



Downsize Liposuction
CENTER OF HOUSTON
PREGNANCY RELEASE FORM

Patient Name: _____ AGE: _____

Lipo Suction surgery and Lidocaine may be harmful to a fetus. Pregnancy increases central nervous system sensitivity to local anesthesia and increases cardio toxicity. It is the policy of Downsize Lipo Center of Houston that women who are pregnant or may be pregnant not have this procedure. Downsize Lipo Center of Houston requires confirmation of pregnancy/non-pregnancy for all women of childbearing age prior to performing Lipo Suction.

- 1) Have you had a hysterectomy or already gone through menopause? YES NO
(If "YES," you do not need to fill out this form)
- 2) Are you pregnant or could you be pregnant? YES NO
- 3) Are you breast feeding? YES NO

(If you suspect you may be pregnant, we will require you take a pregnancy test.)

- ☐ I will take a pregnancy test (initials)
A pregnancy test will done in our office to confirm that you are not pregnant (cost is \$20).
- ☐ I refuse to take a pregnancy test, because I know I am not pregnant _____ (initials)

I understand that by signing this form I am consenting to have Lipo performed with the knowledge of the potential harmful effect of an existing pregnancy. I agree to proceed with this Lipo procedure and agree that I have been given ample opportunity to ask questions.

By signing below, I agree that all the above statements are true and hereby release downsize Lipo Center of Houston from any complications that may occur from Lipo Suction Surgery and Lidocaine exposure to my unborn child in the event I may be pregnant and assume all responsibility for my decision to have this procedure.

Patient Signature

Date

Time

Witness Signature

Date

Time



Downsize Liposuction CENTER OF HOUSTON

CONSENT FOR TUMESCENT LIPO SURGERY

I authorize **Dr. Hennessy** to perform tumescent lipo on me to facilitate the removal of unwanted fat and/or provide body contouring. Tumescent lipo is a body contouring and sculpting technique. It is a means of reducing localized fat deposits that are difficult or impossible to remove with diet or exercise. I understand that the procedure is elective, and not having this procedure is an option. Just as there may be benefits to the procedure(s) proposed, I also understand that the procedure involves risks.

I clearly understand and accept the following:

- 1) The goal of tumescent lipo surgery, as in any cosmetic procedure, is improvement – not perfection.
- 2) The final result may not be apparent for 3 to 6 months post-operatively.
- 3) Tumescent lipo surgery is a contouring/sculpting procedure and is **not** performed for purposes of weight reduction, nor as a substitute for healthy diet and exercise.
- 4) Strict adherence to the post-operative regimen and instructions is necessary in order to achieve the best possible results.
- 5) I have not taken any aspirin or aspirin-containing products for a minimum of one (1) week prior to my surgery.
- 6) There is **no guarantee**, expressed or implied, that the expected or anticipated results will be achieved, and I understand that this is not a technique for treating obesity.
- 7) Rarely, in order to achieve the best possible results, a “touch-up” procedure may be done for an additional fee.
- 8) I understand that tumescent lipo surgery is contraindicated in certain patients (see below) and that I am not one of these patients:
 - a) Women who are pregnant or believe they might be pregnant or are nursing
 - b) Patients with active thrombophlebitis or active infection
 - c) Patients with poor circulation or confined to bed
 - d) Patients with a history of pulmonary embolism or blood clots in the lungs
 - e) Patients with a history of severe or multiple allergic reactions
 - f) Patients with uncontrolled diabetes mellitus or uncontrolled collagen vascular disease (e.g. Lupus, etc.)
 - g) Patients with a history of uncontrolled bleeding
 - h) Patients with positive blood tests for hepatitis, HIV, or AIDS

Although complications following tumescent lipo are infrequent, I understand that the following may occur:

- 1) Infection is rare, but should it occur, treatment with antibiotics and/or surgical drainage may be required.
- 2) Numbness or increased sensitivity of the skin over treated areas may persist for weeks or months. Rarely, it is possible that localized areas of numbness or increased sensitivity could be permanent.
- 3) Normal temporary side effects associated with tumescent lipo surgery include soreness, inflammation, bruising (usually resolves in about 3 weeks), swelling or edema, numbness, and minor irregularity of the skin. Some of these effects may persist for weeks or months after the tumescent lipo procedure. Discomfort may last, on average, from 4-6 weeks.
- 4) Skin irregularities, lumpiness, hardness, and dimpling may appear post-operatively. Most of these irregularities disappear with time and/or massage, but localized irregularities may persist permanently. Additional procedures or medical care may be needed. If loose skin is present in the treated area, it may or may not shrink to conform to the new contour.

