

Buccal Fat Removal

Bichectomy

INFORMED CONSENT FORM

Patient's Full Name	ID / Passport No
Date of Birth	Date / Time of Information

Dear Patient,

The purpose of this form is to inform you about matters concerning your health so that you can take part in the decision to be made. Please read the form carefully and ask your physician about anything that is unclear before signing.

This form has been prepared to meet the needs of most patients in most circumstances; however, it should not be regarded as a document that covers every risk of every form of treatment. Depending on your personal health, your physician may give you different or additional information.

After learning about the benefits and possible risks of the diagnosis, medical treatment and surgical procedures, it is your decision whether or not to accept the procedure. Except where legally or medically required, you may decline the information or withdraw your consent at any time.

Surgical Method

Buccal fat removal may be performed for people who have fat accumulation in the cheeks and are bothered by the fullness of their cheeks. As cheek fullness may decrease naturally up to the age of 20-25, the procedure is generally not recommended before this age; genetic features are also important.

Through a small incision inside the mouth, part of the buccal (Bichat) fat pad is removed. When needed, liposuction of the cheek fat under the skin with fine cannulas may be added. The aim is not to hollow the cheeks but to reduce fullness; the amount to be removed is therefore determined carefully. As the procedure is performed inside the mouth, antibiotics are used before and after surgery to prevent infection. Photographs are taken before and after surgery for comparison.

Expected Benefit

The aim is to reduce fullness and a chubby appearance of the cheeks. The result varies with each person's facial structure.

Before and After the Procedure

- The routine preparation and tests required before general anaesthesia are sufficient.
- Blood-thinning medicines such as aspirin should not be used for at least 10 days before surgery, as they increase the risk of bleeding.
- After surgery, attention should be paid to oral hygiene and the recommended mouthwashes and antibiotics should be used regularly.

Possible Risks

- **Infection and bleeding:** As the procedure is performed inside the mouth, these are the most likely risks. Antibiotics are used to prevent infection; bleeding is controlled during surgery and a pressure dressing may be applied if needed.
- **Temporary numbness:** The branch of the facial nerve to the upper lip passes close to the fat removed. Stretching of this branch during surgery may cause temporary numbness of the upper lip, usually lasting 1-2 days.
- **Nerve or salivary duct injury:** Rarely, branches of the facial nerve or the salivary duct in the cheek may be affected, temporarily or permanently.
- **Excess removal or asymmetry:** The cheeks may become too hollow or the two sides may differ. Natural loss of facial volume with age may make this more noticeable.

Possible Risks Related to Anaesthesia

Regional or general anaesthesia may carry certain risks related to the drugs used and to the anaesthetic procedure itself. You may discuss the specific risks of anaesthesia separately with the anaesthesiologist. These risks include:

- Chest infection due to collapse of small areas of the lung (atelectasis), which may require antibiotics and physiotherapy.
- Temporary restriction of movement and weakness in the hands and feet related to positioning during surgery.
- Blood clot formation in the legs (deep vein thrombosis). A clot may travel to the lungs and be life-threatening. This risk is higher in patients over 50.
- Heart attack or stroke due to strain on the heart.
- Very rarely, death related to anaesthesia.
- In overweight patients and smokers, an increased risk of wound infection, chest infection, heart and lung complications and blood clots.

Other Treatment Options

The treatment proposed to you has been planned on the basis of your examination findings and current medical knowledge. Alternative methods also have their own benefits, risks and limitations; you can discuss these in detail with your physician.

If the Procedure Is Not Performed

If surgery is not performed, the fullness of the cheeks will remain as it is; no health problem is expected.

Medicines and Lifestyle

Every medicine used during and after surgery, including anaesthetic drugs, antibiotics and painkillers, may have its own side effects; rarely, serious allergic reactions may occur. You will be told separately what each medicine is for, how to use it and its possible side effects.

Smoking delays wound healing, increases the risks of infection and anaesthesia and may adversely affect the result. It is recommended that you do not smoke or drink alcohol for at least two weeks before and after surgery.

How to Reach Us When Needed

If you experience unexpected pain, increasing swelling, fever, bleeding or anything that concerns you after the procedure, contact us on +90 542 338 86 61 or +90 542 255 52 86. In an emergency, go to the nearest healthcare facility. If you change your mind after declining the procedure, you may apply again at any time.

What Your Physician Needs to Know About You

For your safety, please answer the questions below. If you are unsure about a question, you can complete it with your physician.

