

REMOVAL OF FAT DEPOSITS (LIPOSUCTION)

Information and medical history for patients for preparation of the required pre-procedure interview with the doctor

Clinic / Doctor:



Patient data:

englisch

Areas(s) to be treated with liposuction: _____

Scheduled date of procedure: _____

Dear patient,

the removal of unwanted fatty tissue through liposuction has been scheduled in your case.

This form will serve to prepare you for your pre-procedure interview with the doctor. During the interview, the doctor will explain to you what the scheduled procedure involves and inform you of any related risks. The doctor will answer all of your questions in order to reduce any fears or concerns you may have. You may then consent to the procedure suggested to you. Your doctor will provide you with a copy of the completed and signed form after the interview.

REASONS FOR LIPOSUCTION

You would like to have fat deposits in one or several areas of your body surgically reduced. Often the reason for this is the fact that, despite a change in diet and/or exercise, no reduction of fatty tissue could be achieved in these areas.

Excess fat can be sucked out in surgery, though a certain amount of fatty tissue will always have to remain as subcutaneous fat. The fact that body fluids and blood components also end up being removed during the procedure also puts a limit to the amount of fat which can be sucked out in one sitting. Therefore, liposuction does not constitute a procedure which can be used to reduce fat in general in overweight patients.

After liposuction, the loose skin will tighten over the body's new shape and adjust to the body contour achieved. However, if the elasticity of the skin does not suffice due to genetic predisposition or age, surgery to tighten the skin (such as the abdominal wall) may be advisable in addition to liposuction. You will be informed separately if this applies to you.

Not all insurers cover the costs of treatment and possible additional measures (e.g. due to complications requiring treatment). It is therefore advisable to check with your health insurance company prior to the procedure to find out what they cover, and to take out insurance which will cover possible additional costs if need be.

COURSE OF PROCEDURE

Treatment is carried out under local or under regional anaesthesia (spinal anaesthesia) or under a general anaesthetic, in which case you will be informed separately.

Prior to the operation, the surgeon will mark the area(s) to be operated on. These markings serve as an aid in order to achieve a result which is as symmetrical as possible and as desired.

At the beginning of the procedure, a mixture of water and medication will be injected into the operation area in order to prepare the fat cells for liposuction. Special suction cannulas are then used to suck out the fat cells. In order to be able to insert the cannulas, small incisions are needed; if possible, they are made in unobtrusive areas such as skin folds. Different techniques are available

for liposuction (e.g. using a laser, water jet or ultrasound). Your doctor will let you know which technique he/she would like to use in your case.

liposuction area
to be marked
here



At the end of the procedure, a stabilising bandage will be applied or already customized compression underwear will be put on. If the liposuction was extensive or additional measures had to be taken, suction drains may have to be inserted in rare instances in order to drain fluids or blood from the wound. The drains will then be removed a few days after surgery.

PROSPECTS OF SUCCESS

During the first few days or weeks after the operation, swelling

and bruising may occur. The area on which the liposuction was performed may feel numb. Sensation will normally return to the area after a while. The final result of the treatment can be assessed after six months at the earliest. In any case, small scars will remain at the insertion sites.

The desired result is usually achieved. However, we cannot guarantee that the treatment will be successful. Despite the procedure having been carried out properly, you may not be happy with the end result. For example, uneven areas and indentations may result. Additional measures (such as lymphatic drainage treatment) or further surgery may then be required.

Even if fat cells have been permanently removed through liposuction, the remaining fat cells may absorb additional fat, resulting in recurring fat gain in the treated area.

The result of the treatment also, among other things, depends on you (the state of your skin, your age, weight, hormonal factors, pre-existing medical conditions, overall health). Your actions also have an effect on the long-term result (e.g. smoking, significant fluctuations in weight, pregnancy).

DIRECTIONS FOR PREPARATION AND AFTERCARE

Please follow the instructions of the doctor and of the nursing personnel closely. Unless specifically instructed otherwise, please adhere to the following guidelines:

Preparation:

Medication:

Please inform your doctor of any medication you take or inject on a regular basis (in particular any anticoagulant agents such as Aspirin® [ASA], Marcumar®, Heparin, Plavix®, Ticlopidin, Clopidogrel, Eliquis®, Lixiana®, Xarelto®, Pradaxa® and metformin-containing antidiabetic medicines, so-called biguanides) or have taken irregularly over the course of the past eight days prior to the procedure (for instance pain killers such as Ibuprofen, Paracetamol). This includes any over-the-counter medication and herbal remedies (such as St. John's wort and Wobenzym). Your doctor will let you know if and for how long you should stop taking your medication.

