



AESTHETIC FACIAL PLASTIC SURGERY PLLC
DR. PHILIP YOUNG, MD

Healing Body & Mind

Once you have the procedure you waited a long time for, it is time to be patient and wait, again, for your body to heal. Unfortunately, a surgeon's scalpel is not a magic wand and healing will occur at different rates for different people. You must allow yourself to heal and be aware it is natural to be impatient for the results and a little anxious because you often look worse before you look better. Being aware this can happen will help you understand these normal feelings.

Sharing your experience with friends and family can help give you a support system during your recovery, but realize they may unintentionally make you question your decision with concerns during your recovery. While you may think that you are looking pretty rough around the edges, we may tell you that you are healing beautifully. Trust us. We will share with you if there is a concern, so if we tell you that everything is healing normally, it is.

Your healing will depend on many things such as your general health, your willingness to follow instructions, and your mental attitude toward recovery. While I can perform the surgery, I cannot "heal" you. It is up to you to be an active participant in your recovery process to help your body heal the best that it can. Following all of our instruction is very important, as is working with us to address any complications that may arise. Even surgeries that are done exactly right, can have complications during recovery. It has to do with the human factor. We are not machines and every person can react differently and heal differently even when the surgery is done exactly the same. Every surgeon has unexpected results from time to time.

It is important you approach your surgery and especially your recovery with the mindset that we are a team, and you are an integral part of that team. We must trust each other to be working for a common goal, your successful result. As the surgeon, I enjoy my work and strive to achieve an ideal result during every surgery for every patient. I have rigorous standards that my staff must meet in order to be involved in your care. I am looking forward to working with you to achieve a great result and do not anticipate any post-operative problems. I will do everything I can to make sure that you are happy with your result.



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Your Anesthesia Experience

Anytime you undergo anesthesia, your general health condition must be considered. Depending on your age and the results of your history and physical, you may need pre-operative testing such as blood work, chest x-ray, or EKG. This is done to ensure that your current health does not put you at any additional unnecessary risk while under anesthesia.

There Are Four Levels Of Sedation That We Offer:

1. **Local Sedation**
A local anesthetic agent such as Novocaine, Xylocaine, or Marcaine is introduced in to the tissue through injection and produces a numbness that allows surgery to be carried out with little to no discomfort while the patient is awake.
2. **Oral Sedation**
Local sedation is used in conjunction with Valium (sedative), Percocet (pain medication), and Phenergan (anti-nausea medication) which are ingested orally. You will experience little to no discomfort; be aware and conscious but fairly relaxed; and responsive to voice.
3. **Conscious Sedation with Registered Nurse and Dr. Young**
Versed or Fentanyl is administered through an intravenous line by our nurse. This level is a little deeper state of sedation. You will be very sleepy but still responsive to more forceful amounts of voice and touch. Some refer to this type of sedation as Twilight.
4. **Conscious Sedation with a Certified Registered Nurse Anesthetist**
The last type of anesthesia offered is administered through an intravenous line given by a Certified Registered Nurse Anesthetist. This level can allow you to go into a deeper state of conscious sedation where you require more stimulation through touch and voice to become responsive. With this level of sedation, you will be much less aware of what is going on during the procedure than the other levels.

We ask that you strictly avoid food and liquids after midnight the day before your procedure or at least 8 hours before your procedure. This is done for your protection to empty your stomach and prevent aspiration of food or fluid from the stomach into the lungs during anesthesia. If you are just having local anesthesia with your procedure and no sedation with Dr. Young, you may be allowed to have something light before your procedure BUT YOU SHOULD ASK DR. YOUNG BEFORE DOING THIS.

Either prior to or on the day of surgery, your anesthesiologist will have questions for you regarding your health, height, weight and past anesthesia experiences. Complete and honest answers are required to assist your anesthesiologist in planning and administering the safest level of anesthetic possible. As you wake up from your anesthesia, your vitals will still be monitored closely for an hour. Often you will be given additional medications for discomfort and/or nausea. Once you are awake and aware, you may be released to a responsible adult to go home with you. Please follow the post-operative instructions closely regarding supervision requirements and activity restrictions. Drinking lots of fluids will help rid your body of the medications used for anesthesia more quickly.



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Medications to Avoid

If you are taking any medications on this list, they should be discontinued 2 weeks before and after your procedure and only acetaminophen products, such as Tylenol, should be taken for pain. Most importantly we would like you to avoid high dose vitamin E (anything greater than 40IU), aspirin, anti-inflammatories, herbal medications, supplements (fish oil, omega 3's). All other medications – prescriptions, over-the-counter and herbal medications or supplements– that you are currently taking must be specifically cleared by Dr. prior to surgery. It is absolutely necessary that all of your current medications be specifically cleared by Dr. and the nursing staff.

Aspirin Medications to Avoid: *Affect blood clotting.*

4-Way Cold Tabs	Butalbital Compound	IBU	Panasal
5-Aminosalicylic Acid	Cama Arthritis Pain Reliever	Indomethacin products	Pentasa
Acetilsalicylic Acid	Carisoprodol Compound	Isollyl Improved	Pepto-Bismol
Actron	Cataflam	Kaodene	Percodan products
Adprin-B products	Cheracol	Lanorinal	Phenaphen/Codeine #3
Aleve	Choline Magnesium Trisalicylate	Ibuprohm	Pink Bismuth
Alka-Seltzer products	Choline Salicylate	Lodine	Piroxicam
Amigesic Argesic-SA	Cope	Lortab ASA	Propoxyphene Compound products
Anacin products	Coricidin	Magan	Robaxial
Anexsia w/Codeine	Cortisone Medications	Magnaprin products	Rowasa
Arthra-G	Damason-P	Magnesium Salicylate	Roxeprin
Arthriten products	Darvon Compound-65	Magsal	Saleto products
Arthritis Foundation products	Darvon/ASA	Marnal	Salflex
Arthritis Pain Formula	Diclofenac	Marthritic	Salicylate products
Arthritis Strength BC Powder	Dipenturn	Mefenamic Acid	Salsalate
Arthropan	Disalcid	Meprobamate	Salsitab
ASA	Doan's products	Mesalamine	Scot-Tussin Original 5-Action
Asacol	Dolobid	Methocarbarnol	Sine-off
Ascriptin products	Dristan	Micrainin	Sinutab
Aspergum	Duragesic	Mobidin	Sodium Salicylate
Asprimox products	Easprin	Mobigesic	Sodol Compound
Axotal	Ecotrin products	Momentum	Soma Compound
Azdone	Empirin products	Mono-Gesic	St. Joseph Aspirin
Azulfidine products	Equagesic	Motrin products	Sulfasalazine
B-A-C	Etodolac	Naprelan	Supac
Backache Maximum Strength Relief	Excedrin products	Naproxen	Suprax
Bayer Products	Fiorgen PF	Night-Time Effervescent Cold	Synalgos-DC
BC Powder	Fiorinal products	Norgesic products	Talwin
Bismatrol products	Flurbiprofen	Norwich products	Triaminicin
Buffered Aspirin	Gelpirin	Olsalazine	Tricosal
Bufferin products	Genprin	Orphengesic products	Trilisate
Buffetts 11	Gensan	Orudis products	Tussanil DH
Buffex	Goody's Extra Strength	Oxycodonc	Tussirex products
Butal/ASA/Caff	Headache Powders	Pabalate products	Ursinus-Inlay
	Halfprin products	P-A-C	Vanquish
		Pain Reliever Tabs	



