



## **DERMOFAT GRAFT AND/OR FAT INJECTION INFORMED CONSENT FORM**

The objective of this form is to enable your participation into the decision making process about your healthcare by informing you.

This form has been designed in order to meet the needs of many patients under most conditions, nevertheless, it should not be considered as a document containing the risk of the entire applicable treatment. Based upon your individual healthcare, your physician may provide you with different or additional information.

After acquiring the advantages and possible risks of diagnosis, medical treatment and surgical interventions, it is up to your decision whether or not to accept these procedures. You are entitled to refuse providing information except the legal and medical necessities.

### Information Regarding the Procedure

One of the methods that can be used to increase volume and provide fullness in various parts of the face and body are fat and tissue injections. Sunken areas on cheeks, forehead, cheek-lip line, lips, chin, hips and legs are examples of places where this practice is applied.

Dermofat graft; contains hard layer on skin surface and some fat tissue and is obtained by peeling the top of the skin. The body can be entered from an already existing mark if there is another operation happening simultaneously or if you have an operation mark from a previous surgery, and dermofat graft could be taken from areas that are easy to conceal on your body. There is bound to be left some mark on the incision area. Dermofat graft usually requires one or two 3-4 mm deep incisions in the area where it is to be applied. The amount to remain can be better predicted earlier compared to fat injection, but it is insufficient as a filling material in large areas since the amount to be taken is limited.

Fat injection is applied by taking fat from usually the patient herself and bringing it to a certain concentration by applying it to some special processes, such as washing and draining, then delivering it to the area where it is to be injected with the help of thin tubes. If some other surgical procedures are going to be performed on the patient at the same time, the tissues to be obtained by these operations can be injected into the fat tissue. Since the tissue is from the same patient, an undesirable effect and result is not expected. Furthermore, since the injection is made from very small spots, no marks or traces are expected to be left at the injection location.

In fat injection, when choosing the region where fat is to be taken, it is generally preferred to use regions where the body is much lubricated. These regions are mostly abdomen, waist and hip (more so in women).

Tissue enlargement with fat injection is very limited. For this reason, expectations must be realistic. If excessive growth is desired, permanent implants should be preferred. In order to test this, first, fat injections are made, and then implants are applied if desired.

New injections may be required after a while since some of the injected tissues are absorbed and destroyed by the body. The effectiveness of this process and possible results are discussed by evaluating the field of application, the quantity given, and the status of the tissues. Melting rate can range from 30-70%. This amount varies depending on whether the injected region is moving or immobile. The rate of retention and absorption in moving areas like the mouth periphery is different compared to the rate of fat retention and absorption in immobile areas such as the forehead and jaw.

Another application in this regard is to separate excess fat and tissue during the first procedure and store it in the tissue bag to prepare for future injections.

Blood dilution agents such as aspirin should be avoided for 10 days before the procedure. Moreover, if the patient's medical history has significant illnesses and medications that he or she has used continuously, they should be notified to the doctor.

Fat injection alone can be performed by sedation, local anesthesia, or local anesthesia only. These interventions are interventions that do not require hospitalization, and the patient may go home on the same day, a few hours after the procedure.

As soon as the fat injection is completed, cold application is started to reduce swelling in the application area. Cold application is carried out with jellies or ice bags.

It is usually applied by circulating them to that area every 15 minutes per hour. The ice should not come in direct contact with the skin. The bag with ice or gelatin is applied to the treatment area with the help of a cheesecloth or towel.

After the procedure a swelling is expected in the application area beyond the amount of fat injection, especially in the first two days. This swelling will diminish over time. However, injections made to the lip region may prolong and the swelling may at times be excessive. The application area can be washed immediately on the next day of the treatment and a moisturizing cream can be applied. A gentle massage to the application area after the 4th or 5th day helps to disperse the swellings. It is necessary to avoid excessive warmth and vapor due to the increase in swelling.

Injection of fat does not cause any discomfort such that it will affect the daily life of the patient in general, except for the first few days. The first two days should be spent resting due to the excess edema and possible bruises in some areas.

Small bands placed at entry points for fat injection can be taken a few hours after the operation or the next day. Antibiotic use is recommended for preventive purposes. This period is about 5 days. There is no need for antibiotics after the 5th day. If the decreasing edemas should increase at any stage, or if sensitivity and temperature increase occur in the region, this may be symptomatic of an infection. In such a case, you should consult your doctor.

In the early period after the procedure, the appearance of the face or the injection area is not only comprised of the given fat. In addition, it is normal for the area to develop edema because of the surgical intervention however small it is. It is important not to confuse the fat injection with this edema. In the days following surgery, edema disintegrates quickly, diminishes and disappears in time. Tissue enlargement with fat injection, however, is a permanent method.

## Possible Complications

- **Bleeding:** Bleeding may occur in operated areas during and after surgery. Blood donation may be required depending on the blood loss.
- **Infection:** Redness, swelling, malodorous discharge, and infection that may cause abscesses and require antibiotic use may be seen in the operation area. A small incision may be required to empty the infected area.
- **Asymmetry and Contour Differences:** Asymmetry, surface irregularities, dimpling and notching, and contour differences can occur in the grooves and/or lips at the cheeks-lip joint. This situation can improve on its own over time but it can be permanent as well. Similar problems can also occur in areas where fat is taken.
- **Imaging:** Up to 10-30% of the required amount can be overcorrected considering that some of the injected fats will dissolve. Accordingly, there may be more swelling than normal due to edema as well in the first few weeks. Dermofat grafts are usually not overcorrected as their dissolution is more limited.
- **Cyanosis:** Bruises can be seen in the surgery locations. This situation usually disappears within 2-6 weeks.
- **Draining of Injected Fats:** In some cases injected fats can be absorbed by the body within weeks. Similarly, all of the fat can be dissolved within 5-6 months after surgery.
- **Sense:** There may be numbness or extreme sensitivity in the areas where the fat is taken. While this is often temporary, it can be permanent in rare cases. Similar complaints due to tension can be seen in the areas where the fat is injected.
- **Fat Embolism:** Fat particles broken off from the area where the fat is removed may penetrate into the veins and cause systemic circulation, thus interfering with the circulation of the lungs, brain or other organs or tissues. This can lead to serious consequences, including stroke or death.
- **Scars:** As a result of abnormal wound healing, significant scarring (hypertrophic scar/keloid) may occur in the stitch lines. Scars may occur on the area where dermofat graft is taken. Depending on the amount applied, a subtle scar may develop in the region where dermofat graft is applied, usually 4-5 mm long. This rarely turns into a distinctive, unsavory scar.

## Additional Surgical Procedures You May Need

In addition to the risks and complications that may affect the short and long term outcomes of the dermofat graft and/or fat injection, there are other conditions. Although rare, risks other than those mentioned above can be seen. Additional treatment or surgical intervention may be required if complications develop. There is no certainty in medicine and surgery. Although good results are expected, no guarantee or warrant can be given about the results to be obtained.

## Other Treatment Options

Dermofat graft and/or fat injection is an elective surgical procedure. Alternative treatments include not having this surgery, having medical skin care, injecting temporary or permanent fillers. Risks and potential side effects are associated with alternative therapies that involve surgery.

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.

<b>Patient's</b>			
Full Name:	Signature:	Date:	Time:
Date of Birth:			
<b>Legal Representative's</b>			
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		
<b>Witness'</b>			
Full Name:	Signature:	Date:	Time:
<b>Informing Physician's</b>			
Full Name:	Signature:	Date:	Time:
<b>Interpreter's (If required)</b>			
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.