Important documents/IDs: Please present any medical IDs you might have, such as an allergy ID, to your doctor prior to the procedure.

Aftercare:

The surgical wound will sometimes cause **pain** during the first few days after surgery, which can be treated easily with medication. Temporary numbness in the immediate surgical area may also occur.

It has been proven that smoking contributes to **wound healing disorders**. Therefore, you should refrain from smoking for at least two weeks before and after surgery.

Once the sutures have healed, the remaining **scars** can be treated with salves. Ask your doctor which salves he/she would recommend.

Your doctor will let you know the period of time during which you should refrain from extensive **physical exertion** or sports. Your doctor will also tell you for how long you need to wear the customized compression underwear and when you can take showers, bathe or go swimming again.

Direct **exposure to the sun** should be avoided for at least six months after surgery.

With regard to additional guidelines regarding e.g. taking medication, please follow the instructions of your doctor closely.

Please inform your doctor immediately should **excessive pain/feelings of tension, ongoing bleeding (into the drains), worsening circulatory problems, tiredness, blue discol-**

ouration of the lips, nausea or a fever occur. These symptoms must be examined immediately.

If the procedure is performed **on an out-patient basis**, it is necessary for an adult to come and collect you. Please also make sure there will be an adult at home to supervise you for the period of time recommended by your doctor. Since your reaction capacity may be impaired after the procedure, you **must not actively participate in road traffic** for a period of **24 hours** after the procedure (not even as a pedestrian), refrain from any risky activities and avoid taking any important decisions.

RISKS, POSSIBLE COMPLICATIONS AND SIDE EFFECTS

It is well known that **any medical procedure is accompanied by certain risks**. If complications occur, they may sometimes require additional treatment or surgery and, in extreme cases, can sometimes even be **life-threatening** or lead to permanent damage – even after some time. Please understand that, for legal reasons, any possible risks associated with this procedure must be listed, even if some of these only occur in exceptional cases. During the interview, your doctor will inform you of any risks specific to your case.

Allergic reactions, for instance to medication or latex, can lead to skin rash, itching, swelling, nausea and coughing. Severe reactions such as shortness of breath, spasms, tachycardia or **life-threatening circulatory shock** are rare. They may then result in permanent organ damage, such as brain damage, paralyses or kidney failure requiring dialyses.

Inflammation (infections, purulence, abscesses) can usually be treated with antibiotics. In some cases, surgical treatment will be necessary. Infections can lead to a less favourable treatment result permanently. In extreme and exceptional cases, an infection that has spread beyond control can lead to **life-threatening blood poisoning** (toxaemia).

Bruising (haematomata), including discolouration of the skin, and **post-procedure bleeding** may sometimes occur and may lead to firm and painful swelling. In most cases, they disappear after a few days or weeks without treatment; however, they may lead to wound healing disorder. For this reason, additional surgery may be required if the bruising is extensive and if ongoing **bleeding** occurs which does not stop on its own.

Should severe blood loss occur, the use of donor blood/blood components (**transfusion**) may be required. This can lead to transmission of diseases, such as hepatitis in very rare cases (causing dangerous inflammation of the liver), HIV in extremely rare cases (causing AIDS), BSE (causing a form of Creutzfeldt-Jakob disease) or also of other dangerous – even unknown – diseases.

After surgery, ongoing **wound drainage** may occur. Collections of larger amounts of wound fluids (seroma) may require alleviation via a puncture procedure, which may have to be repeated several times.

Scars are always a visible consequence of any operation. In how far the scar will change over time is different in every case. It is usually red and hard in the beginning, but will become softer and paler with time. Internal scarring as a result of the operation can lead to permanent hardening of tissue and sometimes also to an uneven surface. With patients predisposed to delayed wound healing or **woundhealing disorder**, cosmetically undesirable scarring and abnormal proliferation of scar tissue (keloids) may occur.

