



AMERICAN SOCIETY OF
PLASTIC SURGEONS®

Informed Consent

Buttock Augmentation by Fat Transfer



INSTRUCTIONS

This is a document to help teach you about **Buttock Augmentation by Fat Transfer** surgery, its risks, and other treatments.

It is important that you read the whole document carefully. This consent form is used in addition to the **General Consent** form that covers general risks and complications associated with surgery. Please initial each page. Doing so means you have read the page. Signing the consent agreement means that you agree to the surgery that you have talked about with your plastic surgeon.

GENERAL INFORMATION

This surgery is sometimes called a “Brazilian Butt Lift.” In fat transfer surgery, fat from an area that does not need it (usually back, flanks, thighs, or abdomen) is taken and then transferred to another area that will benefit from the transfer. The surgeon may start by injecting a fluid into the donor sites (areas the fat will come from) to lessen bruising and pain. Then the fat is suctioned out usually via a liposuction cannula. Alternatively, the surgeon may instead cut the fat out through an incision. The fat may then be washed, filtered, and separated. It is then put into the buttocks via a smaller cannula. This changes the buttock size and shape. The result is youthful, perky buttocks and a more sensual body shape.

Cosmetic fat transfer may require 1 or more surgeries to reach the buttock size you want. With each surgery, there is only so much fat that can be injected into each buttock cheek. The amount of the injected fat depends on how much fat can be liposuctioned and how tight the buttock skin is. Furthermore, since 25-30% of the transferred fat may resorb, your plastic surgeon may put in some extra to get the compensate for the potential loss.

Local or general anesthesia is used, depending on how much fat you need.

ALTERNATIVE TREATMENTS

This surgery is optional. You can opt to not have surgery or can go in for Buttock Augmentation with Implants or Buttocks Lift and Augmentation with lower back fat pads. All treatments have their own risks and possible problems.

RISKS OF BUTTOCK AUGMENTATION BY FAT TRANSFER SURGERY

Every surgery has risks. It is important that you understand the risks and the possible problems that can result from them. All procedures have limits. Choosing to have a surgery means comparing the risks and benefits. Most patients do not face problems, but you should talk about them with your plastic surgeon. Make sure you understand all possible outcomes of Buttock Augmentation by Fat Transfer.

SPECIFIC RISKS OF BUTTOCK AUGMENTATION BY FAT TRANSFER SURGERY

Change in Appearance:

About 70-75% of the transferred fat will take and will become permanent and the 25-30% resorbs and goes away. Thus, over the first 3 months, as the swelling subsides and some of the fat is resorbed, the buttocks will lose some of the added volume. By 3 months, the size will stabilize.

If additional augmentation is desired, you may need more treatments to reach the effect you want. Talk to your surgeon about the costs of repeat treatments.



The fat that becomes permanent reacts like the rest of your fat cells. If you lose weight, the fat cells will shrink and get smaller unless you gain weight back again. Rarely, if you have a large weight gain, the transferred fat may enlarge.

Infection

The transferred fat can occasionally become contaminated with bacteria at the time of injection, causing a localized infection. This may need antibiotic treatments or another surgery to remove the infected fat. The risk of this complication is higher in diabetic patients, patients with circulation problems, smoker, and in immunocompromised individuals.

Tell your doctor of any other infections. Talk about any history of methicillin-resistant staphylococcus aureus infections. You must also discuss open wounds, lung infections, toenails growing inside, insect bites, tooth problems, or urinary infections. Problems in other parts of the body may lead to a problem in the surgical area. This may leave scars and more surgery may be needed.

Asymmetry

As some of the transferred fat resorbs, minor asymmetries may develop or become more apparent. This will mostly go away at six months.

Swelling:

You may see swelling after surgery.

Fat embolism:

Rarely, fat can enter the blood and move to the lungs. This condition is called a fat embolism. It could make it hard to breathe and even cause death. If you have trouble breathing after surgery, tell your surgeon at once and call emergency services.

Fat Necrosis:

This can occur after surgery. The fat tissue may die, making your skin feel lumpy. This can improve by a massage. Fat death can make the skin swell and form red masses with oily fluid. This should be drained. These areas can also get infected. You may need to visit a clinic or go in for more surgery to fix it.

Firmness and Lumps:

Most transferred fat feels natural, but some or all of it could get firm, hard, or lumpy. If some fat does not survive the transfer and dies (necrosis), this can cause firmness and pain. Cysts may also form at the receiving site. You may need surgery to fix such conditions.

