

## **INSTRUCTIONS**

This is an informed consent document that has been prepared to help inform you concerning the autologous fat transfer to breast procedure, its risks, as well as alternative treatments.

It is important that you read this information clearly and completely. Please initial each page, in the bottom right-hand corner, indicating that you have read the page.

## **GENERAL INFORMATION**

A person's own fat may be used to improve the appearance of the body by moving it from an area where it is less needed (usually the thighs or abdomen) to an area that has lost tissue volume due to aging, trauma, surgery, birth defects, or other causes. Typically, the transferred fat results in an increase in volume of the breast. Before the procedure, the areas from where the fat is being removed may be injected with a fluid to minimize bruising and discomfort. The fat may be removed from the body by a narrow surgical instrument (cannula) through a small incision or may be excised (cut out) directly through a larger incision.

In some cases, the fat may be prepared in a specific way before being replaced back into the body. This preparation may include the washing, filtering, and centrifugation (spinning) of the fat. The fat is then placed into the desired area using either a smaller cannula or needle, or it may be placed directly through an incision or puncture holes. Since some of the fat that is transferred does not maintain its volume over time, your Plastic Surgeon may inject more than is needed at the time to achieve the desired end result. Over a few weeks, the amount of transferred fat will decrease. In most cases, more fat may need to be transferred to maintain the desired results.

Fat transfer has been used to improve the appearance of breasts reconstructed after cancer treatment, to improve the appearance of breast deformities, and to enlarge breasts for cosmetic purposes. While there is limited information regarding the long-term implications of such procedures, there are some potential concerns, especially with regard to breast cancer detection. Since the transferred fat may become firm and cause lumps, it may be necessary to undergo radiological studies (mammogram, ultrasound, or MRI) to confirm that these lumps are not due to cancer. It is also possible that the firmness may make it more

difficult for you or your doctor to examine the breasts. It is also possible that a biopsy may be needed if there is concern about any abnormal findings in your breasts. However, there is no reason to believe at this time that fat transfer procedures may cause breast cancer.

Fat transfer to the breast for cosmetic augmentation may require additional surgical procedures to obtain your desired breast size. A limited amount of fat can be injected during each surgical procedure to maintain viability.

Fat grafting is safe to be performed with other surgical procedures such as breast augmentation, revision breast surgery, and breast reconstruction. There are many other surgical procedures where fat transfer may be incorporated, including for example, facelifts, abdominoplasty, and liposuction.

#### **ALTERNATIVE TREATMENTS**

Alternative forms of management consist of not undergoing the surgical procedure or the use of man-made silicone gel implants to create breast volume. Risks and potential complications are also associated with alternative forms of treatments.

#### **SPECIFIC RISKS OF AUTOLOGOUS FAT TRANSFER TO BREAST SURGERY**

Every surgical procedure involves a certain amount of risk, and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your Plastic Surgeon to make sure you understand all possible consequences of autologous fat transfer to breast surgery. Risks include, but are not limited to, the following:-

##### **Change in Appearance:**

Typically, the transferred fat loses some of its volume over time and then becomes stable. It is quite possible that more treatments may be needed to maintain the desired volume of the transferred fat and resulting appearance. Less commonly, if you experience significant weight gain, the transferred fat may increase in volume and cause an undesirable appearance. It is

important to understand that more than one treatment may be needed and to discuss with your Plastic Surgeon the costs associated with repeat treatments.

**Firmness and Lumpiness:**

While most transferred fat results in a natural feel, it is possible that some or all of the fat may become firm, hard, or lumpy. If some of the fat does not survive the transfer, it may result in fat necrosis (death of transferred fat tissue), causing firmness and discomfort or pain. Cysts may also form at the site of the transferred fat. Surgery may be required to improve such conditions.

**Under or Over-Correction:**

The transfer of fat may not achieve the desired outcome. The amount of correction may be inadequate or excessive. It may not be possible to control the process of fat transfer due to factors attributable to each patient's situation. If under-correction occurs, you may be advised to consider an additional fat transfer procedure. If over-correction occurs, other surgical procedures such as liposuction or excision of the fat may be required.

**Asymmetry:**

Symmetrical body appearance may not result from a fat transfer procedure. Factors such as skin tone, fatty deposits, bony prominence, and muscle tone may contribute to normal asymmetry in body features. It may not be possible to achieve or maintain exact symmetry following fat transfer.

**Long-Term Effects:**

Subsequent changes in the shape or appearance of the area where the fat was removed or placed may occur as the result of aging, weight loss or gain, or other circumstances not related to the fat transfer procedure.