Patient Initials



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- 5) Objectionable scarring or pigment changes are unusual because of the small size of the incisions used, but scar formation, such as keloids, or permanent pigment changes are possible.
- 6) For patients with skin of color, hyperpigmented scars (dark to black scars) can occur at the incision sites and be permanent.
- 7) Dizziness may occur during the first 24 to 48 hours following tumescent lipo surgery, particularly upon rising from a lying or sitting position, or when removing compression garments. If this occurs, extreme caution must be taken while walking. Do not attempt to drive a car if dizziness is present.
- 8) Surgical bleeding is very rare using the tumescent technique of lipo surgery; however, it could theoretically require hospitalization.
- 9) Temporary accumulation of fluid under the skin (seroma) may occur, requiring possible surgical drainage.
- 10) Some rare but serious complications are possible: burns, infections, poor healing, blood clots, infection, scarring, surgical shock, pulmonary complications, skin loss, hematomas (collection of blood under the skin), abscess, skin necrosis (dead skin), necrotizing fasciitis (tissue damaged by bacteria), puncture wounds in an internal organ, injury to other internal structures including nerves, blood vessels, or muscles, allergic reaction to medication or material used during procedure, and anesthesia-related complications.
- 11) Fat tissue, which is removed during the procedure, contains a lot of fluid. Physicians may inject large amounts of fluid during the procedure. Either may result in a fluid imbalance which could cause serious conditions such as heart problems, excess fluid collecting in the lungs, or kidney problems.
- 12) In addition to these possible complications, I am aware of the general risks inherent in all surgical procedures and topical, local and/or tumescent anesthesia administration. Although rare with tumescent lipo unexpected severe complications can occur, including but not limited to: allergic reaction, paralysis, convulsions, blood clots, strokes, heart attack, brain damage, or even death. It is important to discuss with your physician any past history of blood clots or swollen legs that may contribute to these conditions. Seek emergency medical care immediately if you experience shortness of breath, difficulty breathing, agitation, delirium, chest pains, or unusual heart beats.
- 13) I have never experienced any adverse reaction to lidocaine, epinephrine, sodium bicarbonate or steroids. I consent to the administration of any anesthesia or sedation considered necessary or advisable for my procedure. All forms of anesthesia involve risk and the possibility of complications, injury, and in rare instances death.
- 14) In the event of an emergency, I hereby give my consent to my transfer to a nearby hospital. I understand that I am responsible for any transportation expenses incurred for my care during the time I am in transit between institutions, as well as any hospital, physician, laboratory, or radiological expenses.
- 15) Before and after procedure instructions have been discussed with me. I certify that I have read this entire document and that this procedure, its potential benefits and risks, as well as alternate treatment options have been explained to my satisfaction. I have had all my questions answered, and I voluntarily authorize and freely consent to the proposed tumescent lipo treatment including the administration of medication, anesthesia, and sedation and disposal of tissue, by my physician and/or his/her associates assisted by personnel and other trained persons as well as the presence of observers.
- 16) I agree and understand that I will not drive myself home after having my tumescent lipo procedure. _____ is driving me home. Their telephone number is _____ and I have made arrangements to have _____ stay with me after the procedure, for the first 24 hours.

Patient Name (Printed)

Patient Signature

Date/Time

Witness Name (Printed)

Witness Signature

Date/Time



Downsize Liposuction

CENTER OF HOUSTON

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Downsize Lipo Center of Houston is required by law to maintain the privacy of Protected Health Information ("PHI") and to provide you with notice of our legal duties and privacy practices with respect to PHI. PHI is information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. This Notice of Privacy Practices ("Notice") describes how we may use and disclose PHI to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to your PHI. We are required to provide this notice to you by the Health Insurance Portability and Accountability Act ("HIPAA").

Downsize Lipo Center of Houston is required to follow the terms of this Notice. We will not use or disclose your PHI without your written authorization, except as described or otherwise permitted by this Notice. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. Upon request, we will provide any revised Notice to you.

Examples of How We Use and Disclose Protected Health Information About You

Treatment. We may use and disclose your health information to provide you with medical treatment or services. For example, nurses, physicians, and other members of your treatment team will record and use it to determine the most appropriate course of care. We may also disclose the information to other health care providers who are participating in your treatment, to pharmacists who are filling your prescriptions, and to family members who are helping with your care.

Payment. We may use your health information for various payment purposes. Example: We may contact your insurer or other health care payer to determine whether it will pay for your medications.

Health Care Operations. We may use your health information for certain operational, administrative and quality assurance activities. This information will be used in an effort to continually improve the quality and effectiveness of service we provide.

Special Uses. We may use your information to contact you with appointment reminders. We may also contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

We are permitted to use or disclose your PHI for the following purposes. However, Downsize Lipo Center of Houston may never have reason to make some of these disclosures. To Communicate with Individuals Involved in:

Your Care or Payment for Your Care. We may disclose to a family member, other relative, close personal friend or any other person you identify, PHI directly relevant to that person's involvement in your care or payment related to your care.

