

## **Post liposuction treatment**

The post liposuction recovery treatment is a PAINLESS treatment utilizing multiple modalities to facilitate lymphatic drainage and normalize your local circulation. This gentle but effective method helps remove residual toxins, expedite the disappearance of your edema, leading to relief of your pain and reducing the lumps in your post-surgical sites.

We utilize a combination of the Dr Vodder lymphatic drainage technique, the Leduc hand massage technique, and ultrasonic waves, which are incorporated according to your specific clinical needs. Your state of recovery may require one, two or a combination of all three modalities.

Each treatment session will vary between 30 to 60 minutes depending on your individual situation and state of tissue repair. Your therapy may vary from one session to the next, because your healing is a dynamic, not a static process.

The cost is \$100 per session and is independent of the time needed to perform your treatment. Bear in mind that you are not “getting a massage”, you are receiving an individualized treatment to restore the microcirculation of your post-surgical wounds and surrounding tissues.

Optimally, your treatment should begin within 72 hours after your procedure. The longer you wait before starting your post-liposuction therapy, the more tissue congestion and inflammation you will experience. The sooner you start with your recovery treatments, the less post-operative treatment you will ultimately need. The most effective treatment schedule is twice weekly. The total duration of your treatment can vary significantly, depending on your individual needs and response.

You should dress in loose, casual clothing. Be aware that some of the products we use can cause staining, therefore dress appropriately. Please remove all of your jewelry before your treatment.

Make sure to drink at least one full glass of water before each treatment session as hydrated tissues are easier to treat.

Prior to your first treatment please print and fill out our post-liposuction treatment form (see attachment). This form is also available on our websites, MDskinMD.com and MDwellnessMD.com



**MD Skin Post Liposuction treatment**

Today's date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ D O B \_\_\_\_/\_\_\_\_\_  
/\_\_\_\_\_

Patient name:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

\_\_\_\_\_

E-mail

\_\_\_\_\_

\_\_\_\_\_

Referral

\_\_\_\_\_

\_\_\_\_\_

Do you currently have your period? Yes No

Are you pregnant? Yes No

Do you have any other health problems that the attendant should know? If yes, please list:

\_\_\_\_\_

\_\_\_\_\_

Are you on any medications? If yes, please list:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have any cosmetics, food, medications allergies, please list below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please List any recent surgery and date of procedure:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If liposuction was performed, please mark the areas where the liposuction was performed

Love handles  stomach  arms  thighs  back  chin   
other: \_\_\_\_\_

Do you have or had any of following?

- Acute Viral, Bacterial, or Fungal Infection
- Congestive heart failure / artery blockage
- Chronic Infection
- Autonomic Dysfunction
- Thrombosis / Blood Clots
- Thyroid Issues
- Hypertension
- Asthma

By signing this, I give my authorization to have post-surgery manual lymphatic drainage performed by the qualifying staff of MD Skin/MD Wellness. I understand all office policies and procedures.

Patient  
Name \_\_\_\_\_  
\_\_\_\_\_

Patient Signature \_\_\_\_\_ Date  
\_\_\_\_\_

Number of series \_\_\_\_\_ Total Paid \$ \_\_\_\_\_

Date \_\_\_\_\_ Initials \_\_\_\_\_

