Informed Consent

Autologous Tissue Graft

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INSTRUCTIONS

This is an informed consent document to help you learn about the **autologous tissue graft** surgery. It will outline the risks and other treatments.

It is important that you read the whole document carefully. Please initial each page. Doing so means you have read the page. Signing the consent agreement means that you agree to the surgery that you have talked about with your plastic surgeon.

GENERAL INFORMATION

In an **autologous tissue graft,** tissue from one part of your body is taken and put in another part. This may involve one or more surgeries. These could be any of the following:
(Place X or check mark on the planned surgery)

___Fat graft
___Dermal (skin) graft
___Dermal fat graft (combination of skin and fat)
___Fascial graft (emporalis fascia, fascia lata, galea, etc.)
___Cartilage graft
___Bone graft
___Mucosal graft
___Nerve graft

OTHER TREATMENTS

There are other forms of treatment. Some of these treatments need surgery. Some methods do not need surgery. You can go in for fillers (synthetic liquid or gelatinous materials), synthetic solids, perforated materials, or implants. You can also opt for allografts (tissue that comes from a person other than yourself) or xenografts (animal tissue).

All treatments have their own risks and possible problems.

SPECIFIC RISKS OF AUTOLOGOUS TISSUE GRAFT SURGERY

Recipient Site (where the graft is moved to): There are general risks of surgery. These are explained in another form. There are risks linked to the recipient site—the place where the graft is put. These risks include under correction, overcorrection, resorption of the graft (volume or size becomes less). You may also see changes in how it looks over time. In some cases, the graft may “not take” (that is, it’s not inserted properly into your body). You may get scars. You may also be able to feel the graft. Sometimes, the graft may even move from the original site. With fat grafting, the fat injections may enter your blood stream (called an “embolus”) and cause problems. This may even lead to death.

Donor Site (where the graft is taken from): There are general risks of surgery. These are explained in another form. Some risks are linked to the donor site—that is, the place the tissue is taken from. These risks include changes in shape and color and loss of feeling or function. In some cases, you may not be able to use that area for future grafts.

DISCLAIMER

Informed consent documents give you information about a surgery you are considering. These documents explain the risks of that surgery. They also discuss other treatment options, including not having surgery. However, informed consent documents can’t cover everything. Your plastic surgeon may give you more or different information. This may be based on the facts of your case.

 _____ Patient Initials
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This form is for reference purposes only. It is a general guideline and not a statement of standard of care. Rather, this form should be edited and amended to reflect policy requirements of your practice site(s), CMS and Joint Commission requirements, if applicable, and legal requirements of your individual states. The ASPS does not certify that this form, or any modified version of this form, meets the requirements to obtain informed consent for this procedure in the jurisdiction of your practice.

Informed consent documents are not meant to define or serve as the standard of medical care. Standards of medical care are determined based on the facts involved in an individual case. They may change with advances in science and technology. They can also change with the way doctors practice medicine.

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

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CONSENT FOR PROCEDURE OR TREATMENT

1. I permit Dr. Thomas Jeneby and the doctor's assistants to do the procedure **autologous tissue graft surgery.**
2. I got the information sheet on Autologous Tissue Graft.
3. I understand that, during the surgery, an unexpected situation may require a different medical procedure than the surgery listed above. I permit the doctor listed above, the assistants, and/or designees to provide any treatment(s) that my doctor thinks are needed or helpful. My permission includes all treatments that my doctor does not plan to do at the start of the surgery.
4. I understand what my surgeon can and cannot do. I understand that no warranties or guarantees have been hinted at or stated outright about the outcome of the surgery. I have explained my goals. I understand which outcomes are realistic and which are not. All my questions have been answered. I understand the surgery's risks. I am aware of other risks and possible issues, benefits, and options. I understand and choose to have the surgery.
5. I agree to the anesthetics and medications that are needed or helpful. I understand that all types of anesthesia have risks and may result in complications, injury, and even death.
6. I am aware of the serious risks to my health when blood products are used. I agree to my doctor using them if my doctor, assistants, and/or designees think they are needed or helpful.
7. I agree to the disposal of any tissue, medical devices, or body parts taken out during or after surgery. I also agree to any additional surgeries or treatments that are needed or helpful.
8. I agree to have parts of my body photographed or televised appropriately before, during, and after the surgery for medical, scientific, or educational reasons, if the pictures do not reveal my identity.
9. For medical education, I agree that onlookers can be in the operating room.
10. I permit my Social Security Number to be given to the right agencies for legal reasons and medical device registration, when necessary.
11. I agree to the charges for this surgery. I understand that the doctor's charges are separate from the charges for the hospital and the anesthesia. I understand that there may be more charges if more procedures or treatments are needed or helpful. I agree to those charges, if any.
12. I understand that not having the surgery is an option and that I can opt out of having the surgery.
13. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
    a. THE ABOVE SURGERY TO BE PERFORMED
    b. THERE MAY BE OTHER SURGERIES OR TREATMENT OPTIONS
    c. THERE ARE RISKS TO THE SURGERY

I CONSENT TO THE SURGERY AND THE ITEMS THAT ARE LISTED ABOVE (1-13).
I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS.

_____

Patient or Person Authorized to Sign for Patient Date/Time

_____

Witness Date/Time

_____ Patient Initials

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