

Reading - Liposuction Consent Information

This information will help you to understand the risks and complications associated with Liposuction. Although modern surgery is safe it still entails some risk. Please take time to read this information on risks and complications both general and specific to your procedure. Please contact us if you would like to discuss any area further. These risks are controlled and minimized with specialist care before, during and after your surgery by:

- Pre-operative consultation with Dr Somia and selective testing to ensure you are fit for surgery.
- Hospitals with a high safety record and stringent quality controls
- Highly trained anaesthetists (Dr Simon Koh and Dr Suzi Miles) to administer the appropriate drugs and dosage.

2 General Risks

Pneumonia, deep venous thrombosis, pulmonary embolism, stroke, heart attack, allergies, awareness, death

4 Specific Risks During Surgery

Bleeding, damage to deeper structures, liposuction wetting solutions

Specific Risks - Short Term

Bleeding, infection, sensation change, haematoma and seroma, skin contour irregularities, firmness, exposed sutures, dog ears or additional skin folds, dressings, delayed healing, tissue death

6 Specific Risks - Long Term

Asymmetry, scars, pubic distortion, lymphoedema, change in size and shape, unsatisfactory result

7 Ultrasound Assisted Liposuction



All surgery carries risk due to the use of drugs, sedation or anaesthesia. Risks involved include (but are not limited to):-

Post operative pneumonia and areas of lung collapse

When you are under anaesthetic you breathe more shallowly than normal. This can allow some areas of your lungs to partially collapse. If these areas are not inflated again soon after you wake up, this can lead to pneumonia or lung infection. Smokers/vapers are at a higher risk as the waste products clog the airways and damage the airway lining which prevents cleaning of the mucous secretions. Our anaesthetists carefully monitor how deeply you are breathing during the operation to prevent this. This is one of the reasons we insist all patients abstain from smoking/vaping for 12 weeks before and after.

Deep venous thrombosis and pulmonary embolism

Your legs rely on gentle constant muscle activity to propel blood back towards the heart. If the blood stays stagnant it can clot in the leg veins and later dislodge and end up in your lungs. When you are asleep you generally move around enough to keep the blood moving. When you are anaesthetised your legs do not move at all. Instead compression stockings are applied to collapse the veins and sequential compression devices applied to massage the blood back to the heart. (intermittent compression also releases a natural anti-clotting agent). If you experience irregular heartbeat, shortness of breath or chest pain after your return home you should go to hospital.

Stroke and Heart Attack

These are very rare complications in otherwise fit and healthy patients. Elderly patients are at a greater risk. If we believe you are at increased risk we will arrange for you to see our anaesthetists prior to surgery and may arrange additional tests to ensure your safety in the operating room.

Allergies

During your medical history, you will be asked if you are aware of having any drug allergies. This will be repeated by your anaesthetist. During the administration of any drug there is a small risk of allergy. Reactions can be mild itchiness to severe anaphylaxis requiring adrenaline. Some allergies can be predicted, but most are random events that are only discovered once they occur. Should an allergy occur it will be treated immediately and you will be notified at the end of the operation.



Awareness

Most patients give away signs such as increased blood pressure or heart rate that will alert anaesthetists that they are feeling pain. Modern monitoring will alert anaesthetists that patients are not asleep earlier than heart rate and blood pressure indicators.

Death

Risk of death under anaesthesia in Australia is around 1 in 4 million cases. Your level of health prior the surgery will relate to your personal risk. In general, you are more likely to have an accident travelling to and from the hospital.

Bleeding

There is always some bleeding with liposuction surgery. We aim to minimize this by infiltrating local anaesthetic with adrenaline into the operating site before the operation. It is exceptionally rare for the bleeding to be significant enough to require a blood transfusion (with its attendant risks). However, it is prudent to ensure that your haemoglobin levels are well stocked before the operation with a diet high in iron & vitamins one month prior to the operation. This will help you feel less washed out after.

Damage to deeper structures

During any operation there is always a risk of damage to surrounding structures. Liposuction surgery is performed in the fat layer between muscle and skin, so the risk of going a layer too deep is small. However, there have been reports in literature of damage to structures in the abdominal wall, and even to the structures within the abdominal cavity. This is more likely if you have a known or unknown hernia.

Liposuction wetting solutions The local anaesthetic and adrenaline solution used to facilitate safe liposuction can be absorbed into the blood system and contribute to fluid overload. This rare situation requires additional medical treatment and hospitalization.



Specific Risks - During Surgery

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Specific Risks - Short Term

Bleeding

There will be a small amount of bleeding or red discharge from your wounds in the first few days after your operation. Large amounts of bleeding can be initially treated by keeping calm (to lower your heart rate and blood pressure), using ice packs (to shrink the blood vessels), and applying constant gentle pressure to the area. If the bleeding does not stop within 20-30 minutes, call our office, or go to hospital. If an increase in bleeding is noticed at the same time as an increase in pain, you may be developing a haematoma (blood clot) and should contact the rooms or the hospital. Very rarely, bleeding after surgery requires a visit back to the operating theatre to drain the collected blood and control any bleeding vessels.

