



Informed Consent-Reduction Mammoplasty

INSTRUCTIONS

This is an informed-consent document that has been prepared to help your plastic surgeon inform you about reduction mammoplasty surgery, its risks and alternative treatments. It is important that you read this information carefully and completely. Please initial the bottom of each page, indicating that you have read that page and sign the consent for surgery.

GENERAL INFORMATION

Women who have large breasts may experience a variety of physical problems from the weight and shape of their breasts, such as back, neck, and shoulder pain, bra strap growing, and skin irritation, and breast reduction is performed for relief of these symptoms. Additionally, very large breasts may limit clothing choices and activities. A breast reduction will raise and reshape as well as reduce the breast size. The best candidates are not unduly overweight and have realistic expectation about the results. The major long term trade off with this procedure is smaller, more shapelier breasts for scars. There are a variety of different surgical techniques used to reduce and reshape the female breast. During the surgery conditions may require using a different technique than was planned, such as a free nipple-areolar graft if there is poor blood supply to these structures.

ALTERNATIVE TREATMENTS

Reduction mammoplasty is an elective surgical operation; therefore an alternative treatment would consist of not undergoing the surgical procedure, using physical therapy or medication to treat pain complaints, weight loss, and wearing undergarments to support large breasts.

RISKS of REDUCTION MAMMAPLASTY SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with reduction mammoplasty. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of women do not experience the following complications, you should make sure you understand the risks, potential complications and consequences of breast reduction.

Specific Risks of Reduction Mammoplasty Surgery

Bleeding: It is possible, though unusual, to experience a bleeding episode during or after surgery and it may require 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 and supplements may also increase bleeding.

Infection: Infection is quite unusual after this type of surgery, and 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 nipple or skin sensation can occur after a reduction mammoplasty.

Skin scarring: All surgical incisions produce scarring and the quality of these scars is unpredictable. In some cases, scars may require surgical revision or other treatments.

Unsatisfactory result: You may be disappointed with the results from the reduction mammoplasty surgery. The size and shape of your breasts, and the scars may be unacceptable and back and neck pain may not be completely relieved.

Firmness: The interior of the breast consists of the actual breast tissue and fat. The fat is susceptible to poor blood perfusion and may die (necrosis). Fat necrosis may occur with breast reduction surgery and may present as a distinct firm lump, or area of firmness. If an area of fat necrosis persists, this may require additional surgical treatment.

Delayed healing: Wound disruption or delayed wound healing may occur with this surgery, particularly in smokers. Some areas of the breast skin or nipple region may not heal normally and/or take a long time to heal. It is even possible to have loss of skin or nipple tissue. 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, and **it is important that smoking cease before and following the surgery until wounds are healed.**

Asymmetry: Some breast asymmetry naturally occurs in most women and frequently there are slight differences between the breast in size, shape and scarring following surgery.

Breast disease: This surgery does not alter the chances of having breast cancer. The breast tissue which is excised is sent to a laboratory for examination. It is recommended that all women perform periodic self examination of their breasts, have mammography according to American Cancer Society guidelines, and seek professional care should they notice a breast lump.

Pregnancy and breast feeding: Although some women have been able to breast feed after breast reduction, this is not predictable. Pregnancy and breast feeding will certainly have an effect on your breast size and shape. These pregnancy induced breast changes may be improved with a revisionary surgery.

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 medications.

Aging and weight loss or gain: Future weight loss or gain, or effects of hormones may change the post-operative breast size and shape. The breast skin tends to relax or stretch over time and will continue as you age.

Extrusion of buried sutures: Sutures under the skin will occasionally work to the skin surface rather than dissolve creating an oozing spot until the suture is extruded or removed.

ADDITIONAL SURGERY 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. During the actual surgery the surgeon is able to control some factors that effect the final result, but not all. A large part of the final result is dependent on a patient's nutrition, activities, cleanliness, and genetics.

There are many variable conditions that may influence the long term result of reduction mammoplasty. Secondary surgery may be necessary for additional tightening or repositioning of the breasts. A bulge of skin and breast tissue, often termed 'dog ears', may develop at the ends of incision and most of the time this will self correct within the first six to nine months as the skin shrinks to fit the smaller breast shape. Occasionally the skin doesn't contract and requires a touchup surgery.

Even though risks and complications occur infrequently, the risks cited are particularly associated with breast reduction surgery. Other complications and risks can occur but are even more uncommon.

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: **reduction mammoplasty**
2. I have received the Informed Consent for Reduction Mammoplasty
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 involve 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(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.
7. I authorize disclosure of complete information concerning medical finding and treatment from the initial office visit until the date of the conclusion of such treatment, to those individuals who are required to receive such information for the purpose of medical quality assurance and peer review.
8. I consent to the disposal of any tissue.
9. **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