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Wesprin
Willow Bark products

Zorprin

Ibuprofen Medications to Avoid: *Affect blood clotting.*

Acular (ophthalmic)	Haltran	Nabumetone	Rhinocaps
Advil products	Indochron E-R	Nalfon products	Sine-Aid products
Anaprox products	Indocin products	Naprosyn products	Sulindac
Ansaid	Ketoprofen	Naprox X	Suprofen
Clinoril	Ketorolac	Nuprin	Tolectin products
Daypro	Ibuprin	Ocufen (ophthalmic)	Tolmetin
Dimetapp Sinus	Ibuprofen	Oruvail	Toradol
Dristan Sinus	Meclofenamate	Oxaprozin	Voltaren
Feldene	Meclomen	Ponstel	
Fenoprofen	Menadol	Profenal	
Genpril	Midol-products	Relafen	

Avoid ALL Diet Aids – Including Over-the-Counter & Herbal

Intensify anesthesia, serious cardiovascular effects.

Tricyclic Antidepressants to Avoid: *Intensify anesthesia, cardiovascular effects.*

Adapin	Doxepin	Maprotiline	Tofranil
Amitriptyline	Elavil	Norpramin	Triavil
Amoxapine	Endep	Nortriptyline	Trimipramine
Anafranil	Etrafon products	Pamelor	Vivactil
Asendin	Imipramine	Pertofrane	
Aventyl	Janimine	Protriptyline	
Clomipramine	Limbitrol products	Sinequan	
Desipramine	Ludiomil	Surmontil	

Other Medication to Avoid: *Affect blood clotting.*

4-Way w/ Codeine	Dicumerol	Miradon	Stelazine
A.C.A.	Dipyridamole	Opasal	Sulfinpyrazone
A-A Compound	Doxycycline	Pan-PAC	Tenuate
Accutrim	Emagrin	Pentoxifylline	Tenuate Dospan
Actifed	Enoxaparin injection	Persantine	Thorazine
Anexsia	Flagyl	Phenylpropanolamine	Ticlid
Anisindione	Fragmin injection	Prednisone	Ticlopidine
Anturane	Furadantin	Protarnine	Trental
Arthritis Bufferin	Garlic	Pyrroxate	Ursinus
BC Tablets	Heparin	Ru-Tuss	Virbamycin
Childrens Advil	Hydrocortisone	Salatin	Vitamin E
Clinoril C	Isollyl	Sinex	Warfarin
Contac	Lovenox injection	Sofarin	
Coumadin	Macrochantin	Soltice	
Dalteparin injection	Mellaril	Sparine	



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Salicylate Medications, Foods & Beverages to Avoid: *Affect blood clotting.*

Amigesic (salsalate)	Pabalate	Almonds	Garlic
Disalcid (salsalate)	Pepto-Bismol (bismuth subsalicylate)	Apples	Ginger
Doan's (magnesium salicylate)	Salflex (salsalate)	Apricots	Grapes
Dolobid (diflunisal)	Salsalate	Blackberries	Pickles
Magsal	Salsitab (salsalate)	Boysenberries	Prunes
Pamprin (Maximum Pain Relief)	Trilisate (choline salicylate + magnesium salicylate)	Cherries	Raspberries
Mobigesic		Chinese Black Beans	Strawberries
		Cucumbers	Tomatoes
		Currants	Wine

Vitamins and Herbs to Avoid

Affect blood clotting, affect blood sugar, increase or decrease the strength of anesthesia, rapid heartbeat, high blood pressure, liver damage. Note: Just because it is not of this list does not mean that it is safe to take while preparing for surgery.

Ackee fruit	Devil's club	Goldenseal	Muwort
Alfalfa	Dong Quai root	Gotu Kola	Nem seed oil
Aloe	Echinacea	Grape seed	Onions
Argimomy	Ephedra	Guarana	Papaya
Barley	Eucalyptus	Guayusa	Periwinkle
Bilberry	Fenugreek seeds	Hawthorn	Selenium
Bitter melon	Feverfew	Horse Chestnut	St. John's Wort
Burdock root	Fo-ti	Juniper	Valerian/Valerian Root
Carrot oil	Garlic	Kava Kava	"The natural Viagra®"
Cayenne	Ginger	Lavender	Vitamin E
Chamomile	Gingko	Lemon verbena	Willow bark
Chromium	Gingko biloba	Licorice root	Yellow root
Coriander	Ginseng	Ma Huang	Yohimbe
Dandelion root	Gmena	Melatonin	

If you are taking anything not on this list, please call the office at (425) 990-3223 to notify us and make sure that it is okay.



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Consent for Liposuction

INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you concerning liposuction surgery (suction-assisted lipectomy and ultrasound-assisted lipectomy), its risks, and alternative treatment.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by your plastic surgeon and agreed upon by you.

GENERAL INFORMATION

Liposuction is a surgical technique to remove unwanted deposits of fat from specific areas of the body, including the face and neck, upper arms, trunk, abdomen, buttocks, hips and thighs, and the knees, calves and ankles. This is not a substitute for weight reduction, but a method for removing localized deposits of fatty tissue that do not respond to diet or exercise. Liposuction may be performed as a primary procedure for body contouring or combined with other surgical techniques such as facelift, abdominoplasty, or thigh lift procedures to tighten loose skin and supporting structures.

The best candidates for liposuction are individuals of relatively normal weight who have excess fat in particular body areas. Having firm, elastic skin will result in a better final contour after liposuction. Skin that has diminished tone due to stretch marks, weight loss, or natural aging will not reshape itself to the new contours and may require additional surgical techniques to remove and tighten excess skin. Body-contour irregularities due to structures other than fat cannot be improved by this technique. Liposuction by itself will not improve areas of dimpled skin known as "cellulite."

Suction-assisted lipectomy surgery is performed by using a hollow metal surgical instrument known as a cannula that is inserted through small skin incision(s) and is passed back and forth through the area of fatty deposit. The cannula is attached to a vacuum source, which provides the suction needed to remove the fatty tissue.

