



AMERICAN SOCIETY OF
PLASTIC SURGEONS®

Informed Consent

Buccal Fat Removal

INSTRUCTIONS

This is an informed consent document. It will help you learn more about buccal fat removal. You will learn about the procedure and its potential risks. You will also learn about other treatments you might choose.

It is important that you read the whole document carefully. Please initial each page. Doing so means you have read the page. Then, if you agree with your plastic surgeon's plan, please sign the consent form at the end. Signing the consent agreement means that you agree to the treatment that you have talked about with your plastic surgeon.

GENERAL INFORMATION

Buccal fat removal makes the cheeks look less full. The buccal fat pad is a naturally occurring layer of fat in the cheek area. This layer is removed during the surgery. The size of the buccal fat pad is different in each patient. Buccal fat removal surgery is usually not done in people with thin, narrow faces. This is because removing the fat may make the face look gaunt with age. Buccal fat removal surgery is based on each patient's needs.

ALTERNATIVE TREATMENTS

Alternative treatments include not treating cheek fullness with surgery. Non-surgical treatments, such as fillers, fat reduction injections, devices, and liposuction, may be used to improve facial fullness. All treatments have risks.

INHERENT RISKS OF BUCCAL REMOVAL SURGERY

Every surgery has risks. It is important that you understand these risks. You must also understand the possible problems that can result from them. All procedures have limits. You must decide whether the possible benefits of having this surgery are better than the possible risks. Most patients do not have problems, but you should talk about each of these risks with your surgeon. Make sure you understand everything that might happen during and after buccal removal surgery.

Specific Risks of Buccal Removal Surgery

Nerve Injury

Motor and sensory nerves may become injured during surgery. There may be weakness or loss of facial movements after surgery. Nerve injuries may cause temporary or permanent loss of facial movements and sensation. Such injuries may improve over time. More procedures such as nerve repair, grafting, and transfer may be required if you have a nerve injury. Injury to sensory nerves of the face, neck, and ear regions may cause temporary numbness. In rare cases, it may cause permanent numbness. Painful nerve scarring is very rare.

Asymmetry

Your face may not look symmetrical after surgery. Normal asymmetry of body features is caused by many things such as skin tone, fat stored in the body, skeletal structure, and muscle tone. Most patients' right and left sides of the face look different even before surgery. More surgery may be needed to reduce asymmetry.

Parotid Duct Injury

The parotid gland is located at the angle of your jaw. It produces saliva. The parotid duct passes from the gland to the inside of the mouth. Injury to the duct may cause facial swelling, redness of skin, pain, continuous leakage of saliva, or infection. Non-surgical treatments such as Botox may be required to repair the duct. You may also need to change your diet for the injured duct to heal.

Seroma

After surgery, trauma, or heavy exercise, fluid may collect between the lining of the mouth and the tissues under the lining. If this happens, more procedures may be needed to drain the fluid. Seromas should be

treated to prevent other problems. If this occurs, let your surgeon know. A seroma after surgery usually goes away with repeated aspiration.

Unsatisfactory Appearance

While the goal of this procedure is to improve your appearance, you may not be happy with the results. There may be many dents in the area where the buccal fat is removed. The outcomes of a surgery cannot be predicted. You may need more procedures to get your desired results.

Bleeding

There may be some bleeding during or after surgery, although it is rare. You may need emergency treatment if there is bleeding. Do not take aspirin or anti-inflammatory medications for ten days before surgery. Such medications may increase the chances of bleeding. Nonprescription “herbs” and dietary supplements can also increase the chances of bleeding.

Infection

Infection rarely occurs after surgery. However, if it occurs, antibiotics or additional surgery may be needed. In some cases, the implant may need to be removed.

Delayed Healing

You may have wound disruption or delayed healing. Some areas of the skin may not heal normally. They may take a long time to heal. There may also be loss of skin. This may require frequent dressing changes. You may need another surgery to remove the unhealed tissue.

Smokers are at a greater risk of skin loss and wound healing problems.

Surgical Anesthesia

Both local and general anesthesia have risks. Complications, injury, and even death are possible from all forms of surgical anesthesia or sedation.

Allergic Reactions

In rare cases, tape, suture materials, or topical substances may cause local allergies. There may be reactions to drugs used during surgery and prescription medicines. These reactions may require additional treatment.

DISCLAIMER

Informed consent documents give you information about a surgery you are considering. These documents explain the risks of that surgery. They also discuss other treatment options, including not having surgery. This information should meet most people’s needs.

However, informed consent documents can’t cover everything. Your plastic surgeon may give you more or different information. This may be based on the facts of your particular case and current medical knowledge.

Informed consent documents are not meant to define or serve as the standard of medical care. Standards of medical care are determined based on the facts of each individual case. They may change with advances in science and technology. They can also change with the way doctors practice medicine.

It is important that you read the above information carefully. Make sure to have all of your questions answered before signing the consent on the next page.

CONSENT for SURGERY/PROCEDURE or TREATMENT

1. I permit Dr. _____ and the doctor's assistants to perform any or all of the following operations for Buccal Fat Removal.
2. I have received the information sheet on Buccal Fat Removal.
3. I understand that, during the procedure, an unexpected situation may require a different medical procedure than the procedure listed above. I permit the doctor listed above, the assistants, and/or designees to provide any treatment(s) that my doctor thinks are needed or helpful. My permission includes all treatments that my doctor does not plan to do at the start of the procedure.
4. I understand what my surgeon can and cannot do. I understand that no warranties or guarantees have been hinted at or stated outright about the outcome of the procedure. I have explained my goals. I understand which outcomes are realistic and which are not. All my questions have been answered. I understand the procedure's risks. I am aware of other risks and possible issues, benefits, and options. I understand and choose to have the procedure.
5. I agree to the anesthetics and medications that are needed or helpful. I understand that all types of anesthesia have risks and may result in complications, injury, and even death.
6. I am aware of the serious risks to my health when blood products are used. I agree to my doctor using them if my doctor, assistants, and/or designees think they are needed or helpful.
7. I agree to the disposal of any tissue, medical devices, or body parts taken out during or after this procedure. I also agree to any additional surgeries or treatments that are needed or helpful.
8. I agree to have parts of my body photographed or televised appropriately before, during, and after the procedure for medical, scientific, or educational reasons, if the pictures do not reveal my identity.
9. For medical education, I agree that onlookers can be in the operating room.
10. I permit my Social Security Number to be given to the right agencies for legal reasons and medical device registration, when necessary.
11. I agree to the charges for this procedure. I understand that the doctor's charges are separate from the charges for the hospital and the anesthesia. I understand that there may be more charges if more procedures or treatments are needed or helpful. I agree to those charges, if any.
12. I understand that not having the procedure is an option and that I can opt out of having the procedure.
13. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
 - a. THE ABOVE PROCEDURE OR TREATMENT TO BE PERFORMED
 - b. THERE MAY BE OTHER PROCEDURES OR TREATMENTS
 - c. THERE ARE RISKS TO THIS PROCEDURE OR TREATMENT

I CONSENT TO THE PROCEDURE OR TREATMENT AND THE ABOVE LISTED ITEMS (1-13).
I AM SATISFIED WITH THE EXPLANATION AND HAVE NO ADDITIONAL QUESTIONS.

Patient or Person Authorized to Sign for Patient

Date/Time

Witness

Date/Time