both inside the mouth and on the outside of the cheek. The Bichat fat pad, which forms part of the cheek fat mass, is removed by entering from a special point through the mouth. On the outside of the cheek, liposuction is performed on the subcutaneous fat tissue of the cheek with thin cannulas. It is recommended to do these two together for the result to be effective. Since the Bichat fat pad is taken orally, it is important to take antibiotics before and after surgery to prevent infection. Before surgery, your pictures are taken to put in the clinic archive and compare with your post-operative appearance.

Benefits of the Surgery / Procedure: With the removal of the cheek fat pads, the cheeks do not collapse. Only its fullness, fluffiness decreases, it becomes flat.

Consequences That Can Be Encountered in the Case of Not Performing the Operation / Procedure: The fullness and puffiness of the cheeks remain as they are.

Alternative Procedure / Treatment: Points to be considered before and after the procedure and problems that may arise if they are not paid attention to: Removing cheek fat does not require any preparation. It is sufficient to perform routine preparations and analyzes for general anesthesia only. It is important that you do not take blood thinners such as aspirin for at least 10 days before the surgery. Taking blood thinners increases the risk of bleeding.

Risks and Complications of the Surgery / Procedure: The most likely risks are: It is the risk of infection and bleeding since it is worked inside the mouth. Antibiotics are taken to prevent infection. In order to prevent bleeding, it is sufficient to stop all bleeding during the operation and to use a special, printed cap after the operation. These risks are very rare. Generally, satisfactory results are obtained. In some cases, numbness and numbness may be seen in the upper lip for 1-2 days. The reason for this is that the narcotic injection made into the mouth during the surgery and the facial nerve going to the upper lip are affected by the surgery. This nerve branch passes through the upward extension of the fat mass taken from the mouth, while the cheek fat mass is pulled into the mouth during the surgery, this nerve branch is also pulled a little. Depending on this irritation, there may be numbness in the upper lip that lasts for a day or two, it is temporary.

Statement of Consent of the Patient, Parent or Guardian:

My doctor gave me the necessary explanations about my health condition.

Diagnosis _____

Treatment/procedure to be applied _____

Side/grade if applicable Right sided Left sided Both sided Grade _____

Should you not intend to be informed about the purpose, duration, advantages, success ratio, potential risks and complications and alternative options of the treatment to be applied and as well as about the subsequent potential risks in case you do not accept the treatment, please declare so below with your hand writing.

I hereby declare that;

My attending physician informed me about my disease, the treatment option to be applied, its duration, advantages, success ratio, the fact that it does not necessarily guarantee the recovery of current status, period of healing, potential risks and complications, alternative techniques, the potential situations I will experience on the condition that I reject the treatment and compulsory performance of an additional operation/intervention/procedure if deemed necessary and s/he answered all my questions regarding these matters.

Above mentioned procedure has been disclosed to be performed on myself/patient I legally represent by the physicians, nurses as well as other healthcare professionals under the authority, surveillance and control of my attending physician.

I have been informed that if required, anesthesia will be performed by an anesthetist, sedation will be performed by an anesthetist or another physician competent in sedation and local anesthesia will be performed by my attending physician.

While being entitled to make decision and think straightly, I accept the medical procedure to be performed, and consent that my attending physician and his/her team will carry out any medical treatment option/surgical technique/intervention they deem to be necessary.

I authorize the hospital to examine, inspect, dispose of or keep the tissues or organs removed during the procedure for which I have consented above.

I allow my medical reports to be used for scientific researches provided that my identifying information is kept hidden.

Patient's			
Full Name:	Signature:	Date:	Time:
Date of Birth:			
Legal Representative's			
Full Name:	Signature:	Date:	Time:
Degree of Relationship:			
Reason why the consent is delivered by legal representative of the patient:			
<input type="checkbox"/> Patient is not conscious	<input type="checkbox"/> Patient is under 18		
<input type="checkbox"/> Patient is not entitled to make decision	<input type="checkbox"/> Emergency		
Witness'			
Full Name:	Signature:	Date:	Time:
Informing Physician's			
Full Name:	Signature:	Date:	Time:
Interpreter's (If required)			
Full Name:	Signature:	Date:	Time:

Informed consent is delivered by the patient himself/herself if s/he is older than 18 years old, by the patient himself/herself together with his/her legal representative if the patient is aged between 15 and 18 and by the representative of the patient if the patient is under 15 years old and/or is unconscious and/or is not entitled to make decision and in case of emergency.