In some situations, a special cannula may be used that emits ultrasonic energy to break down fatty deposits. This technique is known as **ultrasound-assisted lipectomy**. Depending on your needs, your surgeon may recommend suction-assisted lipectomy alone, or in combination with ultrasound-assisted lipectomy.

There are a variety of different techniques used by plastic surgeons for liposuction and care following surgery. Liposuction may be performed under local or general anesthesia. **Tumescent liposuction technique** involves the infiltration of fluid containing dilute local anesthetic and epinephrine into areas of fatty deposits. This technique can reduce discomfort at the time of surgery, blood loss, and post-operative bruising.

Support garments and dressings are worn to control swelling and promote healing. Your surgeon may recommend that you make arrangements to donate a unit of your own blood that would be used if a blood transfusion were necessary after surgery.

ALTERNATIVE TREATMENTS

Alternative forms of management consist of not treating the areas of fatty deposits. Diet and exercise regimens may be of benefit in the overall reduction of excess body fat. Direct removal of excess skin and fatty tissue may be necessary in addition to liposuction in some patients. Risks and potential complications are associated with alternative surgical forms of treatment.

RISKS OF LIPOSUCTION 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 completely understand all possible consequences of liposuction.

Patient Selection- Individuals with poor skin tone, medical problems, obesity, or unrealistic expectations may not be candidates for liposuction.

Bleeding- It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require an emergency treatment to drain the accumulated blood or blood transfusion. Intra-operative blood transfusions may be required. Hematoma can occur at any time following injury and may contribute to infection or other problems. Heparin medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets. Do not take any aspirin or anti-inflammatory medications for ten days before or after surgery, as this may increase the risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. If blood transfusions are needed to treat blood loss, there is a risk of blood-related infections such as hepatitis and HIV (AIDS). Heparin medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets

Infection- Infection is unusual after surgery. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary. In extremely rare instances, life-threatening infections, including toxic shock syndrome have been noted after liposuction surgery.

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 color than surrounding skin. Scar appearance may also vary within the same scar, exhibit contour variations and "bunching" due to the amount of excess skin. Scars may be asymmetrical (appear different between right and left side of the body). There is the possibility of visible marks in the skin from sutures. In some cases scars may require surgical revision or treatment.

Change in Skin Sensation- It is common to experience diminished (or loss) of skin sensation in areas that have had surgery. This usually resolves over a period of time. Diminished (or complete loss of skin sensation) infrequently occurs and may not totally resolve.

Skin Discoloration / Swelling- Bruising and swelling normally occurs following liposuction. 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 Contour Irregularities- Contour and shape irregularities and depressions may occur after liposuction. Visible and palpable wrinkling of skin can occur. Residual skin irregularities at the ends of the incisions or "dog ears" are always a possibility as is skin pleating when there is excessive redundant skin. This may improve with time, or it can be surgically corrected.

Asymmetry- Symmetrical body appearance may not result from liposuction surgery. Factors such as skin tone, fatty deposits, skeletal prominence, and muscle tone may contribute to normal asymmetry in body features. Additional surgery may be necessary to attempt to improve asymmetry.

Seroma- Fluid accumulations infrequently occur in areas where liposuction has been performed. Additional treatments or surgery to drain accumulations of fluid may be necessary.

Surgical Anesthesia- Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

Pain- You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after liposuction surgery. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue.

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

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.

Delayed Healing- Wound disruption or delayed wound healing is possible. Some areas may not heal normally and may take a long time to heal. Some areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue. **Smokers have a greater risk of skin loss and wound healing complications.**

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 to drugs used during surgery and prescription medications. Allergic reactions may require additional treatment.

Fat Necrosis- Fatty tissue found deep in the skin might die. This may produce areas of firmness within the skin. Additional surgery to remove areas of fat necrosis may be necessary. There is the possibility of contour irregularities in the skin that may result from fat necrosis.

Pubic Distortion- It is possible, though unusual, for women to develop distortion of their labia and pubic area. Should this occur, additional treatment including surgery may be necessary.

Umbilicus- Malposition, scarring, unacceptable appearance or loss of the umbilicus (navel) may occur.

Persistent Swelling (Lymphedema)- Persistent swelling in the legs can occur following liposuction.

Surgical Shock- In rare circumstances, liposuction can cause severe trauma, particularly when multiple or extensive areas are suctioned at one time. Although serious complications are infrequent, infections or excessive fluid/blood loss can lead to severe illness and even death. If surgical shock occurs after liposuction, hospitalization and additional treatment would be necessary. Individuals undergoing liposuction procedures where a large volume of fat is removed are at greater risk of complications. Patients contemplating large volume liposuction, greater than 5000 cc's, may be advised to have postoperative monitoring and aftercare that involves overnight hospitalization.

Deep Venous Thrombosis, Cardiac and Pulmonary Complications- Surgery, especially longer procedures, may be associated with the formation of, or increase in, blood clots in the venous system. Fat embolism syndrome occurs when fat droplets are trapped in the lungs. This is a very rare and possibly fatal complication of suction-assisted Lipectomy. Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. Pulmonary and fat 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. It is important to discuss with your physician

any past history of blood clots, swollen legs or the use of estrogen or birth control pills that may contribute to this condition. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pains, or unusual heart beats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment.

Tumescent Liposuction-There is the possibility that large volumes of fluid containing dilute local anesthetic drugs and epinephrine that is injected into fatty deposits during surgery may contribute to fluid overload or systemic reaction to these medications. Additional treatment including hospitalization may be necessary.

Ultrasound-Assisted Lipectomy- Risks associated with the use of this technique include the above mentioned risks and the following specific risks:

Burns- Ultrasonic energy may produce burns and tissue damage either at the location where the cannula is inserted into the skin or in other areas if the cannula touches the undersurface of the skin for prolonged periods of time. If burns occur, additional treatment and surgery may be necessary.

Cannula Fragmentation- Ultrasonic energy produced within the cannula may cause disintegration (fragmentation) of the surgical instrument. The occurrence and effect of this is unpredictable. Should this occur, additional treatment including surgery may be necessary.

Unknown Risks-The long-term effect on tissue and organs to exposure to short-duration, high-intensity ultrasonic energy is unknown. There is the possibility that additional risk factors of ultrasound-assisted liposuction may be discovered.

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 liposuction surgery. This would include risks such as asymmetry, unsatisfactory or highly visible surgical scar location, unacceptable visible deformities, bunching and rippling in the skin near the suture lines or at the ends of the incisions (dog ears), poor healing, wound disruption, and loss of sensation. It may not be possible to correct or improve the effects of surgical scars. Additional surgery may be required to attempt to improve results.

