

**Dr. James B. Lowe – Plastic Surgery**  
**BREAST IMPLANT EXCHANGE & CAPSULECTOMY & BREASTLIFT SURGERY**  
**INFORMATION SHEET AND INFORMED CONSENT (WITH ADDENDUM)**

**Instructions**

This is an informed consent document that has been prepared to assist your plastic surgeon to inform you concerning breast reduction or breast lift 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.*

**INTRODUCTION**

Breast lift (mastopexy) combined with breast implant exchange & capsulectomy are procedures that are commonly performed by plastic surgeons. Both operations are performed in combination and are associated with similar risks and complications. Breast lift is considered to be a cosmetic procedure in most clinical situations except to address issues of significant asymmetry or breast cancer. Breast lift involves primarily the removal of skin and although it may improve the shape of the breast it does not usually substantially change its size. Breast lift can be combined with breast implantation or exchange when there is a limited breast volume along with a skin excess or sagging in the right patient groups.

Breast lifts in cancer patients usually require pre-operative approval through your insurance. Patients must meet the criteria for a medically covered breast lift demonstrating appropriate deformity and asymmetry. Most insurance companies demand pre-operative documentation using photographs submitted by your plastic surgeon and some companies exclude breast lifts all together. The approval process is sometimes tedious and time consuming for the patient and the plastic surgeon. Breast lifts are never covered by insurance for previous breast augmentation or implant exchange for cosmetic patients.

There are a variety of techniques that can be used for combination breast lifts with breast implant exchange or augmentations. The technique that is offered depends on the patient's size, shape, weight, and anatomy. Different techniques are used and preferred based on experience and comfort level of your plastic surgeon. Most techniques will result in visible scars and are associated with standard risks.

The primary problem with combination breast lift with implant exchanger or augmentation surgery is the simultaneous tightening of skin with the breast lift and the stretching of skin related to the breast implants. This is particularly a problem for patients who are having old implants removed. The removal of old implants along with their associated capsules may compromise the nipples and make breast lift procedures more unreliable. This means that the surgeon may not be able to tighten your breast skin as much as he would like without compromising your nipple complex. In these patients it is unlikely that your breast will look as good as they did following your first breast augmentation when you were younger and your skin was tighter.

Some patients have so much excess skin that these procedures can not be performed together or must be staged to improve the long term results. Larger breast implant placement will result in more breast sagging overtime and should be avoided in most cases. Breast lift with augmentation surgery will usually require revision surgery sometime in the future and the chance of you needing this surgery is not completely predictable. Your surgeon will usually make recommendations regarding the surgical options that are best for you.

## CONSENT FOR BREAST LIFT WITH IMPLANT EXCHANGE SURGERY

### **ALTERNATIVE TREATMENT**

Alternative forms of management consist of not undergoing the breast lift with implant exchanger or augmentation surgery. These procedures are performed to improve clinical symptoms or breast shape but are elective operations. Risks and potential complications associated with alternative forms of treatment should be discussed with Dr. Lowe.

### **RISKS OF BREAST LIFT WITH AUGMENTATION SURGERY**

With any type of activity there is inherent risk. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of breast surgery. It is also important to understand issues related to both saline and breast implants.

### **BREAST IMPLANTS**

Saline-filled and Gel breast implant devices have been approved by the United States Food and Drug Administration (USFDA) for use in breast augmentation and reconstruction. Breast implants can be used for revision of patients who have formerly undergone breast augmentation or reconstruction with silicone gel or saline-filled breast implants.

Breast implant surgery is contraindicated in women with untreated breast cancer or pre-malignant breast disorders, active infection anywhere in the body, or individuals who are currently pregnant or nursing. Individuals with a weakened immune system (currently receiving chemotherapy or drugs to suppress the immune system), conditions that interfere with blood clotting or wound healing, or have reduced blood supply to the breast tissue from prior surgery or radiation therapy treatments may be at greater risk for complications and a poor surgical outcome. According to the USFDA, a woman should be at least 18 years of age for cosmetic breast augmentation.

Breast implants are manufactured in a variety of shapes, sizes, and with either smooth or textured surfaces. The method of implant selection and size, along with surgical approach for inserting and positioning breast implants, will depend on your preferences, your anatomy and your surgeon's recommendation. The shape and size of the breasts prior to surgery will influence both the recommended treatment and the final results. If the breasts are not the same size or shape before surgery, it is unlikely that they will be completely symmetrical afterward.