Worker's Compensation. We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Public Health. As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law Enforcement. We may disclose your PHI for law enforcement purposes as required by law or in response to a subpoena or court order. We may also disclose your PHI when required to do so by federal, state, or local law.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

Research. We may disclose your PHI for approved medical research.

Notification. We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, regarding your location and general condition.

To Avert a Serious Threat to Health or Safety. We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Military and Special Government Functions. If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority and to correctional institutions or for national security purposes.

Other Uses and Disclosures of PHI.

We will obtain your written authorization before using or disclosing your PHI for purposes other than those provided for above (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

Your Health Information Rights

Obtain a paper copy of the Notice upon request. You may request a copy of our current Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy.

Request a restriction on certain uses and disclosures of PHI. You have the right to request additional restrictions on our use or disclosure of your PHI by sending a written request. We are not required to agree to those restrictions. We cannot agree to restrictions on uses or disclosures that are legally required, or which are necessary to administer our business.

Inspect and obtain a copy of PHI. In most cases, you have the right to access and copy the PHI that we maintain about you. To inspect or copy your PHI, you must send a written request. We may charge you a fee for the costs of copying, mailing and supplies that are necessary. We may deny your request to inspect and copy in certain limited circumstances.

Request an amendment of PHI. If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we amend it. To request an amendment, you must send a written request. You must include a reason that supports your request. In certain cases, we may deny your request for amendment.

Accounting of disclosures. You have the right to receive an accounting of the disclosures we have made of your PHI for reasons other than treatment, payment, or health care operations.

For More Information or To Report a Problem
If you have questions, requests or complaints, or are concerned that we have violated your privacy rights please contact:

Downsize Lipo Center of Houston

7515 South Main St. Houston
TX, 77030. Suite #780

If you believe your privacy rights have been violated, you can file a complaint with the Secretary of Health and Human Services.

_____ hereby acknowledge receipt of the Notice of Privacy Practices given to me.

Signed _____

Date _____

If not signed, reason why acknowledgment was not obtained _____

Staff Witness seeking acknowledgement:

_____ Date _____



Downsize Liposuction

CENTER OF HOUSTON

IMPORTANT INFORMATION ABOUT TUMESCENT LIPO

Risks of Tumescent Lipo Surgery: Any surgery involves the risk of infection, bleeding, scarring, or serious injury. However, tumescent lipo has an amazingly good safety record. One of the reasons that tumescent lipo is safer than other lipo techniques is that general anesthesia is not required. The greatest risks of lipo are those associated with general anesthesia. By eliminating general anesthesia, the risks of tumescent lipo are dramatically reduced.

Patients can minimize the risk of surgical complications by not taking medications or over-the-counter preparations that might adversely affect the surgery. Patients should inform the surgeon of any medications being taken regularly, or occasionally, including herbal remedies.

Cellulite: Tumescent lipo of the thighs, while improving the silhouette, does not necessarily eliminate the subtle “puckering” of the skin often called “cellulite.” Cellulite results from the pull of fibrous tissue that connects skin to underlying muscle. While tumescent lipo may reduce the degree of cellulite, it is unlikely to eliminate it. Tumescent lipo should not worsen cellulite.

Tumescent Lipo and Obesity: Tumescent lipo is not an appropriate treatment for obesity. Tumescent lipo is not a substitute for a prudent diet, good nutrition, and regular exercise. Obese patients may be good candidates for limited tumescent lipo if their goal is simply to improve the shape of certain limited areas of the body.

Postoperative Healing: Normal healing after tumescent lipo involves a limited but definite degree of soreness, swelling, bruising, and lumpy firmness. A temporary mild numbness of the skin may persist for up to 4 months. Most patients can actually see some improvement of their silhouette within one week after surgery. However, because of the slow resolution of post-surgical swelling, the ultimate results following tumescent lipo usually require 12 to 24 weeks to be achieved.

Realistic Expectations: Although the results of tumescent lipo are often quite spectacular, it is not realistic to expect perfection. It is impossible to guarantee the precise amount of improvement that will result from tumescent lipo. Patients should not have unrealistic expectations. Although patients can usually expect to achieve at least a 50% improvement, it is unreasonable to expect 95% improvement or near perfection. For the perfectionist, or for tumescent lipo of a very large area, maximum improvement may require a second procedure for which an additional fee may apply.

Patients who would be satisfied with a 50% improvement would be reasonably good candidates for tumescent lipo. The “50% Improvement” is intentionally a vague measure. It indicates a definite perceptible improvement, but something short of perfection. If a 50% improvement would make a patient happy, then it is likely that these expectations will be met.

