

LIPOSUCTION SURGERY INFORMED CONSENT FORM

Date...../...../20....

Dear Patient, Dear Parent / Guardian

This form has been prepared to inform the patient and their relatives about the surgery to be performed. It is a legal obligation to read and approve it. The aim of informed consent forms are to explain the anticipated risks and undesirable situations (complications) of surgical treatments and to provide information about other options. The identified risks are defined in such a way as to meet the needs of most patients under many conditions. However, this form should not be considered as a document containing the risks of all forms of treatment.

Depending on your own personal health status or medical information, your plastic surgeon may offer you different or additional information.

Do not sign the form on the last page until you have carefully read all the information written below and found the answers to all your questions.

GENERAL INFORMATION:

Liposuction is a combination of the words "lipos=fat" and "suction=sucking" and means "sucking fat with a vacuum". It is a technique of extracting fat under the skin in various parts of the body by sucking it out through specially designed cannulas connected to a vacuum pump. Since the fat is removed, it results in fat loss and in this sense, it is superior to other non-invasive treatments called lipolysis. In **Lipolysis** treatments, subcutaneous fat cells are killed but left in place by energy applied above the skin. The body has to remove these cells and the fat by metabolization. Even if a 1-2 cm of surface level slimming is observed in the fatty tissue in such procedures, there is no change in the total fat ratio, since the fat molecules released from the dead cells are then stored in other tissues. The types of energy used in lipolysis can be in the form of freezing, radiofrequency or heating with focused ultrasound. **Fat melting (cavitation?) by mesotherapy** treatments serve a similar purpose. A number of chemicals are injected into the adipose tissue to melt the fat around the area, but the results are much less substantial than other lipolysis techniques, and since multiple injections must be done in several sessions, complications due to infection, chemical toxicity, and skin damage can occur. Liposuction with cannulas has been in practice since 1980. Liposuction is the basis of techniques called "**liposhaping, lipoplasty, liposculpture, suction assisted body contouring, and suction lipectomy**". In fact, **the objective in all these procedures is to alter the shape of the body.** Liposuction is mainly used to remove unaesthetic fat masses in areas that are unlikely to go away by exercise and diet in people at an ideal weight or close to an ideal weight. Liposuction, which can be applied to almost any area of the body, is most often applied to the abdomen, buttocks, arms, thighs, knees and the jowl in women and most often applied to the waist, abdomen, breast areas and the jowl in men. The ankles, neck, nape and face are also areas where liposuction is

performed on. The ideal age for the operation is between 18-45. At an older age, it may be necessary to go for body tightening (?) treatments.

Liposuction is **NOT A WEIGHT LOSS METHOD**. Depending on the patient's height, weight, and the areas in which liposuction is performed on, the amount of removed fat can vary between 100 cc and 15000 cc. However, since high fat intake affects the body's fluid and electrolyte balance, it is not recommended except for certain patient groups. The risks posed by large volume liposuction techniques arise from the following:

1. Not only fat is removed during liposuction; an amount of blood is removed out of the body along with the fat, since adipose tissue is rich in blood vessels. Internal blood loss also occurs due to veins being damaged during the operation. In other words, the higher the liposuction volume, the higher the blood loss. Therefore, it is important that the hemoglobin values are at a normal level before surgery.
2. In order to minimize the blood loss that may occur during liposuction, a liquid containing the drug adrenaline is injected into the areas where fat will be removed to shrink the vessels before the suction. Generally, up to 1 liter of this liquid is injected into the area where 1 liter of fat will be removed (this 1:1 ratio is called the **wet technique**, if 2 liters of liquid are injected into the area where 1 liter of fat will be removed, it is called the **tumescent technique**). Therefore, more fluid needs to be injected into the body if too much fat is to be removed, which can disrupt the fluid balance in the body.
3. Removing too much fat results in a large operation, which means prolonged duration of surgery and anesthesia, increased risks of infection and embolism and prolongation of recovery after surgery.

If for the reasons described above, the patient has a Body Mass Index ($\text{kg}/\text{height}^2$) of 33 and over (in obese patients), it is recommended to consider the bariatric surgery option instead of liposuction.