ADDITIONAL ADVISORIES

Metabolic Status of Massive Weight Loss Patients- Your personal metabolic status of blood chemistry and protein levels may be abnormal following massive weight loss and surgical procedures to make a patient loose weight. Individuals with abnormalities may be at risk for serious medical and surgical complications, including delayed wound healing, infection or even in rare cases, death.

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.

Female Patient Information- It is important to inform your plastic surgeon if you use birth control pills, estrogen replacement, or if you believe 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 sexual activity until your physician states it is safe.

Body-Piercing Procedures- Individuals who currently wear body-piercing jewelry or are seeking to undergo body-piercing procedures must consider the possibility that an infection could develop anytime following this procedure. Treatment including antibiotics, hospitalization or additional surgery may be necessary.

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 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.

Medications- There are many adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Be sure to check with your physician about 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.

Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray)- Patients who are currently smoking, use tobacco products, or nicotine products (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 anesthesia and recovery from anesthesia, with coughing and possibly 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 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.

It is important to refrain from smoking at least 6 weeks before surgery and until your physician states it is safe to return, if desired.

ADDITIONAL SURGERY NECESSARY

There are many variable conditions in addition to risk and potential surgical complications that may influence the long-term result from liposuction. Secondary surgery may be necessary to obtain optimal results. Even though risks and complications occur infrequently, the risks cited are particularly associated with a liposuction surgery. Other complications and risks can occur but are even more uncommon. Should complications occur, additional surgery or other treatments may be necessary. 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.

PATIENT COMPLIANCE

Follow all physician 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. It is wise to refrain from intimate physical activities after surgery until your physician states it is safe. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

HEALTH INSURANCE

Most health insurance companies exclude coverage for cosmetic surgical operations such as liposuction surgery or any complications that might occur from surgery. Please carefully review your health insurance subscriber-information pamphlet or contact your insurance company for a detailed explanation of their policies. **Most insurance plans exclude coverage for secondary or revisionary surgery.**

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by your surgeon, the cost of surgical supplies, anesthesia, laboratory tests, and possible outpatient hospital charges, 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. **In signing the consent for this surgery/procedure, you acknowledge that you have been informed about its risk and consequences and accept responsibility for the clinical decisions that were made along with the financial costs of all future treatments.**

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 which 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.

CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby authorize Dr. _____ and such assistants as may be selected to perform the following procedure or treatment:

LIPOSUCTION (Suction-Assisted Lipectomy Surgery, Ultrasound-Assisted Lipectomy Surgery)

I have received the following information sheet:

INFORMED CONSENT - LIPOSUCTION

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee or representation has been given by anyone as to the results that may be obtained.
5. I consent to be photographed or televised before, during, and after the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
8. I consent to the utilization of blood products should they be deemed necessary by my surgeon and/or his/her appointees, and I am aware that there are potential significant risks to my health with their utilization.
9. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
10. I understand that the surgeons' fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.
11. I realize that not having the operation is an option.
12. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
 - a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
 - b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
 - c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-12).
I AM SATISFIED WITH THE EXPLANATION.

Aesthetic Facial Plastic Surgery, PLLC

Philip Young MD

1810 116th Ave NE #102

Bellevue, WA 98004

Consent for Scar Revision

INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you concerning scar revision surgery(s), its risks, as well as alternative treatment(s).

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by your plastic surgeon and agreed upon by you.

GENERAL INFORMATION

The surgical treatment of scars is a procedure frequently performed by plastic surgeons. Scars are the unavoidable result of injuries, disease, or surgery. It is impossible to totally remove the presence of a scar, yet plastic surgery may improve the appearance and texture of scars. There are many different techniques of scar revision surgery. Other treatments including physical or hand therapy may be needed in addition to surgery.

ALTERNATIVE TREATMENTS

Alternative forms of treatment consist of not treating the scar condition, injections of cortisone type drugs into the scar, or the use of special compressive garments/devices worn over the scar. Dermabrasion, laser treatments and other surgical techniques may be used to revise scars. Risks and potential complications are associated with alternative forms of treatment.

RISKS OF SCAR REVISION 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 surgical revision of scars.

Bleeding- It is possible, though unusual, to experience a bleeding episode during or after surgery. Intraoperative blood transfusions may be required. Should post-operative bleeding occur, it may require an emergency treatment to drain the accumulated blood or blood transfusion. Do not take any aspirin or anti-inflammatory medications for ten days before or after surgery, as this may increase the risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. Hematoma can occur at any time following injury. If blood transfusions are necessary to treat blood loss, there is the risk of blood-related infections such as hepatitis and HIV (AIDS). Heparin medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets.

Infection- Infection is unusual after surgery. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary.

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 color 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. In some cases scars may require surgical revision or treatment.

Skin Discoloration / Swelling- Some bruising and swelling normally occurs following surgery. 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.

Pain- You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after surgery. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue.

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 where on the body surgery is being performed. Injury to deeper structures may be temporary or permanent.

Wound Disruption- Until wound healing is complete, it is possible to split open the surgical wound where the scar revision was performed. Wound disruption can produce a poor surgical result. If this occurs, additional treatment may be necessary.

Sutures- Some 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 removal.

Skin Contour Irregularities- Contour irregularities and depressions may occur after scar revision surgery. Visible and palpable wrinkling of skin can occur. Residual skin irregularities at the ends of the incisions or "dog ears" are always a possibility and may require additional surgery. This may improve with time, or it can be surgically corrected.

Allergic Reactions- In rare cases, local allergies to tape, suture materials and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur to drugs used during surgery and prescription medications. Allergic reactions may require additional treatment.

Surgical Anesthesia- Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

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. Some areas of skin may die, requiring frequent dressing changes or further surgery to remove the non-healed tissue. **Smokers have a greater risk of skin loss and wound healing complications.**

Change in Skin Sensation- It is common to experience diminished (or loss) of skin sensation in areas that have had surgery. Diminished (or complete loss of skin sensation) may not totally resolve.

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.

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 scar revision surgery. This would include risks such as asymmetry, unacceptable visible deformities at the ends of the incisions (dog ears), loss of function, poor healing, wound disruption, skin death and loss of sensation. It may be necessary to perform additional surgery to improve your results.

Cardiac and Pulmonary Complications- Surgery, especially longer procedures, may be associated with the formation of, or increase in, blood clots in the venous system. Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. Pulmonary and fat emboli can be life-threatening or fatal in some circumstances. Air travel, 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. It is important to discuss with your physician any past history of blood clots or swollen legs that may contribute to this condition. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pains, or unusual heart beats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment.

ADDITIONAL ADVISORIES

Skin Disorders / Skin Cancer: Skin disorders and skin cancer may occur independently of scar revision surgery.

Long-Term Results- Subsequent alterations in scar appearance may occur as the result of aging, weight loss or gain, sun exposure, pregnancy, menopause, or other circumstances not related to scar revision surgery.