Damage to the skin, soft tissue or nerves - for instance through injections, bruising, syringe abscess, disinfectants, electrical currents or despite proper positioning - rarely occurs. Numbness, paralysis and pain may then result. They are usually temporary. Permanent nerve damage or tissue death due to improper positioning rarely occur.

If larger amounts of the medication mixture used to prepare the fat cells are administered, it may result in **disturbances of the cardiovascular system** (such as cardiac arrhythmia, for instance) and, in rare cases, to **life-threatening** circulatory responses. The oxygen-binding capacity of the blood may also be reduced, which can result in tiredness, blue discolouration of the lips (cyanosis), headaches and nausea.

A **significant loss of fluids** can lead to circulatory problems, making the administration of intravenous drips during or after surgery necessary.

If during surgery, for instance on the thigh, the **lymph channels** and/or lymph nodes are damaged, it may result in temporary or permanent impairment of the lymphatic flow, lymphoedema or to cysts (referred to as lymphocele) including swelling of the legs.

Sometimes **blood clots (thromboses)** may form, causing obstruction of a blood vessel (**embolism**). Such blood clots may then travel to other parts of the body and block the vessels of other organs. This may then lead to e.g. **stroke, kidney failure requiring dialysis** or **lung embolism** and result in permanent damage. If anticoagulant agents are administered to prevent formation of

blood clots, the risk of bleeding or post-procedure bleeding is increased. If Heparin is administered, it may lead to a severe immune response (HIT) involving clotting of the platelets (thrombocytes) and obstruction of veins and of arteries (embolism).

Despite due care being exercised in planning and executing the procedure, **asymmetries** may result. Temporary or permanent **indentation, unevenness**, skin folds or remaining excess skin may result.

Particularly with liposuction performed on the rib cage or abdominal area, **injury of internal organs** can occur in very rare cases. In the most unfavourable of cases, this may then result in life-threatening inflammation or bleeding requiring emergency surgery.

In the area(s) on which liposuction was performed, **temporary numbness** may occur. This is usually not permanent and will pass after a few weeks or months.

Swelling in the operated area can lead to feelings of tightness and may persist over several months.

Important Questions for Outpatients

Wichtige Fragen für ambulante Eingriffe

Who will pick you up when you are discharged from the hospital/clinic/surgeon's practise? Wer wird Sie abholen, sobald Sie aus Klinik/Praxis entlassen werden?

Name and age of the person picking you up: [Name und Alter des Abholers]

Where can you be reached within the 24 hours after surgery?

Wo sind Sie in den nächsten 24 Stunden nach dem Eingriff erreichbar?

Street, house number, postcode, place: [Straße, Hausnummer, PLZ, Ort]

Telephone: [Telefonnummer]

Name and age of person looking after you: [Name und Alter der Aufsichtsperson]

Who is your physician (the one whose care you are in/who referred you/family surgeon)? Wer ist Ihr überweisender Arzt / Hausarzt / weiter betreuender Arzt?

Name: [Name]

Street, house number: [Straße, Hausnummer]

postcode, place: [PLZ, Ort]

Telephone: [Telefonnummer]

Questions about Your Medical History

Please fill in the following questionnaire carefully before your information talk. **Please tick the applicable box!** It goes without saying that your information will be treated confidentially. The information you provide will help the physician to better assess the risks in your particular case, to advise you on the complications that could occur, and to take any steps needed to prevent complications and side effects.

Information about medications:

Do you regularly require blood thinning medications (anticoagulants) or have you taken any or have any been injected during the past 8 days? yes no

Aspirin® (ASS), Clopidogrel, Eliquis®, Heparin, Marcumar®, Plavix®, Pradaxa®, Efient®, Brilique®, Ticlopidin, Xarelto®, Iscover®.

Angaben zur Medikamenteneinnahme: Werden regelmäßig blutgerinnungshemmende Mittel benötigt oder wurden in der letzten Zeit (bis vor 8 Tagen) solche eingenommen/gespritzt? Aspirin® (ASS), Clopidogrel, Eliquis®, Heparin, Marcumar®, Plavix®, Pradaxa®, Efient®, Brilique®, Ticlopidin, Xarelto®, Iscover®.

Any other: _____

Sonstiges:

When was the last dose taken? _____

Wann war die letzte Einnahme?

