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Informed Consent for Facial Fat Transfer

Autologous fat grafting / fat injection to the face

This form records the discussion of facial fat transfer, including its purpose, alternatives, expected results, and risks. Please read it carefully and sign only at the end, after your questions have been answered.

Patient name _____ **Date of birth** _____

PLANNED FACIAL AREAS

- ☐ Tear troughs / lower eyelids
- ☐ Upper eyelids / brow
- ☐ Cheeks / midface
- ☐ Temples
- ☐ Other: _____

Side: ☐ Right ☐ Left ☐ Both

DONOR SITE(S)

- ☐ Abdomen
- ☐ Flanks
- ☐ Thighs
- ☐ Other: _____

Also planned today:

- ☐ Blepharoplasty ☐ Brow lift
- ☐ Other: _____

What Is Facial Fat Transfer?

Facial fat transfer — also called autologous fat grafting or fat injection — uses your own fat to add or restore volume in the face. Fat is first harvested from a donor area of the body — the abdomen, flanks, or thighs — through small incisions using a thin hollow instrument (a cannula), similar to liposuction. A numbing fluid is often placed in the donor area first to reduce discomfort and bruising. The harvested fat is then processed, which may include washing, filtering, and/or spinning (centrifugation), and placed into the planned areas of the face through small cannulas or needles, or through an existing surgical incision if you are having other surgery at the same time.

Common treatment areas include the lower eyelids and tear troughs, the upper eyelids or brow, the cheeks and midface, the temples, and other areas we have discussed. This procedure is often performed together with eyelid surgery (blepharoplasty) or brow lift surgery. If other procedures are planned, each has its own risks, which are described on a separate consent form when applicable.

Transferred fat is living tissue, and some of it typically does not survive. The amount that remains varies from person to person and cannot be predicted with certainty. Your surgeon may place somewhat more fat than the final volume you want, knowing that some of it will be reabsorbed over the following weeks to months. Additional treatment sessions may be needed to reach or maintain the desired result.

How Will This Procedure Affect My Appearance?

Results depend on your anatomy, the quality and amount of available donor fat, how your body heals, and how much of the transferred fat survives. Patients who retain some of the transferred fat often notice a softer or fuller contour in the treated areas. Fat that survives may last a long time, but it can still change if you gain or lose weight, and the face will continue to age. Published experience supports using fat to restore facial volume, but outcomes vary, and no particular result can be promised.

Some patients are disappointed if more fat is lost than expected, if the result is uneven, or if lumps or fullness can be seen or felt — especially in the thin skin of the lower eyelids. Carefully consider your goals and your ability to accept changes in your appearance, including the possibility that more than one procedure may be needed, before agreeing to this surgery.

What Are the Alternatives?

You may choose not to have treatment and live with your current facial contour. In some patients, volume can also be improved with injectable fillers, such as hyaluronic acid, or with other materials or implants. Eyelid surgery, brow lift, or other facial surgery alone may be a better option for some people, or may be combined with fat transfer. Each alternative has its own benefits, limitations, and risks, which have been discussed with you. Unlike many hyaluronic acid fillers, transferred fat that survives is not designed to be dissolved with an enzyme if you are unhappy with the result, and it can be difficult to remove.

What Are the Major Risks?

Every surgical procedure has risks and limitations. Most patients do not experience serious complications, but you should understand both common problems and uncommon events that are severe enough that a reasonable person would want to know about them before surgery. Additional treatment or surgery may be needed to manage a complication or to try to improve the result.

Bruising, swelling, and discomfort. Bruising and swelling are expected after fat harvest and injection. Swelling around the eyes can last longer than patients expect — sometimes many weeks — and, uncommonly, a degree of puffiness can persist. Pain is usually mild to moderate but can be more noticeable or prolonged in some patients.

Asymmetry. The two sides of the face are not naturally identical. Healing and fat survival can also differ from side to side, so the result may be uneven. Additional treatment may be recommended to try to improve symmetry.

Lumps, irregularities, and visible or palpable nodules. Transferred fat may feel firm or look uneven. This is more likely, and more noticeable, in areas of thin skin such as the lower eyelids and tear troughs. Firmness may soften with time, but some irregularities can persist and may need massage, injection, or surgery.

Overcorrection, undercorrection, and fat reabsorption. The final volume cannot be controlled with precision. Too little surviving fat can leave residual hollows; too much can create fullness or heaviness. A variable percentage of the transferred fat is typically reabsorbed. More than one session may be needed, and overfilling does not always produce a better long-term result.

Fat necrosis, oil cysts, and calcification. Some transferred fat may not survive (fat necrosis). This can lead to firm spots, oil cysts, or calcium deposits. These findings may be felt, seen, or appear on later imaging. Treatment, including drainage or surgical removal, is sometimes needed, and complete correction is not always possible.

Infection and bleeding. Infection is uncommon but can occur at the donor site or in the face and may require antibiotics, drainage, or further surgery. Bleeding or a collection of blood (hematoma) can also occur and may need urgent treatment. Using blood thinners, aspirin, anti-inflammatory medicines, or certain supplements can increase bleeding risk. Follow the medication instructions you were given.

Donor-site problems. The area from which fat is taken can have bruising, swelling, numbness, contour irregularities, indentations, firmness, or scarring at the small incisions. Numbness is often temporary but can last or, uncommonly, be permanent. The donor site is not a formal liposuction body-contouring procedure, and a cosmetic change in that area is not guaranteed.