TYPES OF LIPOSUCTION

1. SAL - Suction Assisted Liposuction (Classic Liposuction)

This is the classic liposuction technique. With the help of cannulas attached to a vacuum-based suction device, the fat under the skin is absorbed and tunnels similar to road tunnels are opened. So that there are no ripples on the skin surface in case of these tunnels collapsing, the same area is passed over from multiple angles so that the tunnels intersect each other and thus provide a more homogeneous slimming (?). Having good results from this technique is directly related to the structure and width of the cannulas used and the experience of the surgeon. It is necessary for the patient to utilize electric massage tools and radiofrequency devices after the operation. (?)

2. PAL - Power Assisted Liposuction

In classic liposuction, the surgeon has to push the cannula back and forth many times to remove the fat, which causes serious fatigue (and shoulder problems) in the surgeon, as well as an increase in tissue trauma and the duration of the operation. To counteract these issues, devices with cannulas that automatically rotate left and right around their axis after entering the body have been developed (Power X®). Thus, it is possible to remove more fat in a shorter time and with less physical effort. The constant movement of the aspirating holes allows a more homogeneous operation, and the back and forth aggressive movements performed by hand are replaced by soft movements that create less tissue damage. Skin depressions are more likely to occur in case of a mistake being made using these devices and therefore, they have a more steep learning curve for surgeons. Faster liposuction using these devices does not mean that more fat can be removed. The above-mentioned risks of removing too much fat also apply to these devices.

3. *UAL - Ultrasound Assisted Liposuction (VASER)*

Before starting the classic liposuction operation, a special probe is inserted under the skin and vibration is given to the subcutaneous adipose tissue through ultrasound waves. This vibration causes the fat cells to separate from each other, the connective tissues they hold on to and the vessels and nerves they encircle. Fat cells do not burst or get damaged during this process, they only turn into a kind of liquid form as they become individual cells. Then, this liquefied fat is removed from the body with classic liposuction devices. Since no tunnels are opened and the fat layer is completely removed from the body, the results are much smoother after surgery. The removed fats maintain their vitality, and can be used for fat injection. PAL devices can also be used during the fat removal process, and when used together with ultrasound, these power-assisted devices cause fewer problems (such as skin depressions). Ultrasonic Liposuction is used in the following instances:

- i. During classic liposuction, it is better to use ultrasonic melting in areas of the skin where there is a high probability of ripples after surgery. These areas are the lower abdomen, the lateral parts of the thigh and the calf.
- ii. If a complete liposuction to remove almost all of the subcutaneous fat is to be performed, ultrasonic liposuction will give better results as only the fats are removed and the supporting tissues, vessels and nerves between the fats remain intact and don't adhere to the muscle tissue below in this way; the skin will be smoother and more mobile after the surgery
- iii. If the High Definition or 3D liposuction technique is to be applied that aims to create a muscular appearance, again, ultrasonic lipo is preferred. With this technique, it is easier to completely remove the fat from certain areas and produce a shadow effect, and the removed fat can be injected into areas where the muscular appearance is to be shaped.
- iv. In people who have had liposuction before, the 2nd or 3rd liposuction process becomes more difficult due to the scar tissue formed inside, in such cases the use of ultrasonic liposuction makes the work easier and gives better results.

4. LAL - Laser Assisted Liposuction

A fiber-optic laser tip is entered into the skin, and the fat in this area is selectively melted with the help of laser energy. The laser is selected from a wavelength that is primarily absorbed by the fat cells (such as 980 nm, 1069 nm, 1320 nm) and the fat cell that absorbs this heat reaches a temperature of 52 degrees and melts by exploding. The surrounding tissues, vessels and nerves are relatively less damaged. Then the fats that have melted and turned liquid are removed from the body with a classic liposuction device. However, the removed fat cells die and cannot be used for fat injection. Afterwards, in a different heat setting, the emptied skin tissue is heated and tightened with the laser. This tightening is caused by the collagen in the subcutaneous dermis tissue shrinking due to being heated. Although this effect is partially visible immediately after the operation, it begins to take shape at a molecular level from the 3rd week and it is fully visible by the 6th week. Tightening occurs both on the horizontal and the vertical axis of the skin.

