



Informed Consent-Mastopexy

INSTRUCTIONS

This is an informed-consent document that has been prepared to help your plastic surgeon inform you about mastopexy surgery, 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.

GENERAL INFORMATION

A variety of factors such as pregnancy, nursing, weight change, aging and gravity produce changes in the appearance of a woman's breasts and some women simply develop this breast shape at adolescence. As skin loses its elasticity, the breasts often lose their shape and begin to sag. Breast lift or mastopexy is a surgery performed by plastic surgeons to raise and reshape sagging breasts. This operation can also reduce the size of an enlarged areola (the darker skin around the nipple). If your breasts are small or have lost volume after pregnancy, breast implants or fat grafting in conjunction with mastopexy can increase both firmness and size and superior fullness. Mastopexy, by itself, will not increase the breast size or volume or give a bulging upper breast. The best candidates for mastopexy are healthy, emotionally stable women who have realistic expectations about what this type of surgery can accomplish and one willing to trade the resulting scars, for a better breast shape. Breasts of any size can be lifted, but the results may not last as long in women with heavy, large breasts. Mastopexy will reshape the breast but leaves permanent scars and the exact quality of these scars is not totally predictable. There are a variety of different surgical techniques used for the reshaping and lifting of the female breast.

A separate consent form for the use of breast implants or fat grafting in conjunction with mastopexy is necessary.

ALTERNATIVE TREATMENTS

Mastopexy is an elective surgical operation. Alternative treatment would consist of not undergoing the surgical procedure or wearing supportive undergarments to lift sagging breasts. If breasts are large and sagging, a reduction mammoplasty may be considered. Minor amounts of sagging may be improved with breast implants. Risks and potential complications are associated with alternative surgical forms of treatment.

RISKS OF MASTOPEXY SURGERY

Every surgical procedure involves a certain amount of risk, and it is important that you understand the risks involved with mastopexy. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefits. While the majority of women do not experience these complications, you should make sure you understand the risks, potential complications, and consequences of mastopexy (breast lift) are real and can be permanent.

Specific Risks of Mastopexy Surgery

Bleeding: It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood. Do not take any aspirin or anti-inflammatory medications for 14 days before surgery, as this may increase the risk of bleeding. Certain herbs may also increase bleeding.

Infection: An infection is quite unusual after this type of surgery. Should an infection occur, treatment including antibiotics or additional surgery may be necessary.

Change in nipple and skin sensation: You may experience a change in the sensitivity of the nipples and the skin of your breast. Permanent loss of breast sensation can occur after a mastopexy.

Breast implants and fat grafting: The risk associated with the potential use of breast implants and fat grafting is covered in a separate informed-consent form.

Skin scarring: All surgery leaves scars, some more visible than others, and this varies from person to person and from one location on the body to another. 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. In some cases scars may require surgical revision or treatment.

Poor result: You may be disappointed with the results of surgery. Cosmetic risks would include unacceptable visible deformities, poor healing, and unacceptable breast shape. You may be dissatisfied with the size of your breasts after mastopexy.

Delayed healing: Wound disruption or delayed wound healing is possible. Some areas of the breast skin or nipple region may not heal normally and may take a long time to heal. Infrequently areas of breast tissue may die, and this may require frequent dressing changes or further surgery. Smokers have a greater risk of skin loss and wound healing complications, and **you must stop smoking before your procedure and until healing is complete.**

Asymmetry: Some breast asymmetry naturally occurs in most women. Differences of breast and nipple shape, size, or symmetry may also occur after surgery. Additional surgery may be necessary to revise asymmetry after a mastopexy.

Allergic reactions: In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions which are more serious may occur to drugs used during surgery and prescription medicines.

Breast disease: Breast disease and breast cancer can occur independently of breast lift surgery. It is recommended that all women perform periodic self-examination of their breasts, have mammography according to American Cancer Society guidelines, and to seek professional care should a breast lump be detected.

Aging, weight loss or gain, future pregnancy and breast feeding: Mastopexy is not known to interfere with pregnancy or breast feeding. If you are planning a pregnancy, your breast skin may stretch and undo the results of mastopexy. Weight gain may enlarge the breast, causing more stretching of breast skin, and weight loss makes the breast volume decrease rendering the breast more saggy. Skin tends to relax when it is under tension. Following a mastopexy the skin “envelope” is tight, but undergoes a relaxation with in a few months and this will continue as you age.

ADDITIONAL SURGERY NECESSARY

There are many conditions that may influence the long term result of mastopexy surgery. Secondary surgery may be necessary for additional tightening or repositioning of the breasts. 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 mastopexy surgery. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science, and although good results are expected, **there is no guarantee or warranty expressed or implied**, on the results that may be obtained. The surgeon is able to control only a portion of the final result during the actual operation. A large portion of the result is not doctor controlled, but is dependent on a patient's nutrition, activities and genetics.

FINANCIAL RISKS

Additional costs may occur should complications develop from the surgery that requires further treatment. Please keep in mind that tissue healing is variable and may need revisions with additional costs. Your breasts may loosen and you may request a re-tightening procedure which we are pleased to do; however there will be a charge for this.

DISCLAIMER

Informed consent documents should not be considered all inclusive in defining other methods of care and risks encountered.

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

1. I hereby authorize Dr. Thompson and such assistants as may be selected to perform the following procedure or treatment: **mastopexy**
2. I have received the Informed Consent for Mastopexy
3. 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.
4. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involves risk and the possibility of complications, injury, and sometimes death.
5. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
6. I consent to the photographing of the operation to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
7. I authorize Dr. Fred Thompson to disclose complete information concerning his medical findings and treatment of the undersigned, from the initial office visit until the date of the conclusion of such treatment, medical quality assurance and peer review.
8. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
9. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
10. **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.
I AM SATISFIED WITH THE EXPLANATION.**

Patient or Person Authorized to Sign for Patient

Date

Witness

**I CONSENT TO THE USE OF MY BEFORE AND AFTER PHOTOGRAPHS FOR THE PURPOSES OF
EDUCATING FUTURE PERSPECTIVE PATIENTS, PROVIDED MY IDENTITY IS NOT DISCLOSED.**

Patient or Person Authorized to Sign for Patient

Date