**Seroma:**

Fluid may accumulate between the skin and the underlying tissues following surgery, trauma, or vigorous exercise, which is referred to as a seroma. You may notice an increase in the fat graft area, localized swelling, or a shape change that should alert you that a seroma may have

occurred in your postoperative period. Seromas should be addressed to prevent an unfavorable outcome. Should this problem occur, notify your Plastic Surgeon and additional procedures for the drainage of fluid may be required.

**Donor Sites:**

The removal of fat in the process of fat transfer is often advantageous. The common complications from liposuction can occur at your donor site. Folds, wrinkles, or creases could occur. Some patients may have inadequate donor sites for fat grafting. Typically, these are patients who have had a previous liposuction procedure.

**Fat Necrosis:**

Fat that is transferred may not survive. Fatty tissue found deep in the skin might die. Fat necrosis may produce areas of firmness within the skin, hard lumps, localized tenderness/pain, or skin contracture. Calcifications and oil cysts may occur. Additional surgery to remove areas of fat necrosis may be necessary. There is a possibility that contour irregularities in the skin may result from fat necrosis.

**Breast Disease:**

Breast disease and breast cancer can occur independently of autologous fat transfer to breasts procedure. Individuals with a personal history or family history of breast cancer may be at a higher risk of developing breast cancer than a woman with no family history of this disease. It is recommended that all women perform periodic self-examination of their breasts, undergo routine mammography guidelines, and seek professional care should a breast lump be detected. In the event that suspicious tissue is identified prior to or during breast surgery, additional tests and therapy with corresponding expenses may be warranted.

**Serious Complications:**

Although serious complications have been reported to be associated with fat transfer procedures, these are rare. Such conditions include, but are not limited to, fat embolism (a piece of fat may find its way into the blood stream and result in a serious or life threatening condition), stroke, meningitis (inflammation of the brain), serious infection, blindness or loss of vision, or death.

## **GENERAL RISKS OF SURGERY**

### **Healing Issues:**

Certain medical conditions, dietary supplements and medications may delay and interfere with healing. Patients with massive weight loss may have a healing delay that could result in the incisions coming apart, infection, and tissue changes resulting in the need for additional medical care, surgery, and prolonged hospitalisations. Patients with diabetes or those taking medications such as steroids on an extended basis may have prolonged healing issues. Smoking will cause a delay in the healing process, often resulting in the need for additional surgery. There are general risks associated with healing such as swelling, bleeding, and the length of surgery and anaesthesia that include a longer recovery and the possibility of additional surgery, prolonged recovery, colour changes, shape changes, infection, not meeting goals and expectations, and added expense to the patient.

Patients with significant skin laxity (patients seeking face lifts, breast lifts, abdominoplasty, and body lifts) will continue to have the same lax skin after surgery. The quality or elasticity of skin will not change, and recurrence of skin looseness will occur at some time in the future, quicker for some than others.

There are nerve endings that may become involved with healing scars during surgery such as suction-assisted lipectomy, abdominoplasty, facelifts, body lifts, and extremity surgery. While there may not be a major nerve injury, the small nerve endings during the healing period may become too active producing a painful or oversensitive area due to the small sensory nerve involved with scar tissue. Often massage and early non-surgical intervention resolves this. It is important to discuss post-surgical pain with your Plastic Surgeon.

### **Bleeding:**

It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood, or you may require a blood transfusion, though such occurrences are rare. Increased activity too soon after surgery can lead to increased chance of bleeding and additional surgery. It is important to follow postoperative instructions and limit exercise and strenuous activity for the instructed time.

Do not take any blood thinning medications for at least seven days before or after surgery, as this may increase the risk of bleeding. Non-prescription vitamins and dietary supplements can increase the risk of surgical bleeding. Haematoma can occur at any time, usually in the first three weeks following injury to the operative area.

Please advise your Plastic Surgeon if you are regularly taking any blood thinning medications such as Heparin, Warfarin, Cartia, Aspirin, Nurofen or Ibuprofen medications and fish oil products.

**Infection:**

Subacute or chronic infections may be difficult to diagnose. Should an infection occur, treatment, including antibiotics, or additional surgery may be necessary. Individuals with an active infection in their body should not undergo surgery. Although infection is unusual after this type of surgery, it may appear in the immediate post-operative period or at any time after surgery. It is important to tell your Plastic Surgeon of any other infections, such as ingrown toenail, insect bite, tooth abscess, or urinary tract infection. Remote infections (infections in other parts of the body) may lead to an infection in the operated area.