Longevity of Results: The fat cells that are removed by tumescent lipo do not grow back. If the patient later gains or loses weight, the change tends to be distributed proportionately over the entire body. Although one can expect some changes with aging, provided that the patient does not gain large amounts of weight, the new, more pleasing silhouette is relatively permanent.

Patient Name (Printed)

Patient Signature

Date/Time

Witness Name (Printed)

Witness Signature

Date/Time

PATIENT NAME: _____

ARBITRATION AGREEMENT

Article 1: Agreement to Arbitrate: It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by state and federal law, and not by a lawsuit or resort to court process, except as state and federal law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. Further, the parties will not have the right to participate as a member of any class of claimants, and there shall be no authority for any dispute to be decided on a class action basis. An arbitration can only decide a dispute between the parties and may not consolidate or join the claims of other persons who have similar claims.

Article 2: All Claims Must be Arbitrated: It is also understood that any dispute that does not relate to medical malpractice, including disputes as to whether or not a dispute is subject to arbitration, as to whether this agreement is unconscionable, and any procedural disputes, will also be determined by submission to binding arbitration. It is the intention of the parties that this agreement bind all parties as to all claims, including claims arising out of or relating to treatment or services provided by the health care provider, including any heirs or past, present or future spouse(s) of the patient in relation to all claims, including loss of consortium. This agreement is also intended to bind any children of the patient whether born or unborn at the time of the occurrence giving rise to any claim. This agreement is intended to bind the patient and the health care provider and/or other licensed health care providers, preceptors, or interns who now or in the future treat the patient while employed by, working or associated with or serving as a back-up for the health care provider, including those working at the health care provider's clinic or office or any other clinic or office whether signatories to this form or not.

All claims for monetary damages exceeding the jurisdictional limit of the small claims court against the health care provider, and/or the health care provider's associates, association, corporation, partnership, employees, agents and estate, must be arbitrated including, without limitation, claims for loss of consortium, wrongful death, emotional distress, injunctive relief, or punitive damages. This agreement is intended to create an open book account unless and until revoked.

Article 3: Procedures and Applicable Law: A demand for arbitration must be communicated in writing to all parties. Each party shall select an arbitrator (party arbitrator) within thirty days, and a third arbitrator (neutral arbitrator) shall be selected by the arbitrators appointed by the parties within thirty days thereafter. The neutral arbitrator shall then be the sole arbitrator and shall decide the arbitration. Each party to the arbitration shall pay such party's pro rata share of the expenses and fees of the neutral arbitrator, together with other expenses of the arbitration incurred or approved by the neutral arbitrator, not including counsel fees, witness fees, or other expenses incurred by a party for such party's own benefit. Either party shall have the absolute right to bifurcate the issues of liability and damage upon written request to the neutral arbitrator.

The parties consent to the intervention and joinder in this arbitration of any person or entity that would otherwise be a proper additional party in a court action, and upon such intervention and joinder, any existing court action against such additional person or entity shall be stayed pending arbitration. The parties agree that provisions of state and federal law, where applicable, establishing the right to introduce evidence of any amount payable as a benefit to the patient to the maximum extent permitted by law, limiting the right to recover non-economic losses, and the right to have a judgment for future damages conformed to periodic payments, shall apply to disputes within this Arbitration Agreement. The parties further agree that the Commercial Arbitration Rules of the American Arbitration Association shall govern any arbitration conducted pursuant to this Arbitration Agreement.

Article 4: General Provision: All claims based upon the same incident, transaction, or related circumstances shall be arbitrated in one proceeding. A claim shall be waived and forever barred if (1) on the date notice thereof is received, the claim, if asserted in a civil action, would be barred by the applicable legal statute of limitations, or (2) the claimant fails to pursue the arbitration claim in accordance with the procedures prescribed herein with reasonable diligence.

Article 5: Revocation: This agreement may be revoked by written notice delivered to the health care provider within 30 days of signature and, if not revoked, will govern all professional services received by the patient and all other disputes between the parties.

Article 6: Retroactive Effect: If patient intends this agreement to cover services rendered before the date it is signed (for example, emergency treatment), patient should initial here. _____ Effective as of the date of first professional services.

If any provision of this Arbitration Agreement is held invalid or unenforceable, the remaining provisions shall remain in full force and shall not be affected by the invalidity of any other provision. I understand that I have the right to receive a copy of this Arbitration Agreement. By my signature below, I acknowledge that I have received a copy.

NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT.

Patient Name: _____	Signature: _____	Date: _____
Parent or Guardian: _____	Signature: _____	Date: _____
Witness Name: _____	Signature: _____	Date: _____



Downsize Liposuction
CENTER OF HOUSTON

832-955-1221

Appointment, Rescheduling & Cancellation Policies

We do understand that everyone's time is quite valuable. In an effort to keep our schedules running smoothly, we have implemented the policies below.