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Excellence in cosmetic surgery™

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Infection

Infection is uncommon after elective plastic surgery. You will be given antibiotics through a drip during the operation and if there are any abnormalities noted during the operation. You will be sent home with tablet antibiotics for a week after the operation. Should an infection develop, it would usually begin about 5-7 days after (around the time you are due to see us for removal of sutures and dressings). If you notice increasing pain, swelling and redness of the area that has been operated on, call the office or hospital.

Sensation change

Changes in sensation in a liposuction area are impossible to predict. Most patients have a temporary decrease in sensation that returns to normal within a few weeks. It is uncommon to have long term numbness. As sensation returns to an area it is usual to experience some tenderness and itchiness. If you require ultrasound assisted liposuction, the risk of temporary nerve disturbance is higher than standard liposuction. If you do experience nerve disturbance you may need to take medication or see a pain specialist.

Haematoma and Seroma

Any operation in which there is a large area that is operated on runs the risk of having blood or fluid collecting in the space left behind as it heals. For this reason it is important to maintain constant pressure on the operated area (with a compression garment) to help prevent this from happening and assist healing down to the muscle layer. Should a fluid collection occur it can be removed either with a needle aspiration in rooms, or occasionally a drain can be placed under ultrasound guidance.

Skin Contour Irregularities

Any operation that uses liposuction as a step in the process of thinning fat layers runs the risk of some contour irregularities. These usually settle within a few weeks, and are assisted by wearing a compression garment. Massage after a few weeks can help smooth out small irregularities.

Firmness

After any operation, as tissues heal there is some swelling and firmness. The majority of this will resolve within 6 weeks, but the last small amounts can take up to a year or so to completely resolve. A month after your operation, some gentle tissue massage will help speed the recovery of the tissues. Occasionally there will be patches of fat that have not survived the operation (fat necrosis) that become hard and may need to be removed.



Specific Risks - Short Term continued

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Exposed sutures

Sutures (both permanent and dissolving) used to reshape tissues are buried within the soft tissues. Occasionally, these sutures will show themselves through the skin. If they become problematic, they may need to be removed. This is usually something that can be done in rooms.

Dog ears or additional skin folds

Depending on the technique utilized there may be some excess skin folds at the end of your operation. The amount of skin that will tighten up is primarily determined by the health of the skin prior to the operation. It will generally improve with time, but if persisting removal of excess skin can be considered.

Dressings

Need to remain in place until your first post operative check. They can become warm and give a feeling of pressure. Occasionally dressings can cause some irritation, and rarely cause allergic reactions. Should the dressings become unbearable or cause increasing redness & swelling, please call us.

Delayed healing & tissue death

Skin should heal over within a week, and soft tissues around 6 weeks. Diabetes, smoking/vaping and some other diseases increase the risk of delayed tissue healing (including some tissue death). Operations with more aggressive liposuction and tight closure also predispose wounds to increased healing stress and risk of wound problems. Most wound problems can be managed with dressings, but may need additional surgery if there is a major wound separation.

Specific Risks - Long Term

Asymmetry

Should be expected. As swelling subsides over 6-12 months, there will be parts of your operation you are more or less happy with. Please allow at least 6 months to settle minor asymmetries. Major asymmetries can be adjusted by your surgeon.

Scars

Depending on the quality of skin and genetics, scars will heal to not very noticeable over the course of 6-12 months. Problem scars are uncommon after liposuction.

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Pubic distortion

As tissues heal in this area there may be some pull or distortion on the pubic area, and this distortion may reach as low as the labia majora in rare cases. This is an unusual complication and extra surgery may be required to adjust the soft tissues.

Lymphoedema

This is a complication in which there is persistent swelling after the operation due to the disruption of the normal channels that drain extra fluid from the tissues. It is uncommon after liposuction and will require specialist care.

Changes in size and shape

As liposuction surgery reshapes normal tissues, any weight gain or loss will be reflected in size and shape.

Unsatisfactory Result

Your pre-operative consultations should help you realize the objectives/limitations of your operation. If you are unhappy with your result, please wait for the swelling to settle before making a final judgment. Should the result still not be up to expectation by 6 months, the need for further surgery can be addressed.

Ultrasound Assisted Liposuction

Ultrasonic energy melts fat in areas that will secondarily have traditional liposuction. It is usually used to either assist removal of fat in typically fibrous/tough areas or to encourage skin retraction after the procedure. The distinct complications are:

Sensation Change

Ultrasound assisted liposuction has a higher risk of temporary nerve disturbance than traditional liposuction.

Burns

The ultrasonic energy used to tighten overlying skin can produce burns and tissue damage if the ultrasonic tip is not deep enough or is allowed to sit in an area for too long. All skins are different in their ability to heal, so it is possible to cause damage whilst using the ultrasonic cannula in a 'normal' manner.



Fat necrosis

If all fat melted by ultrasonic energy is not removed by the end of the procedure, small areas of residual liquid fat may not be completely absorbed by the body. This may form hard areas of fat necrosis. This will improve over time assisted by compression garments and massage, but may need an additional procedure.

Cannula fragmentation

Ultrasonic energy produced by the tip of the ultrasound catheter can cause weakness of the instrument. The occurrence & effect is unpredictable. If this occurs additional incisions may be required to remove any fragments of metal.

Unknown risks

The long term effect on tissue/organs is unknown. Additional risk factors of ultrasound assisted liposuction may be discovered.

Questions

If you would like clarification on any of the information here please contact the office.