**Scarring:**

All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different colour than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There is the possibility of visible marks in the skin from sutures. Scars can become hypertrophic or keloid, please notify your Plastic Surgeon if you have a history of keloid scarring. In some cases, scars may require surgical revision or treatment.

**Firmness:**

Excessive firmness can occur after surgery due to internal scarring. The occurrence of this is not predictable. Additional treatment including surgery may be necessary.

**Change in Nipple and Skin Sensation:**

You may experience a diminished (or loss) of sensitivity of the nipples and the skin of your breast. After several months, most patients have normal sensation. Partial or permanent loss of nipple and skin sensation may occur occasionally. Changes in sensation may affect sexual response. In rare circumstances the nipple may be lost entirely.

**Skin Contour Irregularities:**

Contour and shape irregularities may occur. Visible and palpable wrinkling of skin may occur. Residual skin irregularities at the ends of the incisions or “dog ears” are always a possibility when there is excessive redundant skin. This may improve with time, or it can be surgically corrected.

**Skin Discolouration / Swelling:**

Some bruising and swelling normally occur. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.

**Skin Sensitivity:**

Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this resolves during healing, but in rare situations it may be chronic.

**Major Wound Separation:**

Wounds may separate after surgery. Should this occur, additional treatment including surgery may be necessary.

**Sutures:**

Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible or produce irritation that requires suture removal.

**Delayed Healing:**

Wound disruption or delayed wound healing is possible. Some areas of the skin may not heal normally and may take a long time to heal. Areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue. Individuals who have decreased blood supply to tissue from past surgery or radiation therapy may be at increased risk for delayed wound healing and poor surgical outcome.

Smokers have a greater risk of skin loss and wound healing complications.

**Damage to Deeper Structures:**

There is the potential for injury to deeper structures including nerves, blood vessels, muscles, and lungs (pneumothorax) during any surgical procedure. The potential for this to occur varies according to the type of procedure being performed. Injury to deeper structures may be temporary or permanent.

**Surgical Anaesthesia:**

Both local and general anaesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anaesthesia or sedation. Please advise your Plastic Surgeon and your anaesthetist of any prior adverse reactions or allergies.

**Shock:**

In rare circumstances, your surgical procedure can cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. If surgical shock occurs, hospitalization and additional treatment would be necessary.

**Pain:**

You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist for an undeterminable amount of time following surgery. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue or due to tissue stretching.



**Cardiac and Pulmonary Complications:**

Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anaesthesia. Pulmonary emboli can be life-threatening or fatal in some circumstances. Inactivity and other conditions may increase the incidence of blood clots traveling to the lungs causing a major blood clot that may result in death. Please advise your Plastic Surgeon of any past history of swelling in your legs or blood clots that may contribute to this condition. Cardiac complications are a risk with any surgery and anaesthesia, even in patients without symptoms.

If you experience shortness of breath, chest pain, or unusual heart beats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment.

**Allergic Reactions:**

In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur in response to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment. Please advise your Plastic Surgeon of any known allergies.

**Unsatisfactory Result:**

Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. You may be disappointed with the results of surgery. Asymmetry in nipple location, unanticipated breast shape and size, wound disruption, poor healing, and loss of sensation may occur after surgery. Breast size may be incorrect. Unsatisfactory surgical scar location may occur. In some situations, it may not be possible to achieve optimal results with a single surgical procedure. It may be necessary to perform additional surgery to improve your results.

**Smoking, Second-Hand Smoke Exposure, Nicotine Products (Vape, Patch, Gum, Nasal Spray):**

Patients who are currently smoking or use tobacco or nicotine products (vape, patch, gum, or nasal spray) are at a greater risk for significant surgical complications of skin dying, delayed healing and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may have a significant negative effect on anaesthesia and recovery from anaesthesia, with coughing and potentially increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication.

**Please indicate your current status regarding these items below:**

*I am a non-smoker and do not use nicotine products. I understand the potential risk of second-hand smoke exposure causing surgical complications.*

*I am a smoker or use tobacco / nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products.*

*I have previously smoked and stopped approximately \_\_\_\_\_ ago. I understand I may still have the effects and therefore risks from smoking in my system, if not enough time has lapsed.*

*It is important to refrain from smoking a minimum of 6 weeks prior to your surgery. I acknowledge that if I continue to smoke within this time frame, I am at risk for a number of significant complications and understand that for my safety, the surgery, if possible, may be delayed.*

**Medications and Vitamin Supplements:**

There are potential adverse reactions that occur as the result of taking over the counter, vitamin, and/or prescription medications. Aspirin and medications that contain Aspirin interfere with clotting and can cause more bleeding. These include non-steroidal anti-

inflammatories such as Ibuprofen and Nurofen. Be sure to check with your GP about ceasing any regular medications and any drug interactions that may exist with medications which you are already taking. If you have an adverse reaction, stop the drugs immediately and call your Plastic Surgeon for further instructions. If the reaction is severe, go immediately to the nearest emergency room.