Female Patient Information- It is important to inform your plastic surgeon if you use birth control pills, estrogen replacement, or if you believe you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

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

Patients who are currently smoking, use tobacco products, or nicotine products (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 anesthesia and recovery from anesthesia, with coughing and possibly 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 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.

It is important to refrain from smoking at least 6 weeks before surgery and until your physician states it is safe to return, if desired.

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 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.

Medications- There are many adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Be sure to check with your physician about 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.

ADDITIONAL SURGERY NECESSARY

In some situations, it may not be possible to achieve optimal revision of scarring with a single surgical procedure. Multiple procedures may be necessary. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with scar revision surgery. 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 cannot be any guarantee or warranty expressed or implied on the results that may be obtained.

PATIENT COMPLIANCE

Follow all physician instructions carefully; this is essential for the success of your outcome. Patient compliance with post-operative activity restriction is critical. 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 activities that involve the potential for re-injury to the scar revision must be avoided until healing is completed. 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. It is wise to refrain from intimate physical activities after surgery until your physician states it is safe. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

HEALTH INSURANCE

Most health insurance companies exclude coverage for cosmetic surgical operations or any complications that might occur from surgery. Please carefully review your health insurance subscriber information pamphlet. **Most insurance plans exclude coverage for secondary or revisionary surgery.**

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by your surgeon, the cost of surgical supplies, anesthesia, laboratory tests, and possible outpatient hospital charges, 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. **In signing the consent for this surgery/procedure, you acknowledge that you have been informed about its risk and consequences and accept responsibility for the clinical decisions that were made along with the financial costs of all future treatments.**

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 which 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.

CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby authorize Dr.Philip Young MD and such assistants as may be selected to perform the following procedure or treatment:

SCAR REVISION SURGERY

I have received the following information sheet:

INFORMED CONSENT - SCAR REVISION SURGERY

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee or representation has been given by anyone as to the results that may be obtained.
5. I consent to be photographed or televised before, during, and after the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.

8. I consent to the utilization of blood products should they be deemed necessary by my surgeon and/or his/her appointees, and I am aware that there are potential significant risks to my health with their utilization.
9. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
10. I understand that the surgeons' fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.
11. I realize that not having the operation is an option.
12. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
 - a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
 - b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
 - c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS
(1-12). I AM SATISFIED WITH THE EXPLANATION.



AESTHETIC FACIAL PLASTIC SURGERY PLLC
DR. PHILIP YOUNG, MD

Aesthetic Facial Plastic Surgery, PLLC

INFORMED GENERAL CONSENT FORM AND AGREEMENT

INSTRUCTIONS

I hereby acknowledge that I have *carefully* and *completely* read the following informational packet regarding Aesthetic Facial Plastic Surgery, PLLC's ("AFPS") policies and guidelines for pre and post procedure activities and prohibitions. I have: (i) read; (2) understand; and (3) have had an opportunity to ask questions regarding each section of this form. You also understand that for each specific procedure, you will be required to sign additional consent forms addressing the specific risks, side effects, post-procedure care, etc., associated with those particular procedures you will be undergoing while under the care of Aesthetic Facial Plastic Surgery, PLLC. ("AFPS")

I certify that I have read the above Authorization and Release and fully understand its terms. If signing on behalf of a minor, I certify that am the parent, guardian, or conservator of the minor and I am authorized to sign this consent form on the minor's behalf.

Please Read the "Medications to Avoid" Sheet

It is known that aspirin, arthritis medicines, cold medicines, and other medicines containing aspirin and anti-inflammatories can cause prolonged and excessive bleeding during procedures. **Please stop taking aspirin, high dose vitamin E, herbal medications, supplements (like omega 3, fish oil), and anti-inflammatories (like Naproxen, Aleve, Ibuprofen, Advil, Indocin, Excedrin, Motrin, Piroxicam, etc) two (2) weeks before and after your procedure. If you have any questions or are medically required to take these products, please notify Dr Young.**

SECTION 1

INTRODUCTION TO AESTHETIC FACIAL PLASTIC SURGERY, PLLC

Aesthetic Facial Plastic Surgery, PLLC is a Professional Service Corporation which performs various plastic surgery procedures to enhance facial aesthetics of its patients.

These procedures can help the visible signs of aging, but cannot stop the process of aging. Since each individual is different, the risks and results of these procedures will vary from person to person. These procedures are performed under local, oral or conscious sedation and the results to the procedures you may undergo will vary. Some individuals may need extra healing time and may not be able to return to work or normal activities for a prolonged period of time.



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SECTION 2 ALTERNATIVES TO TREATMENT

Alternative forms of treatment consist simply not treating the face and neck region with these procedures. There are also surgical and nonsurgical methods for improving facial aesthetics and AFPS will provide you with the options that AFPS provides. You should have a thorough discussion with your treating physician on your options and alternatives.

SECTION 3 RISKS OF PROCEDURES

Every medical and surgical procedure involves a certain amount of risk and it is important that you understand these risks. An individual's choice to undergo a medical or surgical procedure is based on the comparison of the risk to potential benefit among other things. Although the majority of patients do not experience the following complications, you should discuss each of them with your physician to make sure you understand the risks, potential complications, and consequences of the associated procedures. Whenever the skin is cut or punctured it heals with a scar. Some procedures will result in a permanent scar.

Normal Symptoms that occur during the recovery periods: swelling and bruising, discomfort and some pain, crusting along the incision lines, numbness of operated upon skin lasting 3 months or possibly longer or permanent, itching, redness of scars.

With each individual procedure the consent to perform the procedure will outline in more detail some of the symptoms, side effects and risks.

SECTION 4 POST-PROCEDURE CARE

Post-procedure care is an important part of your plastic surgery experience. It is your obligation to make sure that you keep all your post-procedure appointments as directed and make sure that you promptly contact your Physician and seek emergency care in case of a medical emergency.



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SECTION 5 FINANCIAL POLICY REGARDING REVISION AND COMPLICATIONS

Every plastic and reconstructive surgeon has a few patients who will require revision or have some complications requiring additional surgery. As you have been or will be told, one cannot guarantee a result. In cosmetic procedures there are certain problems that will happen statistically no matter how good the care or how careful the doctor and team. Examples of problems that may be encountered are bleeding or an unfavorable scar after a surgical procedure. In both of these cases, it may be necessary to return the patient to surgery, either on an emergency basis (as in the case with bleeding) or an elective basis (as in the case of scarring).

We hope that no complication arises and no revisional surgery is necessary in your case. However, no plastic surgeon can guarantee this to all of his patients. It is important for the patient undergoing an elective surgical procedure to understand that surgical revision and complications may result in additional costs. If you have any questions regarding this policy, the office staff would be happy to discuss it with you.