Late Policy – All patients are expected, to arrive, 15 minutes before their scheduled procedure time. If you are late for your scheduled time, there may be a \$50 fee per every 15-minutes that you are tardy. If you are more than 30-minutes late, your appointment may need to be rescheduled to another date and time and you will be charged the \$300 rescheduling fee. Traffic, weather, car delays and other issues cannot be foreseen, so it is important to plan ahead with the expectation of arriving well in advance of your schedule appointment time.

Rescheduling & Cancellation Policy - In the event a scheduled procedure must be canceled, 10 (ten) business days' notice is required. This may be accomplished by calling and Downsize via telephone at 832-955-1221. If you do not get a person when you call, it is very important that you leave a detailed message noting your name, procedure date and that you want to reschedule or cancel so that you do not incur any penalties.

- If you reschedule your procedure with less than 10 (ten) business day's notice, we reserve the right to impose a \$1000.00 fee.
- In the event the required notice is not given for cancellations, a cancellation fee of \$1000.00 **will** be imposed or charged to the credit card on file. If you do not show up on the date and time of your scheduled procedure, a \$1000.00 fee **will** be imposed or charged to the credit card on file.
- A Doctor's note is required for all cancellations that are of a medical nature. A refund **will** not be processed for traffic or loss of transportation for the day of your appointment, or if you fail to return your prescriptions.
- If you request a refund and you are issued a refund for any payment that you've made, a \$20 administrative fee will be imposed, and you will therefore be refunded \$20 less than the amount that you paid.

There may be times when we run late. This is due to unforeseen clinical need of a patient which we must accommodate. We respect our patient's time and will do all that we can to be on schedule.

By placing my signature, I certify that I have read, or have read to me the contents of this form. *If you have not yet signed up for a procedure, these policies will be on file for you in the event that you later decide to schedule a procedure after your date of consultation.*

Patient Signature

Date

Patient Name (*Printed*)



Downsize Liposuction

CENTER OF HOUSTON

AUTHORIZATION FOR THE USE OF PHOTOGRAPHS

The use of photographs is essential to the planning of your medical record and will never be shown to anyone else without your consent.

For various reasons Dr. Hennessy is often asked to show before and after photos of patients. Many patients have given permission to use their photos anonymously. We now ask that you do as well.

AUTHORIZATION FOR BEFORE & AFTER PHOTOS

I hereby authorize Dr. Mark Hennessy, to use my preoperative and postoperative photos in his before and after presentation to other patients interested in the same procedures.

I understand that every attempt will be made to represent me and the physician accurately and with integrity and dignity in all representations. I understand that this consent has no bearing on medical care.

This release will remain in effect for 7 years unless revoked in writing or Mark Hennessy MD, and/or Downsize Lipo Center has taken action in reliance to this consent.

Signature _____

Date _____

Print _____

AUTHORIZATION FOR WEBSITE

I hereby authorize Dr. Mark Hennessy, to use my photos for website presentations.

I understand that every attempt will be made to represent me and the physician accurately and with integrity and dignity in all presentations. I understand that this consent has no bearing on my medical care. This release will remain in effect for 7 years unless revoked in writing or Dr. Mark Hennessy and /or Downsize Lipo Center has taken action in reliance to this consent.

Signature _____

Date _____

Print _____



Downsize Liposuction

CENTER OF HOUSTON

Lymphatic Massage Therapists

- 1) Dr. Hennessy recommends lymphatic massage post abdominal liposuction.
- 2) Lymphatic Massage should start after 48 hours, but before the 7th day after the procedure to help you to heal faster.
- 3) Most patients benefit from (an average) of 5 treatments.
If you would like to go 1 to 3 times a week then leave 2 days in between each massage.
- 4) Lymphatic Massages help provide faster healing, reduces swelling, and prevents fluid Collection. Prevents scar tissue and fibrosis. Will help with reducing discomfort.
- 5) Dr. Hennessy only wants hands on lymphatic massages to be provided to our patients for the first 12 weeks.
- 6) Machines as in cavitation or ultrasound should only be used if Dr. Hennessy tells you that you will need that extra help to heal in the 3 month time frame.
- 7) Lymphatic Massages should be a gentle massage manipulating the skin and underlying tissue to open the lymph passages which will promote healing.
- 8) Massage Therapists are not to open your incisions most incisions are closed by the next day after the procedure, the trapped fluid will go through your kidneys then out the bladder, you may urinate a great deal.
- 9) Please feel free to hand this letter to your massage therapist before beginning your massage.