Laser liposuction is used in the following instances:

- i. To tighten the areas in risk of sagging after fat removal due to age or rapid weight loss (e.g. jowl, lower parts of the upper arm, inner thigh, waist, back, abdomen)
- ii. To tighten areas that do not have excess fat but need to be tightened (e.g. thin but loose skinned arms, thighs, butt)
- iii. In areas with lots of cellulite, classic liposuction can deepen the cellulite as it reduces the supporting fat. Using laser lipo in such areas provides a better result, as it tightens the skin.

5. PLASMA LIPO (J-Plasma)

In this technique, the fat in the area where liposuction will be performed is heated with plasma energy. Helium gas is generated by radiofrequency, turning the probe end of the device into a heat ball. It is similar to Laser lipo, but it is a simpler and less controlled technology. (?) The produced heat has no selectivity to fat or collagen. It is used in liposuctions that aim to provide a degree of tightening. But, unlike laser lipo, it cannot be applied directly under the skin, and therefore the tightening effect is one-dimensional (only from the skin to the body- on the vertical axis). In some versions, a cannula is installed next to the heat-producing nozzle, which absorbs fat with negative pressure. It can move the fat out of the body as it melts it, but this increases the possibility of the device breaking down. It is more likely to cause adhesions due to its lack of selectivity than a laser.

WHO IS NOT SUITABLE FOR LIPOSUCTION

- Those with connective tissue diseases

- Blood clotting and bleeding disorders
- Those who take blood-thinning drugs
- Lupus
- Diabetes
- Heart-lung disease, high blood pressure
- Obesity
- Problems with wound healing
- Patients who have used Roaccutane® in the last 6 months
- Pregnancy

CAN YOU GAIN WEIGHT AFTER LIPOSUCTION?

In the past, it was assumed that the number of fat cells in the operated area reduced, and that it was difficult for fat to be re-accumulated in this area. However, studies have shown that this was only partially true. If you do not watch your diet after surgery and continue to gain calories, the body will naturally absorb all these calories and store them in areas that have not undergone liposuction (for example, face, forearm, butt), and then in the liver and internal organs. If calorie intake continues, new fat cells are formed from stem cells in the areas where lipo is performed, and fat can re-accumulate in these areas. It is also a possibility that the fat will be accumulated in an uneven, ripply or asymmetrical way. For this reason, it is important to have liposuction surgery when you are at the weight you can stay at and pay attention to your diet afterwards.

LIPDEMA LIPOSUCTION

Lipedema is a collagen tissue disease. Especially in thighs, calves and upper arms, a state of edema develops in line with regional fat deposition. This is caused by increased permeability in collagen in the lining of the vessel. The fluid that seeps under the skin from the blood vessels binds to molecules in the connective tissue, and the body analyses of these patients show an increase in the level of water along with fat around these areas. However, fluid collection is not monitored on ultrasound images. Clinically, it manifests as thickening and pain in the legs, calves, upper arms, and especially in the ankles independent of weight. If the patient does not pay attention to their weight, this thickening develops and skin folds can occur on the ankles, mechanically disrupting lymphatic drainage. From this point on, lipedema turns into lymphedema, and the foot also begins to swell. Liposuction can balance the thickening of ankles and calves in such cases and this can prevent the development of lymphedema. However, patients need to pay close attention to their weight and exercise programs after surgery. Liposuction does not cure lipedema, it only prevents the development of lymphedema. If weight gain continues, everything can go back to square one. The idea that patients "can't lose weight because they have lipedema" is wrong, in fact, these patients are inclined to gain weight from the calves, legs and arms, and edema is formed after gaining weight, therefore it is a result of the genetic structure of these patients, not a reason.

TYPES OF ANESTHESIA and DURATION OF HOSPITAL STAY

Liposuction can be performed under local anesthesia and sedation for small areas such as the jawl and upper arm, but general anesthesia is required for larger areas. The amount of local anesthetic given to numb such large areas can quickly reach toxic doses. Either way, it is a legal obligation to perform liposuction in a hospital, it cannot be performed in clinics. It is necessary to stay in the hospital for at least 1 night for liposuction performed with general anesthesia. Depending on the amount of fat removed and on areas performed, sometimes this period can be to 2 nights.

