

# Cryolipolysis

## CRYOLIPOLYSIS

Status: active Form type: default Company: Acme Inc

## PATIENT CONSENT

**PATIENT CONSENT:** This is an informed consent form that has been prepared to help inform you of the potential benefits and risks of cryolipolysis. It is important that you read this information carefully and discuss fully with your practitioner before proceeding with treatment. It is also important that you take as much time as you need to consider the treatment carefully, weighing up all your options before reaching an informed decision. It is essential that you are aware of your right to have a second opinion and you are encouraged to ask any questions that come to mind throughout the entirety of the process. Cryolipolysis is also known as fat freezing, it is a non-invasive procedure that delivers controlled cooling at the surface of the skin to kill fat cells and can lead to a reduction in the amount of subcutaneous fat. It is not a weight-loss solution, and it does not replace traditional methods such as healthy diet and regular exercise. Nor is it a replacement for invasive surgical methods such as liposuction. Clinical studies have shown that cryolipolysis will naturally remove fat cells but, as with most procedures, visible results will vary from person to person. You may start to see changes in as early as three weeks after your procedure and will experience peak results after one to three months. Your body will continue to naturally process the dead fat cells from your body for approximately four months after your procedure. Additional treatments may be needed to reach your desired outcome.

## RISKS AND SIDE EFFECTS

**RISKS AND SIDE EFFECTS:** As with any procedure there are potential risks or complications associated. It is important that you understand these and fully discuss any questions with your practitioner before proceeding. Common symptoms you may experience with the treatment include the following. The pressure of the vacuum applicator may cause sensations of deep pulling feeling, tugging or pinching. A surface applicator may cause sensations of pressure. You may experience feelings of cold, stinging, tingling, aching or cramping as the treatment begins. These sensations generally subside as the area becomes numb and the treatment progresses. Common treatment side effects include the following. The area treated may feel stiff after the procedure and transient blanching (temporary whitening of the skin) may occur. These are all normal reactions that typically resolve within a few minutes. Bruising, swelling, and tenderness can occur in the treated area and may persist for one to two weeks after treatment. Uncommonly you may feel numbness or tingling in the treated area that can last for several weeks after the procedure. Rare complications include changes in skin pigmentation such as darker skin colour, an increase in skin hardness, discrete nodules, freeze burn, enlargement of the treated area, hernia or worsening of existing hernia following cryolipolysis. Surgical intervention may be required to correct tissue enlargement or hernia formation. I understand that these and other unknown side effects may also occur.

Do you understand the information you have been provided?

Yes  No

Do you feel sufficient information has been provided to you, to enable you to consent?

Yes  No

Has your consent been freely given?

Yes  No

Do you have any medical conditions?

Yes  No

Are you pregnant or breastfeeding?

Yes  No

Do you have a neuromuscular disease (e.g. MS, ALS, motor neuropathy myasthenia gravis, or Lambert-Eaton syndrome)?

Yes  No

Do you have an autoimmune disease?

Yes  No

Do you have any skin conditions?

Yes  No

Do you have any known allergies or have ever had anaphylaxis?

Yes  No

Do you have any active infection at the intended site of procedure?

Yes  No

Are you taking antibiotics or other prescription medications?

Yes  No

Is there any other Medical and/or Social History that we should know? If so, please provide full detail here.

What are your aims/motivations for having the procedure and the desired outcome? Please provide full details here.

Have you had this or a similar treatment before? If so, did you experience any problems? Please provide full details here.

Do you have any concerns? If so, please provide full details here.

Is there anything else we should know? Please provide full details here.

I will retain this information throughout the course of my treatment and refer to it as required.

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