Do you take any other medications? yes no

Werden andere Medikamente eingenommen?

If so, which ones: _____

Wenn ja, bitte auflisten:

(Please include non-prescription medications, herbal and other natural remedies, vitamins, etc.) (Auch rezeptfreie Medikamente, natürliche oder pflanzliche Heilmittel, Vitamine, etc.)

Have you ever had liposuction? yes no

Wurde bei Ihnen schon einmal eine Fettabsaugung durchgeführt?

Have you ever had a hernia (such as umbilical, incisional or groin)? yes no

Haben oder hatten Sie schon einmal einen Bruch (z. B. am Nabel, an einer Narbe oder an der Leiste)?

Are you pregnant? not certain yes no
Sind Sie schwanger? nicht sicher

Are you currently breast feeding a baby? yes no
Stillen Sie?

Do you smoke? yes no

If so, what and how much daily: _____

Rauchen Sie? Wenn ja, was und wie viel täglich:

Do you have or have you ever had any of the following diseases: Liegen oder lagen nachstehende Erkrankungen vor:

Blood diseases / blood clotting disorders? yes no

Increased bleeding tendency (e.g. frequent nose bleeds, increased post-operative bleeding, increased bleeding from minor injuries or after dentist treatment, stronger or longer menstrual bleeding), tendency to bruise (frequent bruising possibly for no particular reason).

Bluterkrankung/Blutgerinnungsstörung? Erhöhte Blutungsneigung (z.B. häufiges Nasenbluten, verstärkte Nachblutung nach Operationen, bei kleinen Verletzungen oder Zahnarztbehandlung, verstärkte oder verlängerte Regelblutung), Neigung zu Blutergüssen (häufig blaue Flecken auch ohne besonderen Anlass).

Do you have any blood relatives with signs of blood disease / clotting disorders? yes no

Gibt es bei Blutsverwandten Hinweise auf Bluterkrankungen/Blutgerinnungsstörungen?

Blood clot (thrombus) / blood vessel occlusion (embolism)? yes no

Blutgerinnsel (Thrombose)/Gefäßverschluss (Embolie)?

Allergies / Oversensitivity? yes no

Medications, foods, contrast media, iodine, sticking plaster, latex (e.g. rubber gloves, balloons), pollen (grass, trees), anaesthetics, metals (itching caused by metal spectacles frames, jewellery, jeans buttons).

Allergie/Überempfindlichkeit? Medikamente, Lebensmittel, Kontrastmittel, Jod, Pflaster, Latex (z.B. Gummihandschuhe, Luftballon), Pollen (Gräser, Bäume), Betäubungsmittel, Metalle (z. B. Juckreiz durch Metallbrillengestell, Modeschmuck oder Hosennieten).

Any other: _____
Sonstiges:

Heart, circulatory or blood vessel diseases? yes no

Heart attack, chest pain and/or tightness (angina pectoris), heart defect, irregular heart rhythm, inflammation of heart muscle, heart valve disease, shortness of breath while climbing stairs, heart surgery (possibly with insertion of an artificial heart valve, pacemaker, defibrillator), high blood pressure, low blood pressure, stroke, varicose veins, inflammation of a vein, thrombosis, embolism.

Herz-/Kreislauf-/Gefäß-Erkrankungen? Herzinfarkt, Angina pectoris (Schmerzen im Brustkorb, Brustenge), Herzfehler, Herzrhythmusstörungen, Herzmuskelentzündung, Herzklappenerkrankung, Luftnot beim Treppensteigen, Herzoperation (ggf. mit Einsatz einer künstlichen Herzklappe, Herzschrittmacher, Defibrillator), hoher Blutdruck, niedriger Blutdruck, Schlaganfall, Krampfadern, Venenentzündung, Thrombose, Embolie.

Any other: _____
Sonstiges:

Diseases of the respiratory tract (breathing passages) or lungs? yes no

Asthma, chronic bronchitis, inflammation of the lungs, emphysema, sleep apnoea (intense snoring with breathing interruptions), vocal cord/diaphragm paralysis.

Erkrankung der Atemwege/Lungen? Asthma, chronische Bronchitis, Lungenentzündung, Lungenemphysem, Schlafapnoe (starkes Schnarchen mit Atemaussetzern), Stimmband-Zwerchfelllähmung.

