



## Consent form - Laser Assisted Lipolysis and Liposuction

I, (*patient's name*) \_\_\_\_\_ request and authorize Kevin M. Johnson, MD to perform a Smartlipo procedure on the area(s) of \_\_\_\_\_

The nature and effects of the procedure, the risks, ramifications, complications involved, as well as alternative methods of treatment have been explained to me by the Doctor or designated person to my satisfaction.

I have been thoroughly and completely advised regarding the objectives of the procedure. Because I understand that the practice of medicine and surgery is not an exact science and no results have been guaranteed, I acknowledge that imperfections might ensue and that the operative result may not live up to my expectations. I certify that no guarantees have been made by anyone regarding the procedure(s) I have requested and authorized. I understand that in the unlikely case where an imperfection results that the patient and the doctor determine the necessity of a secondary procedure, such revisions are not included in the initial surgical facility or anesthesia fee, but they may be billed at a lesser rate.

I understand that I may be required to wear a compression garment continuously for approximately 2 weeks; removal is only permitted to wash and apply sterile dressing to the treatment area or to shower.

**No showers are permitted until 48 hours after my procedure. No bathing, swimming or submerging incisions for 2 weeks.**

I understand that it is the policy of Advanced Aesthetics to have a responsible adult stay with me for the first 24 hours after my procedure due to possible unknown adverse reaction from the anesthesia and/or pain medication. \_\_\_\_\_ (**patient initials**)

I understand that possible adverse effects may include bleeding, infection, scarring, skin contour irregularities, asymmetry, surgical shock, pulmonary complications, skin loss, seroma, allergic reaction and anesthesia related complications can occur and should be discussed and understood. Patients must understand importance of pre-treatment and post-treatment instructions and that the failure to comply with instructions may increase the possibility of complications. \_\_\_\_\_ (**patient initials**)

I recognize that during the course of the operation unforeseen conditions may necessitate additional or different procedures other than those above. I therefore further authorize and request that the above named physician, perform the procedures that are in his professional judgment necessary and desirable.

I understand that local and/or tumescent anesthesia is normally required when liposuction is performed. I also consent to other medication needed in the professional judgment of my doctor.

Photographs will be taken of the region of treatment both before the procedure and on several occasions after the treatment.

I give permission and agree to have these photographs taken and used for the purposes of patient's records, training, and educational purposes.  **YES**  **NO**

I certify that I have read the above authorization, that the explanations referred to therein were made to my satisfaction, and that I fully understand such explanations and the above authorization.

**Patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Signature of Patient or person authorized to consent for the patient*

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Cellulaze® / Smartlipo™ Pretreatment Instructions for Patients

☞ If blood tests are required prior to treatment, please have tests at least 1 week prior to your procedure.

**Pick up your written prescription for pain medication from our office prior to your procedure.** The remaining prescriptions will be faxed to your pharmacy of choice a few days before your procedure. Please pick up your prescriptions at least 24 hours prior to your procedure. Take as directed and call our office if you have any questions.

**Arrange for a caregiver to stay with you for 24 hours, giving you transportation to and from the office.** You should not drive after procedure for 24 hours or until no longer taking narcotic pain medication / sedatives.

If you take a blood thinner (baby aspirin, Coumadin®, Plavix®, etc.) please let us know as this affects your care and post-surgical treatment.

Stop taking aspirin or ibuprofen one week prior to the procedure. Also discontinue all multivitamins, Gingko Biloba, St. John's Wort, fish oil, Vitamin E, and herbal supplements, other than those prescribed by Dr. Johnson.

☞ No alcohol for 48 hours prior to the procedure.

☞ Drink 1-2 quarts of water daily for one week prior to the procedure.

☞ Purchase **Hibiclens**, an over the counter skin cleanser, at your pharmacy when you pick up your prescriptions. Please shower the night before and the morning of surgery, lathering 2 minutes before rinsing. See the product instruction sheet for additional directions.

☞ Do not apply any creams or make-up the day of the procedure to the body.

☞ Women: Wear a sport-bra  
Men: Bring an extra pair of underwear

☞ Please wear comfortable, loose fitting clothes such as sweats. A button or zippered top may be easier for you to remove when you get home.

☞ Prior to your procedure, you should eat a good meal.

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### Medication Directions

\_\_\_\_\_ Evening before procedure, eat dinner, wait *20 minutes* before taking first dose of antibiotics (Keflex 1 tablet).

#### FOR MORNING PROCEDURES:

\_\_\_\_\_ Day of procedure eat a good breakfast, wait *20 minutes* then take your 2nd dose of antibiotics (Keflex 1 tablet)

\_\_\_\_\_ Take the following medications before your procedure: 2 Ativan, 2 Norco, 1 Phenergan

*\*Please note: Generic meds are allowed for the above prescriptions. The prescribed meds' names may be listed in small print on the bottles.*

\_\_\_\_\_ Arrival time at Advanced Aesthetics in Coeur d'Alene, with your **caregiver/driver and all your procedure meds.**

\_\_\_\_\_ Approximate time your care person should arrive to pick you up prior to being discharged.

#### FOR AFTERNOON PROCEDURES:

\_\_\_\_\_ Day of procedure eat a good breakfast, wait *20 minutes* then take your 2nd dose of antibiotics (Keflex 1 tablet)

\_\_\_\_\_ Eat a good lunch, wait *20 minutes* then take your 3<sup>rd</sup> dose of antibiotics (Keflex 1 tablet).