When taking the prescribed pain medications after surgery, realize that they can affect your thought process and coordination. Do not drive, do not operate complex equipment, do not make any important decisions and do not drink any alcohol while taking these medications. Be sure to take your prescribed medication only as directed.

**Sun Exposure – Fake Tanning:**

The effects of the sun are damaging to the skin. Exposing the treated areas to sun may result in increased scarring, colour changes, and poor healing. The damaging effect of sun exposure occurs even with the use sun block or clothing coverage.

Patients are advised to avoid all fake tanning products for a period of 6 weeks from the date of surgery.

**Body Piercing / Jewellery:**

Individuals who currently wear body piercing jewellery in the surgical region are advised that an infection could develop from this activity. Please remove all body piercing jewellery in applicable areas prior to surgery. Jewellery should not be brought with you at the time of your surgical procedure. Items, such as earrings, wedding rings, and necklaces should be removed prior to surgery.

**Nails:**

To determine your vitals status during surgery, your anaesthetist may require access to your finger or toenails for monitoring. Make sure to have either full fingernails or toenails free of nail polish, acrylics, or gels.

**Work Commitments / Travel Plans:**

Any surgery holds the risk of complications that may delay healing and delay your return to normal life. Please let your Plastic Surgeon know of any major work commitments, travel

plans, important commitments already scheduled or planned, or time demands that are important to you, so that appropriate timing of surgery can occur. There are no guarantees that you will be able to resume all activities in the desired time frame.

Patients are encouraged to take a period of two weeks off work, this includes 'working from home' situations.

**Long-Term Results:**

Subsequent alterations in the appearance of your body may occur as the result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause, or other circumstances not related to your surgery.

**Future Pregnancy and Breastfeeding:**

This surgery is not known to interfere with future pregnancy. If you are planning a pregnancy, your breast skin may stretch and offset the results of surgery. You may have more difficulty breastfeeding after this operation.

**FEMALE PATIENT INFORMATION**

It is important to inform your Plastic Surgeon if you use birth control pills or estrogen replacement, or if you suspect you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

**INTIMATE RELATIONS AFTER SURGERY**

Surgery involves coagulating of blood vessels and increased activity of any kind may open these vessels leading to a bleed, or hematoma. Activity that increases your pulse or heart rate may cause additional bruising, swelling, and the need for return to surgery and control bleeding. It is wise to refrain from intimate physical activities until your Plastic Surgeon states it is safe.

### **MENTAL HEALTH DISORDERS AND ELECTIVE SURGERY**

It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery and often are stressful. Please openly discuss with your Plastic Surgeon prior to surgery, any history that you may have of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

### **DISSATISFACTION WITH COSMETIC RESULTS**

It is important to communicate what you are hoping to achieve with your surgery to your Plastic Surgeon so both parties have a clear understanding of your goals. It is important to discuss with your Plastic Surgeon realistic expectations regarding what you are wanting to achieve taking into account your original anatomy and what is possible.

### **REVISION PROCEDURE**

There are many variable conditions that may influence the long-term result of autologous fat transfer to breast procedures. Secondary surgery may be necessary to perform additional tightening or repositioning of the breasts. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with autologous fat transfer to breast procedures. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. In some situations, it may not be possible to achieve optimal results with a single surgical procedure.

### **PATIENT COMPLIANCE**

Follow all specialist instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by your Plastic Surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation and the need for return to surgery. Patients are advised to refrain from strenuous physical activity, including swimming, heavy lifting, and resistance work for a period of 6 weeks from the date of surgery. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

### **HEALTH INSURANCE**

Most private health insurance companies exclude coverage for cosmetic procedures. If there is an applicable MBS item number for your surgery, please ensure you have checked your coverage with your private health insurance prior to surgery as there may be additional hospital fees. In the absence of private health insurance, patients are responsible for all costs associated with surgery including any hospital and anaesthetist fees. Cosmetic surgery is not covered by Medicare.

