



ABSOLUTE
COSMETIC MEDICINE

LIPOSCULPTURE CHECKLIST & CONSENT

ONLY SIGN IF YOU FULLY AGREE AND UNDERSTAND

- Liposculpture – I fully understand the procedure
- Realistic Expectations – results can vary
- Lifestyle / Exercise / Diet – must be maintained
- Fees from \$2200.00 per area
- Problems revealed by history can affect the results
- Single or multiple procedures may be necessary as maximum removal is five (5) litres per procedure
- Anaesthesia includes
 - Tumescant
 - IV Sedation
 - I understand the risks involved in the above
- I understand risks with incision sites and scarring
- Antibiotics are commenced day before the procedure
- Skin preparation Betadine (Iodine) – Beware of allergies

INITIAL

POST-OPERATIVE

- Compression garment to be worn:
 - 2 to 3 weeks full time
 - Further 2 to 3 weeks at night only, up to 6 weeks continuously
- Massage - only as instructed
- Post-Operative exercises - as instructed
- Regular follow-up appointments at one day, one week and one month
- Contact the clinic for any concerns at anytime

COMPLICATIONS

Common:

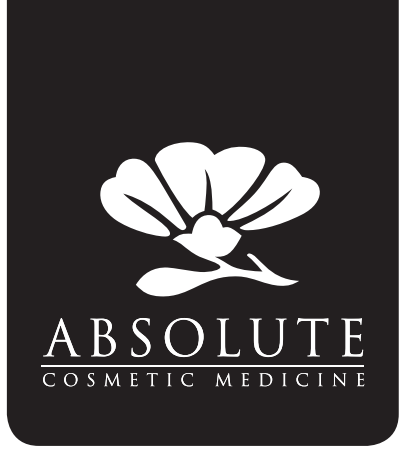
- Discolouration / bruising
- Swelling / oedema
- Minor irregularities
- Restricted activity for two to three days (minimum)
- Numbness for up to 12 months
- Scarring
- 1 to 12 months for final result

Less Common

- Waviness / irregularities
- Asymmetry (left and right)
- Increased time off work
- Infection
- Pigmentation
- Tattooing
- Skin Mottling
- Lumpiness (Lumps felt but not seen are common)

LIPOSCULPTURE - CHECKLIST & CONSENT

LIPOSCULPTURE CHECKLIST & CONSENT



RARE

- Shock / blood loss
- Repeat procedure (extra expense to patient)
- Need for hospitalisation (extra expense to patient)
- Fluid collection
 - Seroma
 - Haematoma
- Skin necrosis (damage)
- Reaction to anaesthesia
- Perforations or adjacent structure injury
- DVT, fat embolus and death
- Surgical revision for loose skin
- Other unexpected

INITIAL

Pre and Post-operative photographs will be taken of the treatment site and kept with my records. I understand that these photographs will be the property of Dr Glenn Murray. I do / do not agree to allow these pictures to be used for publication or teaching purposes. If I agree, I understand that my name and identity will be kept confidential and protected.

Having discussed the reasonable expectations of tumescent liposculpture with me, and having had all my questions answered to my satisfaction, I authorise and direct Dr Glenn Murray and the assistants of his choice to perform this surgery and any other procedure(s), including anaesthesia, that, in his judgement, may be necessary or advisable should unforeseen circumstances arise during surgery. I understand that the practice of medicine is not an exact science and although good results are expected, there can be no guarantee of the outcome. I agree to be a polite, compliant and realistic patient.

Patient's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

I certify that I have discussed all of the above with the patient and have answered all the questions regarding the procedure, I believe the patient fully understands what I have explained and answered.

Doctor's Signature: _____ Date: _____