Downsize Liposuction

CENTER OF HOUSTON

Surgery Location:
7515 South Main St.
Suite 780, 7th Floor
Houston, Tx 77030
(832)-955-1221 Ext. 1

Your surgery Date and Time:_____

Arrive a half hour prior to your surgery:_____

Surgery Begins at:_____

Pick Up Time:_____

Pre-Procedure Instructions:

Thank you for choosing to have Lipo with Downsize Lipo Center of Houston. We appreciate

Being your choice for quality Lipo. Please take a moment to read through all of your

Pre-procedure instructions. Some of these instructions need to be in place 7 days before your procedure.



Pre-Operative Instructions

- If you are on Blood Pressure-Medications, please take your medication as prescribed the entire week before your procedure AND on the day of your procedure. If your blood pressure is too high at the time of surgery, we may not be able to proceed.
- If you are Diabetic, please test and record your sugar levels on the morning of your procedure. Also be sure to BRING your testing material with you in case we need to check your levels before and after the procedure.
- Medication will be prescribed prior to your procedure. You will need to bring this with you on the day of your Lipo procedure-DO NOT TAKE THIS MEDICATION BEFORE ARRIVING AT OUR OFFICE. The nurse will administer your first dose.
- Please arrange for reliable transportation AND a responsible adult to be with you following your procedure. You will not be allowed to drive home after the procedure and you should have someone with you to help and monitor you for 24-hours.
- You MUST have a light meal 1 to 2 hours prior to the procedure. You cannot fast prior to your office liposuction procedure. Having a light meal will help with taking your medication-this should include carbohydrates (oatmeal, pancakes, a sandwich, a bagel, pasta, etc) as they help you absorb your medication. If you have the procedure on an empty stomach, you increase your risk of fainting. Also we ask that you do not drink Coffee, Tea, and or Orange juice, just a half a glass of water at most.
- Bring warm socks the day of your procedure as our procedure room can get very cold-they will become stained after the procedure, wear a sports bra, and a dark pair of underpants to avoid staining.
- You should have a plastic covering for your vehicle and bed sheets post procedure-for at least the first 24 hours. You can get disposable dog training pads for this purpose (sold at Wal-Mart, Target, etc.)
- Please verify with us whether you are on any medications prior to the procedure..
- Avoid 10 days before procedure: Aspirin, Aleve, Advil, Ibuprofen, Naproxen, (any NSAID pain relievers), Vitamin E, Multivitamins, Ginseng, Ginger, and Ginkgo Biloba, Flaxseed, Herbal & Natural Remedies, Cinnamon, Turmeric, Omega-3, Marijuana, Bc Powder. No Alcohol 48 Hours before procedure. (These are all blood thinners and can not be taken before the procedure).
- If you are a smoker, please inform us-heavy smokers should not undergo this procedure since smoking can significantly affect the healing process. Social or light smokers must refrain from smoking for at least one week prior to the procedure. If we detect any tobacco odor the day of your procedure, we will not be able to proceed.
- Inform us of any allergies, especially to antibiotics or pain medications.
- Do not apply any creams or make-up to the area(s) being treated on the day of the procedure.
- Please remove any piercings/rings present in the areas(s) to be treated.
- Drink plenty of water for the week leading up to the procedure, at least 6-8 tall glasses/Day-Avoid drinking a lot of fluids the day of the procedure and please empty your bladder just prior to the procedure.
- Wear loose fitting clothing. Make sure that the clothes you wear are not your favorite clothes-they will become stained after the procedure. (For women: Please wear a Sports Bra).
- Shower with Hibiclens the day before and the morning of your procedure, in the areas being treated.
- If you have gained over 5 pounds from the date of consultation, then your surgery will be rescheduled.
- If you have any questions or concerns please call the doctor's office at 1-(832-955-1221).

Please sign if read _____



Downsize Liposuction

CENTER OF HOUSTON

Post-Procedure Care Instructions and Notes

Dr. Hennessy Cell: 1-832-231-8742

POST PROCEDURE CARE:

Going Home

You cannot drive yourself home. You also need to have a responsible adult at home with you for 24-hours after surgery.

Diet

If you have had liposuction totally by local anesthesia, you may resume your usual diet immediately. Drink adequate amounts of water, fruit juices or soft drinks to prevent dehydration. Avoid drinking alcoholic beverages for 48 hours before surgery and 48 hours after surgery.

Physical Activity

Quiet rest is recommended for the first few hours immediately after surgery. Do not drive or operate hazardous machinery for 18 hours after surgery. Do not make any important personal decisions for 24 hours after surgery. Later in the day or evening of surgery you may take a short walk if desired. The day after liposuction surgery you should feel well enough to drive your car and engage in light to moderate physical activities. You may carefully resume physical activity 2 to 4 days after surgery. It is suggested that you begin with 25% of your normal workout and then increase your daily activity as tolerated. Most people can return to a desk job within one to two days after surgery, although one must expect to be sore and easily fatigued for several days.