Patients undergoing open capsulectomy (implant removal) with implant replacement using saline-filled or gel-filled implants must consider the following:

- Breast augmentation or reconstruction with saline-filled implants may not be a one-time surgery.
- Breast implants of any type are not considered lifetime devices. They cannot be expected to last forever. You will likely require future surgery for implant replacement or removal.
- Changes that occur to the breasts following augmentation or reconstruction with implants are not reversible. There may be an unacceptable appearance to the breast if you later choose to have breast implants removed.

### **Inherent Risks of Breast Lift Augmentation with Breast Implants (Saline and Gel)**

**Implants-** Breast implants, similar to other medical devices, can fail. Rupture can occur as a result of an injury, from no apparent cause (silent rupture), or during mammography. It is also possible to damage an implant at the time of surgery. Damaged or broken implants cannot be repaired. Ruptured or damaged implants require replacement or removal. Breast implants can wear out, they are not guaranteed to last a lifetime and future surgery may be required to replace one or both implants. A MRI

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(magnetic resonance imaging) study may be necessary to evaluate the possibility of implant rupture or deflation, yet it may not be 100% accurate in diagnosing implant integrity.

When a saline-filled implant ruptures, the saline material is absorbed by the body, but the shell material remains. Saline-filled breast implants may not have the same contour or feel as silicone-filled breast implants. The shape of your breasts after surgery depends on many factors such as your skin thickness, position and placement of the implants, and the surgical technique used. You should discuss with your surgeon the possibility of a different and less than desirable contour-shape as well as the feel of your result.

When a silicone gel-filled implant ruptures, the gel material is usually contained within the scar tissue surrounding the implant (intra-capsular rupture). In some cases, the gel may escape beyond the capsule layer and go into the breast tissue itself (extra-capsular rupture and gel migration). Rupture of a breast implant may or may not produce local firmness in the breast. Ruptured or damaged implants may require replacement or removal.

**Capsular Contracture**- Scar tissue, which forms internally around the breast implant, can tighten and make the breast round, firm, and possibly painful. Excessive firmness of the breasts can occur soon after surgery or years later. The occurrence of symptomatic capsular contracture is not predictable. The incidence of symptomatic capsular contracture can be expected to increase over time. Capsular contracture may occur on one side, both sides or not at all. It is more common with implant placement in front of the chest muscle layer. Treating capsular contracture may require surgery, implant replacement, or implant removal. Capsular contracture may reoccur after surgical procedures to treat this condition.

**Implant Extrusion / Tissue Necrosis**- Lack of adequate tissue coverage or infection may result in exposure and extrusion of the implant through the skin. Tissue breakdown (necrosis) has been reported with the use of steroid drugs, after chemotherapy/radiation to breast tissue, due to smoking, microwave diathermy, and excessive heat or cold therapy. In some cases, incision sites fail to heal normally. An implant may become visible at the surface of the breast as a result of the device pushing through layers of skin. If tissue breakdown occurs and the implant becomes exposed, implant removal may be necessary. Permanent scar deformity may occur.

**Skin Wrinkling and Rippling**- Visible and palpable wrinkling of implants and breast skin can occur. Some wrinkling is normal and expected with saline-filled breast implants and silicone gel-filled breast implants. This may be more pronounced in patients who have saline-filled implants with textured surfaces or thin breast tissue. It may be possible to feel the implant fill valve. Some patients may find palpable valve and wrinkles cosmetically undesirable. Palpable wrinkling and/or folds may be confused with palpable tumors and questionable cases must be investigated.

**Calcification**- Calcium deposits can form in the scar tissue surrounding the implant and may cause pain, firmness, and be visible on mammography. These deposits must be identified as different from calcium deposits that are a sign of breast cancer. Should this occur, additional surgery may be necessary to remove and examine calcifications.

**Chest Wall Irregularities**- Chest wall irregularities have been reported secondary to the use of tissue expanders and breast implants. Residual skin irregularities at the ends of the incisions or “dog ears” are always a possibility when there is excessive redundant skin. This may improve with time or it can be surgically corrected.