Stretch marks:

Your skin may form stretch marks. These may or may not go away.

Cellulite or skin issues:

The injected fat could cause cellulite or skin unevenness. If this happens, talk with your surgeon about treatment.

Seroma:

Fluid may build between the skin and the tissues under it after surgery, trauma, or heavy exercise. This is a seroma. It is the most common issue after Buttock Augmentation by Fat Transfer. You may see swelling or a shape change. In that case, tell your surgeon. You may need surgery to drain the fluid or place a drain.

Pain:

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_____ **Patient Initials**

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This form is for reference purposes only. It is a general guideline and not a statement of standard of care. Rather, this form should be edited and amended to reflect policy requirements of your practice site(s), CMS and Joint Commission requirements, if applicable, and legal requirements of your individual states. The ASPS does not certify that this form, or any modified version of this form, meets the requirements to obtain informed consent for this procedure in the jurisdiction of your practice.



You will have pain after your surgery. It may come and go and may last a long time. If you are a chronic pain patient, you may be asked to consult a pain therapist to help you manage your pain later.

Rarely, tissue stretching can cause lasting pain. This may occur if nerve endings are trapped in scars as they heal. Small nerve endings may become too active during the healing and cause pain or sensitivity, even without major nerve injury. Often, massage and early treatment without surgery will ease the pain. If not, talk to your surgeon about it.

Hematoma:

After surgery, blood may collect outside the blood vessels and form a hematoma. Injury or surgery may cause blood to leak from broken blood vessels. A hematoma moves in sacs and among tissues in liquid form. It then turns into a solid before it is pulled into blood vessels.

Damage to Structures:

There can be damage to local structures of the donor site, like vessels and nerves (in any body area). It may also affect the bowel, bladder, abdominal organs, or chest.

Additional Surgery:

This surgery may not give you the result you want. The correction needed may be less or more. This will depend on the case. If the fat transferred is less, than desired, you may be needing another fat transfer procedure to add fat. If it is more, you will need more surgery like liposuction to remove fat.

Septic Shock:

In rare cases, you may have severe trauma. This is seen in cases of many or large surgeries. Infections or fluid loss can lead to major illness and even death. You may need more surgery to fix this.

Fluid shots and lidocaine:

Your surgeon may inject fluid that has lidocaine or epinephrine. In large doses, the fluid might affect your heart. Lidocaine could cause your head to spin, nausea, sleepiness, and numbness around the mouth or lips. You may also have muscle spasms, confusion, seizures, difficulty breathing, and changes in heart rhythm. If you get any of these symptoms, tell your surgeon at once.

Death:

In rare cases, the surgery may result in death.

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. 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 case.

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 involved in an 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 and get all your questions answered before signing the consent agreement on the next page.



CONSENT FOR PROCEDURE OR TREATMENT

1. I permit Dr. Siamak Agha, Dr. Lee Pu, and the doctor’s assistants to do the **Buttock Augmentation by Fat Transfer**.
2. I got the information sheet on Buttock Augmentation by Fat Transfer.
3. I understand that, during the surgery, an unexpected situation may require a different medical procedure than the surgery listed above. I permit the doctor listed above, the assistants and/or designees to provide any treatment that my doctor thinks is needed or helpful. My permission includes all treatments that my doctor does not plan to do at the start of the surgery.
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 surgery. I have explained my goals. I understand which outcomes are realistic and which are not. All my questions have been answered. I understand the surgery’s risks. I am aware of other risks and possible issues, benefits, and options. I understand and choose to have the surgery.
5. I agree to the anesthetics 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 surgery. I also agree to any additional surgeries or treatment that is needed or helpful.
8. I agree to have parts of my body photographed or televised appropriately before, during, and after the surgery 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 surgery. 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 surgery is an option and that I can opt-out of having the surgery.
13. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
 - a. THE ABOVE SURGERY TO BE PERFORMED
 - b. THERE MAY BE OTHER SURGERIES OR TREATMENT OPTIONS
 - c. THERE ARE RISKS TO THE SURGERY

I CONSENT TO THE SURGERY AND THE ITEMS THAT ARE LISTED ABOVE (1-13).
 I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS.

 Patient or Person Authorized to Sign for Patient Date/Time

 Witness Date/Time