

Information And Consent For Lipocel

What is Lipocel?

Lipocel is a state of the art non invasive treatment for focal fat reduction. Using focused ultrasound it shrinks and diminishes localised fat cells.

How does it work?

Focused ultrasound energy breaks down the fat cells which are then naturally processed by the body.

What does the Lipocel procedure feel like?

The localised area of fat is carefully marked and photographs taken. A treatment grid is marked on to the treatment area. Water is sprayed topically onto the skin and the focused ultrasound hand piece is systematically moved over the treatment area. A heat sensation and slight muscle ache is felt during treatment. Following completion the skin may be slightly pink but otherwise there is no down time and normal activities can be immediately resumed.

How many treatments will I need?

The number of treatments is greatly determined by the amount of fat that needs to be removed. Generally the patients will require between 1-3 treatments spaced 6-12 weeks apart as results take 6 weeks to become visible and continue to improve up to 12 weeks.

What are the possible risks and complications involved?

Although complications following Lipocel are infrequent, there are some risks associated with treatment which include:

Bruising and Swelling: Resolves in several days to several weeks.

Erythema or Blanching: Mild reddening or whitening of the skin for several hours.

<u>Pigment changes</u>: Less than 0.05% of patients have reported hyper-pigmentation

Burns and Blisters: Less than 0.3% reported cases

<u>Surface Irregularities</u>: Including dents, rippling and ridges in the skin, which may not develop until a month after treatment. Low incidence of 0.2%, with most resolving naturally, or with soft tissue fillers.

Pain and altered sensation: Some patients have reported heat related discomfort and transient aching. A small number of patients, less than 0.1% have reported tingling, numbness and temporary Paralysis.

<u>Poor Results</u>: This is greatly altered with patient compliance.

Do you have any of the following:-	Yes	No
Recent surgery or scar tissue		
5 .	•••••	•••••
Bleeding disorders	•••••	
Impaired skin sensation		
Neuropathic disorders	•••••	
Impaired peripheral circulation	•••••	
Skin conditions such as eczema/dermatitis		
History of hernia		
History of Caesarean section	•••••	
History of Keloids	•••••	
History of Diabetes	•••••	

Please advise your doctor or Aesthetic Nurse if you have any forthcoming social engagements so a personal evaluation can be made as to any possible downtime associated with the treatment that could impact on your enjoyment of the event. Every individual can react differently to treatment so it is important to alert your practitioner.

Lipocel cannot be performed on patients with pacemakers or defibrillators, during pregnancy or breastfeeding, or while undergoing accutane treatment. It should not be used on diabetics or on patients with auto immune disease. It may also cause an eruption of the Herpes Simplex virus

All of the risks of the Lipocel system are not yet known. No guarantees or promises can be made concerning the results of the treatment.

- 1. The doctor has explained to me the nature of Lipocel and I fully understand the possible risks and complications.
- 2. I acknowledge and understand that no guarantee or assurance can be made on the results I will get from the treatment.
- 3. I consent to the taking of photographs in the course of this procedure for the purpose of assessing my progress.
- 4. I have had the costs of the treatments explained and accept the amount of

I am of the opinion that my request for treatment is for medical reasons and the personal psychological features that are associated with my request. I have expressed my thoughts and feelings to the treating doctor and consent to the treatment for the purpose of restoring and maintaining the health of my skin and body and my psychological wellbeing.

I hereby request, authorise and give my consent for the performance of the Lipocel treatment. My signature indicates that I have read and understood all of the information presented and have had any questions answered.

Patient Name	•
Patient Signature:	
Date:	
Physician/Nurse Signature:	

EMERGENCY CONTACT DETAILS

Should you feel unwell following your procedure it is important to seek specialist medical advice immediately. In the first instance call Dr John Curran on one of the following numbers:

Central Contact 01481 736699 (Mon-Fri 08.30 to 17.30)

<u>Dr Curran's Mobile 07781-165797</u> <u>Dr Martin Barrett 07797726611</u>