SECTION 6 DEPOSIT/FEE

A **\$500** fee will be collected at the time you schedule your surgery or CO2 laser treatment. The **\$500** fee will be applied towards your surgery balance, which will be **collected in full** at the time of your pre-op appointment, which is scheduled 2 weeks prior to your surgery date. If you choose to cancel your surgery for any reason before your pre-op appointment, the **\$500** fee is still **non-refundable but is transferrable**.

If you decide to cancel or reschedule your surgery within 2 weeks from your procedure day for any reason except medical necessity, we will charge you 15% of your payment and can refund 85% of your payment or you can fully transfer the 85% of the remaining balance to another surgery day. If you cancel or reschedule less than 7 days before surgery, you will be charged \$300/hr (based on how much time was set aside for your procedure) and the remaining balance can be used for the next surgery day that you schedule. Should Dr. Young cancel your surgery for any reason, you are entitled to a full refund including your deposit if you cannot reschedule.

After your procedure, full refunds will not be given and any refund will be a credit toward future purposes and procedures, less Dr. Young's time prorated based on his hourly rate of \$1000/hr. It is important to discuss your expectations with your medical provider before the procedure. Our goal is to help you achieve the results you desire.



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Other treatments, including injectable or other laser treatments, must be paid in full on day of treatment.

There will be a \$35 return check fee for all returned checks.

If you have any questions regarding our financial or refund policy, feel free to ask our Patient Care Coordinator or Office Manager.

SECTION 7 DISCLAIMERS

I understand that AFPS will request or require me to sign the following consent forms: Patient HIPAA Consent Form, General Instruction Form, Photographic/Videographic Documentation Consent Form, Pain Management Agreement, Consent forms for each individual procedure I will undergo while under the care of AFPS.

Informed consent documents are used to communicate information about the proposed medical or surgical treatment along with disclosure of risks and alternative forms of treatment(s). 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 physician may provide you with additional information, which is based on all the facts in your particular case and 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* the facts involved in individual case and are subject to change as science, knowledge, and technology advance and as practice patterns evolve.

For purposes of advancing medical education, I consent to the admittance of observers to the operating room.

I consent to the disposal of any tissue, medical device or body parts which may be removed.

I understand that the success of the procedure is to a great extent dependent upon my closely following pre-op and post-op instructions my doctor has provided to me. Post-op care, activities and precautions have been explained to me and I understand them fully.



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I also consent to the administration of such anesthetics as may be considered necessary and advisable by the attending physicians and/or anesthesiologist. I am aware that risks are involved with anesthesia, such as allergic or toxic reactions and even cardiac or respiratory arrest.

Your physician, and/or your physician's designees, reserve the right to discuss your case with any third parties if, in your physician's considered opinion, it becomes necessary to do so. Your signature below will indicate you consent to this reservation.

I have had sufficient opportunity to discuss this condition and treatment with the physician and/or your physician's associates, and all my questions have been answered to my satisfaction. I believe that I have adequate knowledge upon which to give an informed consent to the proposed treatment.

Note: Since smokers have a higher rate of respiratory complications and delayed wound healing, smoking is not recommended for 2-3 weeks before or after the surgery.

I AM AWARE THAT THE PRACTICE OF MEDICINE IS NOT AN EXACT SCIENCE AND ACKNOWLEDGE THAT NO GUARANTEES OR PROMISES HAVE BEEN MADE TO ME ABOUT THE RESULTS OF THE PROCEDURE.

I ALSO UNDERSTAND THAT MY RESULTS AND RECOVERY WILL VARY AND MAY NOT BE SIMILAR TO THE RESULTS AND RECOVERY OF THAT OF OTHER PATIENTS INCLUDING THOSE DEPICTED IN AESTHETIC FACIAL PLASTIC SURGERY, P.S ADVERTISING.

BE SURE TO ASK YOUR PHYSICIAN IF YOU HAVE ANY QUESTIONS ABOUT YOUR CARE OR PROCEDURE.

SECTION 8 MOTOR VEHICLE AND PROCEDURE DATE POLICY

It is the policy of this office to advise patients not to operate a motorized vehicle or power equipment on the day of surgery. The drugs administered during the procedure may impair driving ability and you should not drive when you are on any sedating medications such as sleeping pills, antihistamines, muscle relaxants, anti anxiety medications, Clonidine and pain medications. AFPS recommends that you have someone drive you to and from our facility if you are taking pain or sedation medications.



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I hereby release my Doctor from any and all actions, loss or injury sustained by me as a consequence of my operation of any motorized vehicle or equipment while under the influence of these sedating medications that are prescribed by him.

SECTION 9 SMOKING

NO SMOKING FOR AT LEAST TWO (2) WEEKS BEFORE AND AFTER YOUR PROCEDURE!!! I have been informed by AFPS that I am not to smoke for at least two (2) weeks before and after my scheduled procedure at AFPS.

It is important that you have read the above information carefully and have all your questions answered before signing the consent form.

****Consent to Be Signed Electronically As Part of the Medical Record****



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Pre-Procedure Instructions – General

The following instructions should be followed closely except when overruled by specific procedural instructions.

Two Weeks Prior to Your Procedure and After Procedure

1. NO ASPIRIN or medicines that contain aspirin* since it interferes with normal blood clotting.
2. NO IBUPROFEN or medicines contain ibuprofen* as it interferes with blood clotting.
3. Please DISCONTINUE ALL HERBAL MEDICATIONS* as many have side effects that could complicate a surgical procedure by inhibiting blood clotting, affecting blood pressure, or interfering with anesthetics.
4. Please DISCONTINUE ALL DIET PILLS whether prescription, over-the-counter or herbal as many will interfere with anesthesia and can cause cardiovascular concerns.
5. NO “MEGADOSES” OF VITAMIN E (which is anything greater than 40IU), but a multiple vitamin that contains E is just fine.
6. NO SMOKING because nicotine reduces blood flow to the skin and can cause significant complications during healing.
7. You may take Tylenol or generic forms of this drug. These do not interfere with blood clotting or healing.
8. Start taking a multivitamin each day and continue taking through your recovery. The healthier you are, the quicker your recovery will be.

One Week Prior to Your Procedure

9. DO NOT take or drink any alcohol or drugs for one week prior to your procedure and one week after your procedure as these can interfere with anesthesia and affect blood clotting.
10. DO NOT color your hair from this point on and for one month after your procedure.
11. If your skin tolerates, use a germ-inhibiting soap for bathing, such as Dial, Safeguard, or Lever 2000 for at least the week before your procedure.
12. DO report any signs of cold, infection, boils, or pustules appearing before your procedure.



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13. DO NOT take any cough or cold medications without permission.
14. DO arrange for a responsible adult to drive you to and from the facility on the day of your procedure, since you will not be allowed to leave on your own.
15. DO arrange for a responsible individual to spend the first 24 hours with you, since you CANNOT be left alone.

