

# Buccal Fat Reduction



The buccal fat pads lie on each side of the cheek and extend from the temple to the lower jaw. Reduction of this fat is a common procedure to slim the face. This is a moderate result and not a procedure that will duplicate a major body weight loss. The goal of this surgery is to reduce the cheek fat in a subtle manner. It is important not to take out all the fat, but rather to provide a reduction. The area that is affected by the surgery is the lower cheek that is lateral to the corners of the mouth and the result is generally not noticeable in the high cheek or temple regions.

## **Risks and Complications**

1. The anticipated result in a minor to moderate reduction of the cheek fat.
2. I understand that this will not be the same result as a major weight loss.
3. I understand that although rare, this surgery can result in permanent or temporary facial nerve damage that could result in movement or sensation changes .
4. I understand that the parotid duct (the tube that drains saliva into the mouth) could be damaged and result in salivary gland or saliva retention and require additional surgery to repair.
5. I understand that bleeding or infection can result and result in the necessity of further treatment.
6. I understand that excessive removal of fat could result in a hollow now or in the future and could require further treatment.
7. I understand that the final result may not be as dramatic as I desire and that lack of result or asymmetry may result.

## **NO GUARANTEE OF TREATMENT RESULTS**

8. No guarantee or assurance has been given to me that the proposed treatment will be curative and/or meet every expectation. Due to individual patient differences, there is a risk of failure or relapse, my condition may worsen, and selective re-treatment may be required in spite of the care provided.
9. I have had an opportunity to discuss my medical and social history, including drug and alcohol use, with my doctor. I have informed him of all aspects of my health history, recognizing that withholding information may jeopardize the planned goals of surgery.
10. I agree to cooperate fully with my doctor's recommendations while under treatment, realizing that any lack of cooperation can result in a less than optimal result, or may be life threatening.
11. If any unforeseen condition should arise during surgery which may call for additional or different procedures from those planned, I authorize my doctor to use surgical judgment to provide the appropriate care.
12. Revision surgery, although rare, is a possibility with any cosmetic procedure. Post operative touch ups are usually minor and most often performed with local anesthesia. A surgical fee will be charged commensurate with the extent of the revision.

## **INFORMATION FOR FEMALE PATIENTS**

1. I have informed my doctor about my use of birth control pills. I have been advised that certain antibiotics and other medications may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy. I agree to consult with my personal physician to initiate additional forms of birth control during the period of my treatment, and to continue those methods until advised by my physician that I can return to the use of birth control pills.

## **CONSENT**

I certify that I have had an opportunity to fully read the terms of this consent, and that all blanks or statements requiring insertions were filled before my signing. I also certify that I speak, read and write English.

My signature below indicates my understanding of my proposed treatment and I hereby give my willing consent to the surgery. I confirm that I have explained the nature and effect of the above mention procedure/operation to the patient or guardian signed here

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**Surgeon's Signature**

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**Date**

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**Patient's Signature**

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**Date**