Working out: Week 1: You may do walking as tolerated. **Week 2 and after:** You may return to doing jogging, aerobics, elliptical machine, etc (wearing compression girdle may help lessen discomfort during exercise). **NOTE:** *Abdominal and more strenuous exercises such as sit ups, crunches, yoga and Pilates may be resumed only 4 weeks after the procedure.*

Elastic Compression Garments

Post-Op Garments are designed specifically for liposuction. These garments provide firm compression to encourage maximum drainage of residual blood-tinged anesthetic solution. Beginning the day after surgery, the post-op garments are to be removed daily to permit you to shower and to wash the garments. The girdle and binder should be worn day and night along with the super absorbent maxi pads for 24 hours post op (but will need to be removed/pulled down for a few minutes to change the pads every hour or whenever necessary). Compression will need to be used for a total of 6 weeks (minimum) or more as needed. Wearing the compression garment for several weeks helps reduce swelling, improve tightening of the skin and promote greater comfort. **NOTE:** *Discontinuing use of the garments before the schedule may affect your results.*

Garment Schedule (This is the minimum time required, may be worn for longer time as needed).

- **First 3 Weeks following procedure** – (First 24 hours after procedure, both garments need to be worn). After that, wear the girdle 24 hours a day and the white binder only at day time (when you are laying flat on you back to prevent wrinkling of the binder which may cause indentations on your skin). Garments may be removed when showering, washing them or swimming (*no swimming for 10 days after procedure*)
- **Weeks 4 to 6 following procedure** – Wear only the compression girdle (not white binder anymore) for 12-hours a day (either day or night time).
- **NOTE:** Maintaining good posture while wearing your compression garment is extremely important. Neither compression garment should look wrinkled or cause indentations, marks, or curvatures in the treated areas. If you start to notice such, it may be a sign that the garments are being worn inappropriately and need to be readjusted.

Dizziness and Fainting

Patients may experience a brief sensation of dizziness the morning after surgery, when the garments are first removed in order to take a shower. Feeling lightheaded is similar to what you might experience when standing-up too quickly. It is the result of rapid decompression of the legs after the post-op garments are removed. Should dizziness occur, simply sit or lie down until it passes. Dizziness may be prevented by removing the outer compression garment, waiting a few minutes, and then removing the second

garment while sitting. Some people have a tendency to faint upon the sight of blood. Such persons should anticipate such a problem when removing blood-tinged absorbent pads to change them hourly after liposuction.

Fainting after Urination

On the morning after childbirth a woman has an increased risk of fainting if she stands up too fast immediately after urinating. This is known as post-micturition syncope. A similar situation occurs the morning after liposuction. A liposuction patient should stand up slowly after urinating. In order to avoid a serious injury from a fall, if dizziness does occur, the patient should sit or lie down on the floor immediately. It is recommended that patients not lock their bathroom door so that someone can come to assist if necessary.

Managing Post-Op Drainage

One should expect a large volume of blood-tinged anesthetic solution to drain from the small incisions during the first 24 to 48 hours following tumescent liposuction. In general, the more drainage there is, the less bruising and swelling there will be. For the first 24 to 48 hours, super-absorbent maxi pads are worn over each incision site and under the compression garments.

Leaks Are Possible

When the super-absorbent pads are properly applied they should absorb all of the drainage. However, leaks beyond the pads can occur when they move. During the first 24 hours, when sitting or lying down, you should place absorbent terrycloth towels or plastic beneath you in order to protect your furniture from any unexpected leak of blood-tinged drainage.

Incision Care & Bathing

After the drainage has ceased, the use of pads is no longer needed and the incisions need to remain uncovered until they completely heal (no hydrogen peroxide, tape, band aids or gauze over them). Simply dab Neosporin (Triple Antibiotic) on each incision site and wear compression garment. Keep incisions clean. Shower once or twice daily. First wash your hands, then wash incisions gently with soap and water; afterwards gently pat incisions dry with a clean towel.

Take Antibiotics

Take Antibiotics as directed with food until the prescription is finished. Call our office if you notice signs of infection such as fever, foul smelling drainage, or focal redness, swelling, or pain in a treated area.

Do NOT's

- Do NOT apply ice-packs or a heating pad directly to the skin in the areas treated by liposuction. Use a cloth or towel between skin and ice packs or heat.
- Do NOT soak in a bath, Jacuzzi, swimming pool, or the ocean for at least 10 days after surgery in order to minimize the risk of infection.
- Do NOT apply heat in the first week as it will cause more bruising to form. Holding a laptop directly on your lap may also cause more bruising in the first week.

Nausea

Nausea and vomiting are among the side effects that may be associated with liposuction. Nausea can be caused by narcotic pain medication, antibiotics, or local anesthesia. If you constantly feel nauseous right after using the narcotic pain medication (even after eating), this may be a sign that it is too strong for you. In that case, Tylenol Extra-Strength may be used for pain control; Advil can also be used in its place 48 hours after the procedure.