Night Before Your Procedure and Morning of Your procedure

16. DO NOT eat or drink anything (not even water) after midnight the night before your procedure. Also, no gum, candy, mints or coffee the morning of your procedure. Do not sneak anything as this may endanger you. If you are just having your procedure under local anesthesia in our office you can eat something light up until your procedure. **If you are having oral or conscious sedation you should have nothing to eat or drink (but you can have a little sip of water to take your usual medications) after midnight the night before your procedure.**
17. If you are on regular medications, please clear these with Dr. Young. If given clonidine you should take one dose the morning on the day before your procedure and one the night before your procedure.
18. DO take a thorough shower with your germ-inhibiting soap the night before and the morning of your procedure. Shampoo your hair the morning of your procedure. This is to decrease the bacteria on the skin and thereby decrease the risk of infection.
19. DO NOT apply any of the following to your skin, hair or face the morning of your procedure: make-up, creams, lotions, hair gels, sprays, perfumes, powder, or deodorant. Using any of these products will add bacteria to the skin and increase the risk of infection.
20. You may brush your teeth the morning of your procedure but do not drink anything unless you are having the procedure in our office under local anesthesia without oral or conscious sedation.
21. DO NOT wear contacts to your procedure. If you do wear glasses, bring your eyeglass case.
22. DO wear comfortable, loose-fitting clothes that do not have to be put on over your head. The best thing to wear home is a button-up top and pull on pants. You will want easy-to-slip-on flat shoes.
23. DO NOT bring any valuables or wear any jewelry (no rings, earrings, chains, toe rings, other metal piercings or watches). We will need to tape wedding rings if worn.



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24. You must have an adult drive for you – to and from your procedure. Please note that a cab or bus driver will not be allowed to take you home after your procedure. On arrival, be sure we know your driver's name, phone numbers, and how we will be able to reach them.
25. If you are not recovering at home, it is very important that we have the number where you will be after your procedure.



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POST PROCEDURE INSTRUCTIONS FOR YOUR MINOR PROCEDURE AND WOUND CARE

Congratulations on completing your procedure! Below is a list of instructions designed to help you through the recovery process. After you have read these instructions if you still have questions (especially if you think there is an emergency) please call the office at 425-990-3223.

Please make sure to come in to see us the day after surgery if we had scheduled something for you. This is important for all surgeries.

Things to Have:

- Distilled Water
- Hydrogen Peroxide
- Grocery store white vinegar
- Q-tips
- Vaseline
- Ice Packs

Cleaning Your Incisions:

1. You should clean your incision 2-3 times a day for the first two weeks with the following:
 - a. If there is crusting at the incision: mix 1 cup of hydrogen peroxide to 3-4 cups of distilled water (you can boil the water to sterilize it but always allow the mixture to cool to room temperature before applying).
 - b. Apply the mixture to the incision with Q-Tips. The goal is to clear the crusting from the incisions. Crusting causes the skin cells to grow around it leading to widening of the scar and a poor result.
 - c. Only clean the incisions with the hydrogen peroxide mixture for the first week and only when there is crusting. Cleaning a clean incision with hydrogen peroxide can actually hurt the incision if it is already clean.
 - d. If there is no crusting the incision can be cleaned with 1 part vinegar and 3-4 parts distilled water mixture.
2. You should keep Vaseline on the incision at all times for the first 10-14 days or until further notified. This will allow your incision to heal faster.
3. After two weeks you can consider Kelocote or other products containing silicone gel on the healed incisions. Apply for 12 hours a day on and 12 hours a day off for the next 3 months. The silicone gel only applies if you have an external incision.



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Food and Liquids:

1. You should avoid hot (temperature) and spicy liquids and foods for the first 2 weeks. Drink plenty of fluids to make sure that your urine is not too dark. It should be a light yellow color. Eating helps you to absorb your medication and also prevent nausea with your pain medication. However, early on after surgery too much food can cause nausea.

Medications:

1. We recommend that you start taking your nausea and pain medications as soon as possible. Start with the nausea medication as soon as you can after surgery followed by the pain medication (1/2 tablet to one tablet) ½ hour later. You should only have a maximum of 12 tablets of Percocet (5/325) over 24 hours and no more. The pain medication takes an hour or so to take effect and during the start up time you will have pain. The nausea medication also takes about an hour to take effect.
1. Always try to remember not to take too much pain medication. Pain medications can slow your breathing, which can be dangerous. Also you can only have 4 grams of Tylenol in 24 hours; over this amount can lead to irreversible liver damage. So never combine regular Tylenol with your Pain medication.
2. Do not use high dose vitamin E, herbal medications or supplements, aspirin, Aleve, Ibuprofen or other anti-inflammatories for two weeks before and after your surgery. These medications and agents all cause bleeding.
3. You should start your antibiotics and Clonidine (if you have this medication) as soon as possible after your surgery as well. The antibiotics and Clonidine are to be taken regularly and finished completely. The nausea and pain medications are taken on an as needed basis.

Stitches:

1. Some of your stitches will need to be removed 6-7 days following your surgery others may be removed a month later.
1. Sometimes stitches can break because we use very delicate stitches to get a good result. If this happens schedule an appointment as soon as possible for us to re-stitch the area.

Bleeding:

1. You will have some mild bleeding from your incisions. This is normal when the local anesthesia wears off. The first 24 hours is the most common time period for severe bleeding. The other time point is at 7 days when the clots get dissolved. Hence the first two weeks are crucial and you should be careful.



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Swelling:

1. We usually see you the next day after your procedure. This is when we determine if you have swelling that we should worry about.
1. Your swelling may increase over the next 3-4 days. Sometimes swelling lasts well over a week in a small population of patients. It all is dependent on the amount of surgery that you have.
2. Try to avoid sleeping on the sides of your face. This can lead to asymmetry and to a distorted look. Give yourself some time for the swelling to go down. All lumps and bumps eventually resolve.
3. Sleeping at a 30-45 degree angle, on your back can help the swelling for the first week.
4. Cool compresses (frozen pack, or bag of frozen peas) are essential for the first 7 days (or longer if needed) 15-20 minutes each hour. No warm compresses are recommended nor Massage unless directed by the Doctor.
5. 15-20 minute walks twice a day will also resolve residual bruising and swelling (start these 3 days after your surgery if you would like).
6. If you notice redness spreading, skin hot to the touch, white/yellow discharge from the incisions, or increased pain to one particular area, please set up an appointment to be seen as this could be an infection that is easily treatable if caught early.

Sun Avoidance:

1. Sun avoidance is crucial to avoid having your wound turn dark from hyperpigmentation.
1. You must stay out of the sun or minimize your exposure for the next 6 months. If you do go out in the sun you must wear sunscreen SPF 45 and reapply every 30 minutes to an hour. You should try to avoid putting on sunscreen for the first two weeks.