Any other: _____
Sonstiges:

Metabolic diseases? yes no

Diabetes (sugar sickness), Gout.

Stoffwechsel-Erkrankungen? Diabetes (Zuckerkrankheit), Gicht.

Any other: _____

Sonstiges:

Thyroid diseases? yes no

Underactive thyroid, overactive thyroid.

Schilddrüsenerkrankungen? Unterfunktion, Überfunktion.

Any other: _____

Sonstiges:

Kidney diseases? yes no

kidney insufficiency, kidney inflammation.

Nierenerkrankungen? Nierenfunktionsstörung (Niereninsuffizienz), Nierenentzündung.

Any other: _____

Sonstiges:

Communicable (contagious) diseases? yes no

Hepatitis, tuberculosis, HIV.

Infektionskrankheiten? Hepatitis, Tuberkulose, HIV.

Any other: _____

Sonstiges:

Predisposition to impaired wound healing, abscesses, fistulas, excessive scar formation (keloids)? yes no

Neigung zu Wundheilungsstörungen, Abszessen, Fisteln, starker Narben-Bildung (Keloide)?

Emotional conditions (for example depression, personality disorder)? yes no

Psychische Erkrankungen (z. B. Depression, Persönlichkeitsstörungen)?

Any other acute or chronic diseases / illnesses? yes no

Nicht aufgeführte akute oder chronische Erkrankungen?

Please describe: _____

Bitte kurz beschreiben:

Medical documentation for the informative interview

Ärztl. Dokumentation zum Aufklärungsgespräch

To be completed by the doctor Wird vom Arzt ausgefüllt

Über folgende Themen (z. B. mögliche Komplikationen, die sich aus den spezifischen Risiken beim Patienten ergeben können, nähere Informationen zu den Alternativmethoden, Erfolgsaussichten) habe ich den Patienten im Gespräch näher aufgeklärt:

Planned procedure: Areas(s) to be treated with liposuction:

Place, date, time [Ort, Datum, Uhrzeit]

Doctor's signature [Unterschrift der Ärztin/des Arztes]

DECLARATION OF CONSENT

Please tick the appropriate boxes and confirm your statement with your signature below:

I hereby confirm that I have understood all sections of this form. I have read the entire form (5 pages). During the pre-procedure interview with the doctor _____, I received detailed information regarding the course of the scheduled procedure, the risks, complications and side effects associated with it as they apply to my particular case as well as the advantages and disadvantages of any alternative methods. **Ich bestätige hiermit, dass ich alle Bestandteile der Patientenaufklärung verstanden habe.** Diesen Aufklärungsbogen (5 Seiten) habe ich vollständig gelesen. Im Aufklärungsgespräch mit der Ärztin/dem Arzt wurde ich über den Ablauf der geplanten Maßnahme, deren Risiken, Komplikationen und Nebenwirkungen in meinem speziellen Fall und über die Vor- und Nachteile der Alternativmethoden umfassend informiert.

I hereby confirm that I do not have any additional questions and do not need more time for consideration. I consent to the procedure proposed. I have answered the questions regarding my medical history (anamnesis) fully to the best of my knowledge.

Ich versichere, dass ich keine weiteren Fragen habe und keine zusätzliche Bearbeitungszeit benötige. Ich stimme der vorgeschlagenen Maßnahme zu. Die Fragen zu meiner Krankengeschichte (Anamnese) habe ich nach bestem Wissen vollständig beantwortet.

I confirm that I am capable of following the instructions given to me by my doctor.

Ich versichere, dass ich in der Lage bin, die ärztlichen Verhaltenshinweise zu befolgen.

I agree that my copy of this explanatory form may be sent to the following e-mail address: Ich bin damit einverstanden, dass meine Kopie dieses Aufklärungsbogens an folgende E-Mail-Adresse gesendet wird:

e-mail address [E-Mail-Adresse]

Place, Date, Time [Ort, Datum, Uhrzeit]

Signature of the patient / legal guardian(s) [Unterschrift Patientin / Patient / Betreuer]

Copy/Kopie:

- received/erhalten
- waived/verzichtet

Signature Copy received/waived
Kopieerhalt/-verzicht