Changes with weight, and fat migration. Transferred fat can enlarge if you gain weight and shrink if you lose weight, sometimes in a way that looks uneven. Fat can also shift from the intended location. Later weight changes may alter a result that first looked satisfactory.

Need for revision, and difficulty removing fat. Further fat transfer, filler, or surgery may be recommended to address volume, contour, lumps, or asymmetry. Unlike many hyaluronic acid fillers, surviving fat generally cannot be dissolved with an enzyme. If a problem occurs, the transferred fat can be difficult to remove, and further treatment may not fully correct it.

Scarring, skin changes, and delayed healing. Small scars form at harvest and injection sites and are usually faint, but they can be more visible, thickened, or different in color. Skin discoloration, sensitivity, or delayed healing can occur. Smoking, nicotine, poorly controlled medical conditions, and certain medicines increase the risk of healing problems.

> **Rare but serious risks.** The following events are uncommon. They are included because they can be severe, and a reasonable person would want to know they are possible before agreeing to facial fat injection.

Vascular occlusion, skin injury, or tissue loss. If fat is accidentally injected into a blood vessel, or compresses a vessel, blood flow to the skin or deeper tissue can be blocked. This can cause pain, color change, scarring, or death of skin or tissue (necrosis). Further treatment or surgery may be required, and the injury can leave a permanent mark.

Blindness or loss of vision. In rare cases, fat can enter a blood vessel and travel to the blood supply of the eye or optic nerve. This can cause sudden, permanent vision loss or blindness, including in an eye that was not the intended treatment site. The risk is known to be higher with injections in the midface, around the eyes, brow, and forehead. There is no reliable way to reverse this complication if it occurs.

Stroke, fat embolism, and death. In rare cases, fat or a clot can travel to the brain or lungs, or otherwise block critical blood flow. This can cause stroke, serious illness, or death. These events are uncommon, but they are recognized risks of fat grafting and of surgery and anesthesia in general.

Other unexpected problems. Other complications can occur, including allergic or drug reactions, injury to deeper structures, fluid collections, unsatisfactory scarring, and emotional reactions to a change in appearance. It is not possible to list every risk.

What Type of Anesthesia Is Used? What Are the Major Risks?

Facial fat transfer is performed under general anesthesia, in which you are completely asleep. Risks of general anesthesia include but are not limited to allergic or drug reactions, damage to the eye and surrounding tissue and structures, loss of vision, breathing problems, heart or lung complications, awareness under anesthesia, and, in extremely rare circumstances, stroke or death.

Clinical Photographs

Clinical photographs are part of your medical record and help with surgical planning, comparison after surgery, and quality of care. I consent to photographs of the relevant areas of my face and donor sites being taken before, during, and after the procedure for my medical record.

I also consent to the use of photographs in which I am not identified for confidential medical education, teaching, or professional presentations, unless I decline that use below. This is not permission to use my photos in advertising, on a website, or on social media unless I give separate written consent. ☐ I decline educational or teaching use of my photographs.

Financial Responsibility

Facial fat transfer performed for cosmetic reasons is generally not covered by health insurance. I understand that I am responsible for the surgeon's fee and for any facility, anesthesia, laboratory, or other related charges. If a touch-up or revision fat transfer is recommended, it is offered at a discounted surgeon's fee. Facility and anesthesia fees for a touch-up still apply. I also understand that results cannot be guaranteed, that adjustments or more surgery may be necessary, and that the cost of treating a complication is not included in the fee for this surgery unless my surgeon and I have agreed otherwise in writing. Unless a reconstructive indication has been specifically discussed and documented, I understand that this is a cosmetic procedure, that insurance is not expected to pay, and that I am responsible for the costs of the surgery and of any later treatment as described above.

Patient's Acceptance of Risks

I have read the above information and have discussed it with my physician. I understand that it is impossible for the physician to inform me of every possible complication that may occur. My physician has told me that results cannot be guaranteed, that a variable amount of transferred fat may be reabsorbed, that more than one treatment may be needed, that adjustments and more surgery may be necessary, and that there are additional costs associated with more treatment. I understand the rare but serious risks of facial fat injection, including blockage of a blood vessel, skin or tissue loss, **blindness or permanent vision loss**, stroke, and death. No particular cosmetic result can be guaranteed.

I understand that unforeseen conditions may be found during the procedure that require additional or different treatment, and I authorize such treatment if my physician believes it is needed. I also consent to the disposal of tissue removed during the procedure and to the presence of essential assistants. I have had enough time to read this form, discuss it with Dr. Thiagarajah, and ask questions, and I have received satisfactory answers. By signing below, I voluntarily consent to facial fat transfer as described in this form, including harvest from the marked donor site(s) and injection into the marked facial areas, and to general anesthesia as described in this form. I understand and accept the risks, benefits, and alternatives of this surgery and the costs associated with this surgery and future treatment, and I feel I will be able to accept changes in my appearance.

Signature

Patient signature _____ **Print name** _____ **Date** _____

If not the patient, relationship to the patient _____

Witness signature (OPTIONAL) _____ **Date** _____

Physician signature _____ **Date** _____

Interpreter (IF USED) _____ **Language** _____ **Date** _____

This form is a record of informed consent. It is not a complete textbook of fat grafting and does not set a standard of care. The discussion with your surgeon is an essential part of consent. If anything on this form is unclear, please ask before you sign.