Activity:

1. No strenuous activity, straining, bending over, lifting greater than 5 pounds, alcohol, hot oral fluids, spicy foods, exercise, very hot showers and hot baths, aspirin, anti inflammatories, high dose vitamin E, herbal medications, smoking, for two weeks after surgery. It's okay to take a light walk for about 15-20 minutes once or twice a day after the first three days and increase your activity slowly after two weeks.
1. Light walks also sometimes help with resolving residual bruising and swelling.
2. You can bathe/shower after the first 72 hours, just as long as you don't use very warm water. The water should be lukewarm, just warm enough not to cause discomfort from being too cold.



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3. If you are straining going to the bathroom you may want to consider an enema, suppository, or prune juice to avoid pressure along your incision lines and to avoid bleeding.
4. Your healing will be 60% at 6 weeks and 80% at 6 months. You should gauge your activity based on this. We generally advise starting regular activity slowly two weeks after your procedure.

Makeup:

1. Make up can usually be worn after 7 days depending on how your incisions heal. No makeup should be applied over raw areas.
1. Do not use age defying make-up around your incisions or on your eyes as it contains retinol and may cause an allergic reaction for up to one month.

Follow Up:

1. We typically have most of our patients come back the day after surgery.
1. You will then return in another 6-7 days after your surgery for suture removal unless otherwise directed.

If there any questions that are not being cleared up please call the office or set up an appointment immediately if you have concerns.



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CARETAKER CONSENT FORM

Your post-operative care is critical. Once you leave our office, your care will no longer be in our control and, therefore, you must have someone watching you carefully who can provide you the right doses of medicines. That is why Dr. Young recommends that you have 24 hour nursing care from a qualified nursing center. If instead you choose to have a family member or friend watch over you, then you must ensure that the person you select is qualified to take care of you during this critical state. Failure to have proper post-operative care may result in slowing your recovery, permanent damage and even death. Do not take the appointment of your caretaker lightly.

FOR PATIENT TO SIGN

I _____ (full name) appoint _____ (full name) as my post-operative caretaker for my surgery on _____ (date). I understand that Dr. Young recommends that I have qualified 24 hour nursing care, but I choose this person as my caretaker and accept the risk of my decision. I also understand that my private medical information will be disclosed to my caretaker as needed to help with my recovery. I also understand that any failure on the part of my caretaker does not create a liability to AFPS, which is not responsible for my choice in caretaker and his/her abilities. I remain solely responsible for my decision.

Patient Signature: _____ Date: _____

FOR CARETAKER TO SIGN

I _____ (full name) agree to care for _____ during the post-operative period of 24 hours or more as necessary after surgery on _____ (date). I do not take this obligation lightly and understand that I could be liable for failure to care for the patient properly. I will keep patient's medical information confidential and will not disclose said information to anyone except those people involved in patient's care. I agree to monitor the patient's vital signs by doing the following and keeping a record of my care:

- Staying in the same room as the patient;
- Making sure breathing is strong;
- Asking questions to make sure patient is able to respond;
- Making sure that the patient uses the restroom regularly;
- Giving liquids and food as directed;
- Giving the proper doses of medicine and recording patient's response.

If I have any question at all, I will call Dr. Young at 425 990 3223 or 206 353 0829. If there is any problem, I will immediately call 911 and Dr. Young at 425 990 3223.

I also understand that signing this form does not create a relationship between myself and AFPS; instead, my sole relationship is with the patient, who has chosen me to be the caretaker. Any failure on my part does not make AFPS liable in any way.

My phone numbers are: _____

Caretaker signature: _____ Date: _____



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PATIENT PHOTOGRAPHIC AUTHORIZATION AND RELEASE

I, Pam, authorize Dr. Young and/or Aesthetic Facial Plastic Surgery, PLLC, and/or **[his/her/their]** representative(s), to take photographs, slides or videotapes of me or parts of my body for the following procedure(s) and for medical purposes to be used for my care, medical presentations and/or articles.

In addition, I authorize the use of these images, without compensation to me, for the following specific purposes: (Please **initial** in the boxes marked Yes or No for each item)

Yes	No	Medium
		in the office photo album for prospective patients.
		in office seminars for prospective patients.
		on our website for prospective patients.
		in print advertisements .
		on television .

Additional Comments:

I understand that:

- Such photographs, slides or videotapes may be published by Dr. Young and/or Aesthetic Facial Plastic Surgery, PLLC in any print, visual, or electronic media including, but not limited to, medical journals and textbooks, scientific presentations and teaching courses, and Internet web sites, for the purpose of informing the medical profession or the general public about plastic surgery methods. I understand that such uses may also include marketing on behalf of Dr. Young, for which Dr. Young may be receive direct or indirect remuneration.
- I will not be identified by name in any of the media described above; however, I also understand that in some circumstances the photographs, slides, or videotapes may display features that identify me.
- I have the right to revoke this authorization in writing at any time and, if I decide to do so, I must present my written revocation to **[Privacy Officer/Responsible Person]** at 1810 116th Avenue NE A revocation shall not affect any release of information made prior to revocation in reliance upon this Authorization. If I do not revoke this authorization, it shall expire on the following date, event, or condition: **[Date/Event/Condition]**. If I fail to specify



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an expiration date, event, or condition, this authorization will expire in **[State Law Dictates - Months/Years]**, except to the extent action has been taken thereon.

4. I may refuse to sign this authorization without such refusal affecting the medical treatment I receive from Dr. Young and/or Aesthetic Facial Plastic Surgery, PLLC.
5. The information disclosed under this Authorization, or some portion thereof, is protected by state law and/or the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by applicable federal and/or state confidentiality rules.
6. A copy of this Authorization is valid as the original. I have received a copy of this Authorization. I may inspect or copy information to be used or disclosed under this authorization, as provided by federal and/or state law.

I release and discharge Dr. Young and/or Aesthetic Facial Plastic Surgery, PLLC from all liability, including liability for negligence, that in any way arises out of:

any and all rights that I may have or may have had in the photographs, slides or videotapes of me that I have authorized to be used and disclosed in this Authorization; and

any claim that I may have or may have had relating to such use and disclosure of those photographs, slides or videotapes of me, including any claim for payment in connection with any distribution or publication of them in any medium.

This Authorization is made as a voluntary contribution in the interest of public education and certify that I have read this Authorization and Release carefully and fully understand its terms.

If I have questions about the use or disclosure of my photographs, slides, or videotapes, I can contact **[Privacy Officer/Responsible Person]** at **[Phone Number]**.

Patient is a minor years of age, and we, the undersigned, are the parents or guardian of the patient and do hereby consent for the patient.

Signature _____ Date _____

Witness _____