WHAT TO DO BEFORE SURGERY

Before the operation, the fatty area and its structure are examined, a detailed weighing analysis is done, the fat ratio is determined, and details from the result obtained are discussed. Your diet is reviewed. Your doctor can arrange a dietitian appointment for you if they see fit. If it will come in handy to lose weight before the operation, you will be informed about it, but it is generally more convenient to do liposuction while you are at a weight that you can usually stay at, as gaining weight after surgery can disrupt the results. If you have an appointment in the future, you should also be careful not to gain weight in the period in between. If you have a history of major illness and medications that you regularly use, you should definitely inform your doctor. If you are taking ACE inhibitors as hypertension medication, it is recommended to replace it with anti-hypertensive from another group. If you have varicose veins on your legs, if you have a family history of conditions such as early heart attack, early brain infarction, or if you have had a thromboembolism disease before, be sure to inform your doctor. After the necessary information and details about the healing process have been discussed, aspirin should not be taken for 10 days before the operation is performed. Blood-thinning agents such as herbal teas, vitamin E and coenzyme Q should be avoided. A Covid PCR test will be performed 24 hours before surgery. If you have recently had a Covid 19 infection, there will be a waiting period of 3 to 6 weeks after your test comes negative, depending on the symptoms of the infection. Do not eat or drink anything for at least 6 hours before the operation. You will be informed by the anaesthetist about the duration of the operation. It is recommended to take a shower the night before the operation. Before the operation, drawings are made in which the areas to be operated on are determined, and certain medications can be used that make you feel more comfortable.

THE OPERATION

Before the operation, a special liquid is injected into the areas where fat will be removed. This liquid helps reduce the amount of bleeding and makes the operated area swell and harden due to the vasoconstrictor drugs in it, which helps remove the fat easily. The operation is performed with the help of thin metal cannulas and suction motors to which they are connected, or syringes that produce a vacuum. If there are also laser or vaser surgeries to be performed, the additional steps mentioned above are applied. The duration of the operation depends on the area that is worked on, the amount of fat to be removed and the method used. In laser or vaser techniques, the

duration will be extended due to one or more extra operations. Depending on the duration of the operation, a urine probe may be installed. During the operation, you may need to be turned over on your face or back on the operating table while you are sleeping. At the end of the operation, silicone tubes called drains can be placed on your body from one or more sides that prevent fluid from collecting inside.

When the operation is over, a special compression garment is put on you while you are sleeping. The purpose of this is to limit the swelling and bleeding that will inevitably occur as the operation is performed in a closed space and to allow the person to move comfortably after the operation.

POSTOPERATIVE PERIOD

It is normal that leaks will occur from the entry places of the areas where the fat has been removed for about 12-24 hours after the operation. These leaks gradually decrease and stop completely after a while. If a drain is put, it is expected that there will be fewer leaks from other entry points since the leaks will exit from the drain. The drain is removed by 2 to 5 days. Especially if the vaser method has been used, more reactive fluid comes out from the tissues due to the reaction created by ultrasound energy and the drain can stay longer on the body. During this time, there may be a feeling of discomfort in the area where the drain is put. Fluid collection (edema) occurs in the operated areas and throughout the body in the first 48 hours after the operation. It gradually increases for 2 days, and it begins to decrease from the 3rd day. Therefore it is helpful to rest for the first 2 days. Especially for the first 2 days, a state of weakness and fatigue is natural. These troubles can be alleviated by taking care of fluid intake. The purpose of fluid intake is to take various liquids containing an average of 2-3 liters of electrolytes per day. Sugary liquids and juices should be avoided in this duration. If your hemoglobin levels are below average or low before surgery, it may be necessary to give blood after surgery.

After long operations or in cases where there is a risk of coagulation and embolism such as varicose veins, preventive blood thinners can be injected a certain hour after the end of the operation. You may need to continue applying these after you leave the hospital.

