

# Facial Fat Transfer Consent

The purpose of facial fat transfer is to restore volume, improve facial contours, and rejuvenate appearance by harvesting fat from one area of the body and injecting it into targeted facial regions. This procedure aims to address age-related volume loss, enhance facial symmetry, and correct deformities or scars, resulting in a more youthful and natural-looking appearance. Facial fat transfer offers a biocompatible and long-lasting option for facial augmentation and contouring.

## Understanding the Risks and Benefits

I understand the goal of this surgery is to improve facial appearance. I also understand that:

- Surgery has **no guaranteed outcome**.
- **Risks** may include pain/discomfort, bleeding, infection, scar, bruising, swelling, nodules, asymmetry, irregularity, injection into blood vessels which could cause skin death/blindness/stroke, fat migration, fat resorption, poor cosmetic outcome, need for additional procedures.
- Rare but serious risks include major complications or even death.

## Alternatives to Surgery

I understand that I have options, including:

- No treatment
- Filler
- Facial Implants

Each has its own risks and benefits, which have been discussed with me.

## Patient Acknowledgment

I've had the chance to ask questions, and all answers were clear. By signing, I agree to have the procedure done and understand everything explained above.

## Post-Operative Instructions

Following these instructions will help your healing process and reduce the chance of complications:

### What to Expect After Surgery

- **Some Bruising and swelling:** It is normal to have some bruising and swelling after surgery.

### When to Call the Office or Visit the ER

- Severe pain that is not controlled by the pain medication prescribed
- Severe or worsening swelling and bruising
- Severe bleeding
- Vision changes or double vision after surgery

### Wound Care

- **Antibiotic ointment:** Apply 2-3 times daily to the incision
- **Keep clean and dry:** Use mild soap and water if advised
- **Dressings:** Change as directed and keep covered
- **No picking or scratching:** Prevents infection and scarring

### Activity Restrictions

- **Rest:** No heavy lifting (over 20 lbs), vigorous exercise, or bending for 2 weeks
- **Return to normal slowly:** Most take about 1 week off work/school
- **No driving** if taking narcotic pain meds

### Medications

- **Prescription pain meds:** Take only as needed.
  - If pain is tolerable, take **Tylenol** instead of the prescription. Follow the Tylenol bottle to dose.
- **Antibiotics:** Take as prescribed and finish the full course.
- **Other medications:** Follow instructions carefully.

### Avoid Smoking & Alcohol

- **No smoking:** Slows healing and increases risks
- **Avoid alcohol:** For at least 2 weeks, as it interferes with healing and medications

### Scar Care

- **Scar treatments:** You may be advised to use silicone sheets, scar creams, or ointments once the incision has healed
- **Massage:** Gentle massage can reduce scar tissue buildup

\_\_\_\_\_: Patient Initials

## Kevin Caceres, MD

1615 Pasadena Ave South Suite 220 Saint Petersburg, Florida 33707

Phone (727) 870-3223 Fax (727) 870-4223

This is a doctor's office regulated pursuant to the rules of the Board of Medicine as set forth in Rule Chapter 64BB, F.A.C

Patient Name:

DOB:

MRN:

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- **Sun protection:** Keep the area covered or use sunscreen to prevent darkening of the scar

### Follow-Up Appointments

- **Attend all appointments** with Dr. Caceres to monitor healing
- **Report any unusual symptoms:** Redness, warmth, drainage, or worsening pain

### Additional Tips

- Use **ice packs** as directed to reduce swelling.
- Keep your head elevated if recommended.
- Wear loose, comfortable clothing.

### Patient Acknowledgment

By signing below, I confirm that:

- I have read or had this form explained to me
- I understand the risks, benefits, and alternatives
- I agree to follow all post-operative instructions
- I consent to the procedure by Dr. Caceres and his team

\_\_\_\_\_  
Patient / Agent / Guardian Signature

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

\_\_\_\_\_  
Date Signed

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