IMPORTANT NOTES:

WOMEN - Menstrual Irregularities

Menstrual irregularities may occur for a month or so after liposuction. Premature or delayed onset of monthly menstruation is a possible side effect of any significant surgery.

MEN & WOMEN: Groin Area Swelling & Discoloration

Swelling and/or darkening of the groin area are common side effects after liposuction of the abdomen. *For men*, your scrotal

area and penis may swell and/or darken for several days after the procedure. Scrotal area may become dark to black in color. *For women*, your pubic area may also swell and/or darken for several days after the procedure.

Temperature Elevation

Slight temperature elevation during the first 48 hours after surgery is a natural consequence of the body's reaction to surgical trauma.

Inflammation, Swelling

Inflammation, swelling, and soreness are expected consequences of liposuction. Two extra-strength Tylenol should be taken every 4 hours while awake for the first 48 hours to reduce postoperative soreness and inflammation. Discomfort and soreness is worse the second day after surgery, then improves daily.

Avoid Aspirin and Ibuprofen

For **2 days** after surgery do not take aspirin or ibuprofen or similar NSAIDS (non-steroidal anti-inflammatory drugs) such as Aleve, Naproxen, Bufferin, Anacin, Advil or Nuprin. NSAIDS can promote bleeding by impairing platelet function. NSAIDS also depress the immune response to infection by impairing white blood cell function.

Bruising

Bruising is minimal with tumescent liposuction. Nevertheless, the more extensive the liposuction surgery, the more bruising one can expect. Some patients have more of a tendency to bruise than others.

Pain and Swelling

Pain and swelling due to an inflammatory reaction to surgical trauma may occur and increase 5 to 10 days after surgery. Notify your surgeon if there is a dramatic increase in pain or swelling.

Itching

Itching of the treated areas several days and even months after surgery may occur as part of the normal healing process. To help relieve the itching, you may try taking Benadryl as directed on the packaging. Be aware that Benadryl causes drowsiness. You may also try using oatmeal soap. After the 10th postoperative day, provided that the incisions are well healed, you may soak in a bath with an oatmeal bath preparation. Benadryl and oatmeal products may be purchased at most drugstores.

Nodularity

You may develop hardening of the area(s) where you had the laser liposuction procedure called nodularity. This is completely normal and is only temporary. This hardening/lumps may be accompanied by some pain and/or discomfort and will subside within 4 to 12 weeks.

Postoperative Lymphatic Drainage Massage

For best results, various sessions of lymphatic drainage massage are recommended post operatively. They may begin 48 hours after surgery and continue 2-3 times per week for at least 4-6 weeks. Lymph drainage around the areas of liposuction and other plastic surgery treatments greatly facilitates healing, helps to smoothen areas, improves skin regeneration and eliminates lumps and indentations, contouring the skin and accelerating the recovery process. We may recommend a specialist to perform the treatments or you may also obtain them at a local spa.

AFTER Liposuction it is very Important to see a Lymphatic Massage specialist!



Downsize Liposuction

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What things will I need to have ready for after my procedure:

- 1) Chucks or Puppy Pads :** To cover beds, couches, car seats, wherever you may sit.
- 2) Thickest Overnight Maxi Pads:** At least **40 to 50** pads.
- 3) Shower Liner:** To cover your bed to prevent leakage on your mattress.
- 4) Arnica Pill:** help with Bruising & Swelling, Pain.
- 5) Bromelain:** Helps Inflammation, has Pineapple in it to help with swelling.
- 6) Abdominal Boards:** Paz Wean on Amazon, helps with swelling and bruising, extra compression.
- 7) Foam:** Free fat cells are thought to be redistributed evenly by the pressure of the foam plus garment.
- 8) Foods:** Fresh Pineapple, Papaya, and Cantaloupe help with swelling.
- 9) Lymphatic Massages:** Helps to Speed up recovery, reduces swelling and prevent fluid collection

Prevents the formation of scar tissue and fibrosis. Helps to reduce discomfort.
- 10) Roller:** Helps with swelling, breaks up scar tissue, prevents fibrosis and seroma. Leaving skin smooth.
- 11) Purchase a second garment as your garment gets loose then you need to Downsize:)**
- 12) Healthy Diet Plan and Healthy Exercise Plan**



Downsize Liposuction

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Pharmacy Information For Prescriptions

Pharmacy Names: _____ Number: _____

Pharmacy Address: _____

Please list any allergies you have to medications: _____

Please list any Herbal or Natural remedies you take daily: _____

Do You Use Good Rx: _____

If Not Please Ask About Them

Name: _____

Date of Birth: ____/____/____

Please provide your photo I.D. so the Dr. Hennessy can e-scribe your prescription.

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