\_\_\_\_\_ Take the following medications before your procedure: 2 Ativan, 2 Norco, 1 Phenergan

*\*Please note: Generic meds are allowed for the above prescriptions. The prescribed meds' names may be listed in small print on the bottles.*

\_\_\_\_\_ Arrival time at Advanced Aesthetics in Coeur d'Alene, with your **caregiver/driver and all your procedure meds.**

\_\_\_\_\_ Approximate time your care person should arrive to pick you up prior to being discharged.



Kevin M. Johnson, MD  
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208-676-8346 Office

### Cellulaze® / Smartlipo™ Post Treatment Instructions

- Bed rest is helpful directly after the procedure.
- If medication is prescribed, take the medications as indicated.
- There should be minimal discomfort. Discomfort may be relieved by ice packs, ibuprofen, and/or acetaminophen. **DO NOT USE ACETAMINOPHEN IN CONJUNCTION WITH PRESCRIPTION PAIN MEDICATION.**
- There may be drainage from your incisions. This is normal and may last several days. You may place gauze sponges inside your compression garment to absorb any drainage.
- If a compression garment is recommended, keep absorbent dressing or garment on for the first 24 hours, and then remove to change dressings. Continue wearing the garment for 2 weeks or per physician orders.
- Do not engage in vigorous exercise or sports for at least 2 weeks or until approved your physician.
- Apply Bacitracin antibacterial ointment to the incision twice daily using a cotton swab.
- You may shower after 48 hours. Do not swim, bathe, or use a hot tub for 14 days post-op.

<b>FOLLOW UP APPOINTMENT</b>	
<b>DATE:</b> _____	<b>Time:</b> _____

\_\_\_\_\_  
Person Responsible Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship To Patient

\_\_\_\_\_  
Witness Signature

Copy given to patient

## **Smartlipo Post-operative Expectations & Frequently Asked Questions**

**Q: NAUSEA** - You may experience nausea from your operative medication. Phenergan tablets should help with this. Use of the Phenergan Suppositories (as directed) for advanced nausea that isn't affected by the tablets. Should your nausea last longer than 48 hours, please call the office for further instructions.

**Q: DRAINAGE** - *IT'S IMPORTANT **NOT** TO TAKE OFF YOUR GARMENT UNTIL YOUR FIRST FOLLOW UP APPOINTMENT.* You can expect drainage to occur. You may add additional bandages over your garment on the sites that are draining heavily. It should begin to taper off after the first night. Following your 1 day post-operative appointment, it's recommended that you regularly change your bandages to prevent leaking and infection.

**Q: SHOWERS** - You may shower with Hibiclense after 48 hours and apply Bacitracin antibacterial ointment on the incisions, followed by a gauze bandage or Band-Aids until they are completely closed (approx.7 days).

**Q: CALL IF** - You notice bright red drainage; red, painful incisions that look infected; temperature greater than 101.5 F; redness of the skin with a sensation of extreme heat coming from the treated area. These symptoms are very rare and may be signs of an infection.

**Q: WEARING YOUR GARMENT** - When you take off your compression garment for the first time, you may have a feeling of lightheadedness from fluid shifting in the treated area. Lying down immediately and putting your compression garment on as soon as you are able will usually improve this sensation. It is highly recommended that you wear your garment 24 hours a day for two weeks to ensure a faster recovery time; prevent fluid from building up under the skin; and help the skin to heal smoothly. You should only take your garment off when you are showering or needing to launder it.

**Q: RELEASED FROM WEARING YOUR GARMENT** – Please continue to wear your compression garment until you are evaluated by our medical staff at your 2 week follow up. You are discouraged from leaving your garment off for extended times during this healing period.

**Q: SWELLING** - Swelling will begin after the first couple of days, and may last as long as 2 – 4 months in some areas. You may even notice swelling in areas surrounding or adjacent to the operative site. It is common to experience swelling in the groin area after having your abdomen and/or flanks treated. Also, your ankles may swell when you've had your inner or outer thighs treated. Taking 600mg of Ibuprofen every 4-6 hours will help with the inflammation and discomfort, along with lying flat whenever possible during those first 2 weeks. Mild forms of movement will increase circulation and help tight, sore muscles relax, but you should limit this to minor activities such as strolls or stretching until after your 2 week appointment. Most likely, at that time you'll be cleared to resume exercise as your body allows.

**Q: BRUISING** - It is common for bruising and numbness to occur in the area that was treated and even into surrounding tissue. Taking Arnica Montana will minimize the effects of bruising.

**Q: ITCHING AND NUMBNESS** - Expect some numbness to last until your skin has completely healed (approximately 6-12 weeks). The first sign of healing is an itching or skin-crawling sensation. This may take place in the first few days of your procedure. Taking 25 mg of Benadryl every 6 hours can help with this symptom, but may also cause drowsiness. As your body continues to heal, "zingers" are another common sensation. This is a normal part of the healing process will subside.

**Q: TIGHT FEELING** - Your skin may feel tight and solid during the healing process. Normally, by your 4 month follow up, you will notice this tightness to have lessened considerably or be completely non-existent.

**Q: FOLLOW UP APPOINTMENTS** - We recommend that you follow the instructions from the physician and attend all of your follow-up appointments to monitor your progress and avoid complications. Please feel free to contact our office as we are here to help answer any questions that have not been addressed.