### **FINANCIAL RESPONSIBILITIES**

The cost of surgery involves several charges for the services provided. The total includes fees charged by your Plastic Surgeon, the cost of prostheses if applicable, anaesthesia, laboratory tests, and hospital charges. These fees can vary depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional costs may occur should complications

develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revision surgery will also be your responsibility.

For your Plastic Surgeon's fees (only) please refer to your quotation. Details can also be found in here regarding deposits and payments required and payment dates, and refund of deposits.

The cost of follow-up care is included within your surgical fees. Your Plastic Surgeon may suggest that you purchase some support garments to aid your recovery.

In the event that revision surgery or additional treatment is required, the costs of this will be in addition to your current surgery.

**In signing the consent for this surgery/procedure, you acknowledge that you have been informed about its risks and consequences and accept responsibility for the clinical decisions that were made along with the financial costs of all future treatments.**

**I acknowledge the below points:**

\_\_\_ *I understand that with undertaking surgery, I am responsible for the surgical fees quoted to me, as well as additional fees for anaesthesia, hospital, and possibly laboratory, imaging, and pathology fees.*

\_\_\_ *I understand that hospitals often have rules that certain tissue/implants removed during surgery must be sent for evaluation which may result in additional fees.*

\_\_\_ *I understand that the surgery deposit I have paid to confirm surgery is non-refundable.*

\_\_\_ *Should I cancel my surgery without an approved medically acceptable reason, submitted in writing to the Plastic Surgeon within 2 weeks of the scheduled surgery date, the surgical fee is forfeited. While this may appear to be a charge for services which were not provided, this fee is necessary to reserve time in theatre and in clinic, which are done when I schedule.*

\_\_\_ *I understand and unconditionally and irrevocably accept these conditions.*

#### **PLASTIC SURGEON PERFORMING YOUR SURGERY**

Dr Robert Choa (MED0002049063) is a Specialist Plastic Surgeon both in Australia (FRACS) and the UK (FRCEd Plast), who has been working in Perth since 2016. He has gained significant exposure to all aspects of aesthetic plastic surgery. He is a Consultant in the public health

system, working at Fiona Stanley Hospital, Rockingham General Hospital and the Fremantle Hospital Hand Unit.

Dr Choa has recently joined Rodin Clinic in Nedlands, but also has clinics in Mandurah, Geraldton and Sorrento. He is accredited to undertake plastic surgery operations – both medical and cosmetic at St John of God Hospital Mount Lawley, The Park Private Hospital in Mount Lawley, Glengarry Private Hospital in Duncraig, and St John of God Hospital Geraldton. Dr Choa attended Liverpool Medical School in the UK, graduating with honours in 2005. During his time at medical school, he undertook an additional degree in Anatomy, obtaining First Class Honours. Throughout his training he has worked at a number of prestigious hospitals, including the Queen Elizabeth Hospital in Birmingham, Chelsea and Westminster Hospital in London, and the Nuffield Orthopaedic Centre in Oxford.

In 2014 he attended one of the top 25 business schools in the world, Warwick Business School, and obtained a Masters in Business Administration (MBA). His thesis looked at how LEAN principles can be applied to plastic surgery services and was awarded a Distinction.

Dr Choa currently has 18 peer reviewed scientific articles and numerous national and international presentations on a wide variety of plastic surgery topics. He is keen on training junior surgeons and has set up the Fiona Stanley Hospital Plastic Surgery OSCE exam. He is also an examiner for the Royal Australasian College of Surgeons clinical exam.

In 2016 Dr Choa travelled to Perth to gain further exposure to complex microsurgical reconstructions at Fiona Stanley Hospital. Following his fellowship he returned to London to undertake an aesthetic fellowship at the London Clinic on Harley Street, working with and learning from world-renowned surgeons – including Paul Harris, David Ross and Charles East. In 2020 Dr Choa was awarded the FRACS qualification – the benchmark qualification for specialist surgeons in Australia and New Zealand.

## **COMPLAINTS PROCEDURE**

Patients who are dissatisfied have the right to make a complaint. There are a range of complaint mechanisms available, including but not limited to:

- Raising and resolving the complaint directly with your Plastic Surgeon who performed the surgery.



- Accessing the complaint process of the clinic's location where you were consulted or hospital where your surgery was performed.
- Making a complaint to The Health and Disability Services Complaints Office ([www.hadsco.wa.gov.au](http://www.hadsco.wa.gov.au)).
- Making a complaint to Ahpra is an alternative.

## **DISCLAIMER**

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s), including no surgery. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your Plastic Surgeon may provide you with additional or different information that is based on all the facts in your particular case and the current state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

***It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.***