After the operation, especially in the first week, depending on the swelling in the body and the fluids removed, your weight may be the same as before the operation or even more when you weigh yourself. In cases where edema lasts longer, such as vaser lipo, it may take 5-6 weeks for the weight loss to be visible. To reduce edema, bromelain or arnica pills (c-30 dose) can be used as nutritional supplement. If 5 liters of fat has been removed from you, it is expected that you will have lost at least 4 kg depending on your pre-operative weight after 6 weeks, otherwise you may have gained weight due to inactivity or malnutrition during the recovery period. Therefore, it is recommended to pay attention to your diet and monitor your weight.

Antibiotics are used as a precaution against infection during and after the operation.

Although vacuum fat removal is not a very painful procedure, it varies depending on the pain threshold of the person. Often, a pain similar to the pain encountered after doing heavy sports occurs. Although it is a bit much in the first days, it decreases in the following days. After the operation, it is recommended to use painkillers to reduce discomfort. Another way to treat the pain is to apply cold to the painful area for 10-15 minutes. This can be done by putting cooling gels or ice in gloves or bags on the operated areas, but if ice is used, a towel should be placed in between to prevent cold damage. Ice should not come into direct contact with the skin. In Laser and Plasma lipo methods, since there is also a heated melting process involved, more pain may be felt in the first week. Your doctor may prescribe you narcotic analgesics for this reason.

It is recommended not to remove your compression garment at all for the first 3 days. It is recommended to wear the compression garment from the night of the operation; after the 3rd day, you can start doing your daily tasks with the compression garment on without straining yourself. After the drains are taken out, you can remove it to take a shower. In the meantime, you can wash and dry your compression garment. It's best if you also have a spare one. The net of the compression garment is made so that you can go to the toilet while wearing it. After the first three weeks, it can be used for up to 5 weeks, provided that it is removed at night and worn during the day. But using it for a long time, especially in the abdominal area, can lead to muscles loosening. In high definition techniques, special sponges can be attached to the compression garment to create areas to contour and the duration to wear it can increase up to 5 weeks. If fat was injected to the butt, special compression garments are used, in which the part of the butt is made of a fabric that is not too stretchy. One of the most important aspects in using a compression garment is to prevent it from folding from the same place while sitting and lying. This folding can cause permanent depressions in the underlying skin tissue. In this case, it is recommended to put cotton or sponge supports under them.

Massages or excessive movements are not recommended in the first two weeks after the operation so that the tissues stick together and seroma does not form. Starting from the end of the second week, it is very helpful to exercise and take long walks. Stretching movements have a **massaging effect on the skin at the level of the muscle tissue, in the deep tissue**. Doing heavier sports is allowed in the following days and weeks. It is ill-advised to go to the sauna or solarium, or take a steam bath or a sun bath for 6 weeks after the operation. These can lead to swelling and pigmentation of the healing tissues. After the 15th day, massage appliances such as lymphatic drainage massages can be done. Ultrasound therapy can also be useful for edema and tissue adhesions. After the 5th week, a massage with a LPG Endermology or Velashape III device is recommended, as it can provide smoother and more symmetrical results.

RISKS OF LIPOSUCTION

Each surgical intervention has a certain degree of risk. The main factor in choosing the right surgical intervention for a patient is making comparisons based on risk and benefit.

Although most patients do not experience complications, you should discuss the risks, possible complications and consequences with your plastic surgeon in order to assess each of them.

Early Stage:

Coldness- chills: When liposuction is applied to a large area, your body temperature decreases as a result of staying naked on the operating table for a long time. Muscle relaxants given during anesthesia also prevent you from increasing your body temperature by moving your muscles. Although a warming electric blanket is placed under you during surgery and a warm air blanket is placed over you after the operation is completed, it is possible that you will feel very cold and trembling when you wake up. This will pass by itself when your body temperature returns to normal, but it may take 30-40 minutes.

Bleeding: Bleeding complications have gradually decreased due to adrenaline fluid injection, hypotensive anesthesia, and the use of microcannulas. If there is no history of disease or medication that increases your risk of bleeding, active bleeding after surgery is not expected. The natural leakage/drainage that occurs in the first 24 hours should not be confused with bleeding. Most of these leaks are caused by fluids injected into your body during surgery and edema that occurs as a reaction to it. The red color is due to these fluids mixing with the earlier blood that accumulated during the operation.