- | | |
|---|--|
| 1. Do you have a tendency to bleed? (e.g. prolonged bleeding from small cuts or dental treatment) | ☐ Yes ☐ No |
| 2. Do you bruise easily, or is there a bleeding disorder in your family? | ☐ Yes ☐ No |
| 3. Do you take blood-thinning medicine (e.g. aspirin)? | ☐ Yes ☐ No |
| 4. Do you take any other medicines regularly? If so, which: | ☐ Yes ☐ No |
| 5. Do you have allergies, asthma or hypersensitivity? (plasters, latex, foods, medicines, etc.) | ☐ Yes ☐ No |
| 6. Do you have heart or lung disease, or a pacemaker? | ☐ Yes ☐ No |
| 7. Do you have diabetes, high blood pressure or another chronic disease? | ☐ Yes ☐ No |
| 8. Do you have thyroid disease? | ☐ Yes ☐ No |
| 9. Do you have dentures or loose teeth? | ☐ Yes ☐ No |
| 10. Have you been vaccinated in the last six weeks? | ☐ Yes ☐ No |
| 11. Do you have an acute or chronic infectious disease (hepatitis, HIV, tuberculosis, etc.)? | ☐ Yes ☐ No |
| 12. Do you smoke? | ☐ Yes ☐ No |
| 13. For female patients: Could you be pregnant, or are you breastfeeding? | ☐ Yes ☐ No |

Notes / medicines used:

Patient / Legal Representative Consent Statement

Diagnosis

Treatment / procedure to be performed

Side, if applicable: ☐ Right ☐ Left ☐ Both

If you do not wish to be informed about the purpose, duration, benefits, chance of success, recovery process, possible risks and complications, alternative methods of the treatment and the situations you may face if you decline it, please state this below in your own handwriting.

- My physician has informed me about my illness/condition and explained what the procedure is, its purpose, duration, benefits, chance of success, that there is no guarantee that my current condition will improve, the recovery process, possible risks and complications, alternative methods and the situations I may face if I decline the procedure. All my questions on these matters have been answered in a way I can understand.
- It has been explained to me that the procedure described above will be performed on me/on the patient I legally represent by physicians, nurses and other healthcare staff under the authority, supervision and direction of my physician.
- It has been explained that, if required, general anaesthesia and sedation will be administered by an anaesthesiologist or a physician competent in sedation, and local anaesthesia by my physician.
- I understand that if an unforeseen, life-threatening situation arises during the procedure, my physician may perform additional medical interventions considered necessary, and that blood and blood products may be given if required.
- I consent to any tissue or samples removed during the procedure being examined, stored or disposed of as necessary.
- I understand that there is no guarantee that the procedure will improve my current condition, that there is no certainty in medicine and surgery, and that results may vary from person to person.
- I know that I am not obliged to give consent if I do not wish to, and that I may withdraw my consent before the procedure begins.
- Provided that my identity is kept confidential, I consent to my medical records and before/after photographs being used for medical follow-up, scientific and educational purposes. (If you do not consent, please cross out this statement.)
- Being of sound mind and capable of making decisions, I freely consent to the medical procedure described above being performed by my physician and their team.

Signatures

I declare that I have read and understood all pages of this form and accept the statements above. Please write **"I have read, understood and agree."** in your own handwriting:

Patient			
Full Name	Signature	Date	Time
Patient's Legal Representative (if applicable)			
Full Name / Relationship	Signature	Date	Time
Reason consent is obtained from the legal representative: ☐ Unconscious ☐ Under 18 ☐ Lacks capacity ☐ Emergency			
Witness			
Full Name	Signature	Date	Time
Informing Physician			
Full Name Op. Dr. Ayşe Öznur Akidil	Signature / Stamp	Date	Time
Interpreter (if required)			
Full Name	Signature	Date	Time

Consent is obtained from the patient if over 18; from both the patient and the legal representative for patients aged 15-18; and from the legal representative for unconscious patients, patients under 15, patients lacking decision-making capacity and in medical emergencies. Information is provided in accordance with the Turkish Patient Rights Regulation (Official Gazette of 01.08.1998, No. 23420). This is the English version of the Turkish consent form; in case of discrepancy, the information given verbally by your physician prevails.

Prepared with reference to patient information documents of medical societies, primarily the Turkish Society of Plastic Reconstructive and Aesthetic Surgery.