Infection: This is rare. The risk of infection has been reduced by following the rules of sterilization and hygiene in the operating room and using prophylactic antibiotics. Increased sensitivity, heat and temperature in a particular area may be signs of infection. In this case, you should call your doctor.

Excessive bruising and swelling: It is normal that there is some bruising and swelling in the operated area. Excessive bruises may be due to incorrect use of the compression garment, certain medications taken, and the bleeding tendency of the person. Blood thinners used to prevent thrombosis after surgery can also increase bruises. Areas outside of or below the compression garment may also bruise. This happens as a result of previous bleeding from the operation being pushed down. The swelling after the operation decreases significantly within 6-8 weeks, and the final result is obtained at the end of 3 months. Although the bruising varies from person to person, it passes in almost all patients within a few weeks.

Seroma: As a result of the tissues not adhering to the surface in areas where liposuction is performed, fluid accumulates under the skin. It is now rare due to the use of drains and pressure garments. Premature withdrawal of drains can also lead to seroma. If it does, it can pass by itself in time, but it is possible that a depression may form in the area where it developed; the risk of this happening may vary depending on which area the seroma developed. For this reason, it may be necessary for a doctor to drain this fluid everyday or every other day with a needle if it develops.

Numbness on the skin around the operated area: There may be temporary loss of sensation on the skin after liposuction. It usually passes in 2-3 months. Decreased or complete loss of sensation may occur in very rare instances and may not completely recover.

Fluid retention: Since a large amount of liposuction fluid is injected into the body during large-volume liposuctions and blood pressure is kept low during surgery, the resulting slow kidney functions can cause water retention. Hypertension, excessive edema in the body, or even pulmonary edema may occur in the early postoperative period, depending on the situation. Pulmonary edema can make breathing difficult and require intensive care treatment. These problems can usually be eliminated in a short time by taking diuretics.

Fluid Deficit: This is a condition that can develop due to insufficient fluid treatment after high-volume liposuctions. It can manifest in the form of low blood pressure, dizziness and palpitations. It is remedied by receiving additional fluid.

Allergic reactions: In rare instances, **local reactions to the drugs used, bandages, the suture material, topical treatments** and even the fabric of the compression garments are reported. Systemic reactions caused by drugs used during surgery are more serious. Allergic reactions require additional treatment.

Thromboembolism In rare cases, in people who are genetically predisposed to thrombosis (such as Factor V Leiden mutation, prothrombin 20210A mutation) and/or people with varicose veins, a pulmonary embolism may occur when blood clots occur in the venous vessels and reach the lungs after long-term operations. This is a vitally risky situation. Thrombotic mutations are not examined in routine tests performed before surgery. Therefore, it is difficult to determine; having a family history of conditions such as an early heart attack or cerebral occlusion may suggest such a possibility. If you have visible varicose veins before surgery, having them checked with a venous Doppler test can prevent such conditions. If you are overweight, if you smoke, you have a higher risk of thromboembolism. Compression stockings, pneumatic compression devices, which are normally used during the operation, early mobilization after surgery, and blood thinners given after surgery can prevent this condition or make it milder if it happens. In this case, the diagnosis is made with **a thoracic CT with contrast** and it is treated with blood thinners.

Fat embolism: This occurs as a result of melted or broken down fats moving into damaged veins and passing to the lungs. It is a very rare but dangerous condition. It is difficult to distinguish from clot related embolism and treatment options are also limited. It may require intensive care and respirator support.

Early complications of VASER: While the Vaser device is on, intermittent temperature rises occur in the cannula that performs the operation. As a result, burns may sometimes occur on or under the skin. It usually heals without a problem.

Early complications of LASER: In laser liposuction, the subcutaneous temperature can go up to 54 degrees. Consequently, minuscule burns may occur in some areas. It usually passes by itself.

Late Term:

Irregularities: Especially in cases where the skin elasticity is inadequate, depressions and protrusions can occur. More often, these can be seen in conventional vacuum only liposuction or liposuction with power-assisted devices. They are more common in the

early postoperative period, and as the swelling decreases, they also decrease. Massage therapies and radiofrequency treatments after the operation can alleviate these irregularities. Though, some of them can be permanent, and should be waited up to 1 year after the first operation to be treated.

Lumps under the skin: Especially after the edema begins to disappear after laser liposuction, walnut-sized lumps may appear under the skin. These are dead and calcified fat cell debris from the liposuction. They are removed through massage therapies and, depending on time, can be absorbed by the body in 4- 6 weeks.

Adhesions: In areas where too much fat is removed, the skin may stick to the underlying muscle fascia as a result of **no supporting/slippery connective** and adipose tissue in between. If it does not pass with massage therapies, fat injection may be required.

Asymmetries: Symmetry during liposuction is achieved as follows. An equal amount of fat is removed from the symmetrical part of each area where liposuction is done, and at the end of the operation, it is checked whether the corresponding areas are even with the pinch test. Despite this, there may be some unevenness between the two sides in the late postoperative period. This can be the case of an asymmetry that existed before the surgery, or it can be the cause of long-lasting edema in an area. Unilateral seromas can also cause asymmetry. Secondary or tertiary liposuctions have a higher chance of causing asymmetry due to subcutaneous scarring. Minor and surface-level asymmetries can be corrected with massage therapies, radiofrequency or lipolysis devices. Larger asymmetries may need to be corrected by surgery.

Prolonged Edema: Especially in patients with lipedema, edema can last for 5-6 weeks without reducing due to increased vascular permeability, which is the basis of lipedema. In these patients, a special bandaging aside from the compression garment from the foot, and a controlled exercise program is recommended. It makes it easier to get a result if lipedema patients do not start working immediately after surgery and devote more time to recovery.

Pigmentation: Post-inflammatory hyperpigmentation may occur in some areas (waist, inner thigh) due to the heat effect and edema in patients using laser and vaser. Skin lightening and peeling cream treatments may be required.

Increase in cellulite: Liposuction in patients with cellulite may make it worse. The reason for this is the decrease in subcutaneous adipose tissue and the skin loosening. In such cases, the laser lipo technique is recommended in order to tighten the subcutaneous skin. If it is unsuccessful or if the cellulite deepened anyway, it can be fixed with a long term LPG treatment.

Unsatisfactory results: The surgical result may not satisfy you. Additional surgical intervention may be required to improve the outcome.

Complications of Anesthesia:

Both local and general anesthesia involve risks. Anesthesia and sedation have a probability of complications and some of these can even be life-threatening.

1. After surgery, sputum-related blocks in small bronchioles in your lungs and lung tissue collapse (atelectasis) beyond the blocked point may occur. This condition occurs

especially often in smokers. Smoking damages the system that allows sputum to be excreted from the lungs. The inability to breathe deeply due to pain after surgery is also a reason. Atelectasis increase the risk of lung infection (pneumonia). The use of antibiotics and respiratory physiotherapy may be required.

2. There may be swelling and pain in the legs as a result of blood clots. In rare instances, these clots might travel through the bloodstream to your lungs, which can lead to death.

3. Depending on the anesthetic drugs used and the load of the operation, a heart attack/stroke or even death may occur.

4. Allergic reactions to anesthetic drugs and painkillers used during the operation may develop and this can cause vital risks.

ALTERNATIVE TREATMENTS

An alternative approach is not to treat areas with fat accumulation. Diet and exercise are effective for reducing all the body fat. But losing weight through dieting does not change the shape of the body, it can provide slimming along the same lines. In some patients, as an alternative to liposuction, the excess of skin and adipose tissue can be removed by direct excision, but this will leave marks on the skin.

PERSONAL RISKS

- 1.
2. ...
3. ...

I AM SATISFIED WITH THE VERBAL AND WRITTEN STATEMENTS MADE TO ME. I LUCIDLY AND VOLUNTARILY GIVE MY CONSENT TO ALL TREATMENTS THAT WILL BE PERFORMED IN THE TREATMENT OR SURGERY THAT WILL TAKE PLACE INCLUDING PROBLEMS THAT MAY OCCUR LATER, THE SUBJECTS LISTED ABOVE, AS WELL AS ORAL STATEMENTS PROVIDED TO ME