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**Implant Displacement and Tissue Stretching-** Displacement, rotation, or migration of a breast implant may occur from its initial placement and can be accompanied by discomfort and/or distortion in breast shape (visible rippling of the skin). Unusual techniques of implant placement may increase the risk of displacement or migration. Additional surgery may be necessary to attempt to correct this problem. It may not be possible to resolve this problem once it has occurred.

**Surface Contamination of Implants-** Skin oil, lint from surgical drapes, or talc may become deposited on the surface of the implant at the time of insertion. The consequences of this are unknown.

**Unusual Activities and Occupations-** Activities and occupations which have the potential for trauma to the breast could potentially break or damage breast implants or cause bleeding/seroma.

**Silicone Gel Bleed** – Patient having Gel Implants may experience over time, small amounts of silicone gel material can pass through the shell layer of the implant and coat the outside of the implant. The occurrence of gel bleed is not predictable.

### **Inherent Surgical Risk of Breast Lift with Implant or Implant Replacement Surgery**

**Bleeding** – It is possible, though unusual, that you may have problems with bleeding during or after surgery. Should postoperative bleeding occur, it may require emergency treatment to stop the bleeding or a trip back to the operating room. If you are already anemic or experience blood loss that threatens your health then you may need a blood transfusion. Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this contributes to a greater risk of bleeding. Hypertension (high blood pressure) that is not under good medical control may cause bleeding during or after surgery. Accumulations of blood under the skin may delay healing and cause scarring.

**Blood clots / deep vein thrombosis** – Breast operations usually require some time in the operating room. Although any operation can be associated with a blood clot in the legs, it is more common following more lengthy operations. It is important to note that birth control pills and other medications can increase your risk of this problem. After surgery patients must make every effort to be active and ambulate while in the hospital and at home. Deep vein thrombosis can be a potentially life threatening complication that may require further medical care and expense.

**Fluid collections** – Fluid collections can form in the period following breast surgery. These collections are called seromas and may be prevented by the use of compression dressings or drains. If the patient develops a fluid collection it may require further treatments.

**Infection** – Infection is unusual after breast lift with augmentation. Should an infection occur, additional treatment including antibiotics may be necessary. Most infections following breast lift are self-limited. However, if the breast implant gets infected it will need to be removed. New implants can not be placed until the infection has completely resolved which may be many months. Many patients experience inflammatory responses to a small number of sutures that may require treatment but usually resolves with time.

**Scarring** – Although good wound healing after a surgical procedure is expected, prominent scars may occur both within the skin and deeper tissues. Scars may be unattractive and of different color than surrounding skin. Scars are more likely within certain ethnic groups and families. There is the possibility of visible marks from sutures. Anti-scar materials, avoidance of the sun, and breast support will help to limit scars. Additional treatments including surgery may be needed to treat scarring.

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**Skin or nipple compromise** – Breast surgery require significant undermining that may injure the skin. In some cases the skin compromise will not become apparent until after surgery. Skin death or nipple death may require local wound care or a trip back to the operating room. Skin separation may be the result of skin death, tension, or infection. Certain areas are more prone to this problem than others (i.e. the central breast fold). SMOKING must be discontinued 2 months prior to surgery and at least one month after surgery. SMOKING kills nipples. Skin compromise can result from previous surgery or radiation.

**Free Nipple Grafts** - Some patient's breast are so saggy that the nipples will not survive the surgery. In these cases, if identified in advance the nipple should be removed and grafted to the breast in a new position. This results in loss of nipple sensation and significant scarring. Patient often require revision surgery or tattooing to improve the clinical result.

**Damage to deeper structures** – Deeper structures such as nerves, blood vessels, and muscles may be damaged during the course of surgery. Injury to deeper structures may be temporary or permanent.

**Unsatisfactory result** – There is the possibility of an unsatisfactory result following breast surgery with augmentation or implant exchange. The surgery may result in unacceptable visible or tactile deformities, loss of function, or structural mal-position. Many times patients are disappointed early about the shape of their breast, but it takes at least two months for the breast to settle into position in most cases. The skin and fat in the axilla are often treated with liposuction but may appear more prominent following surgery. Heavier patients tend to have poorer results and often are surprised by more visible abdominal fat. Many patients elect to have a tummy tuck in combination with breast surgery to address these concerns. You may be disappointed that the results of surgery do not meet your expectations and additional surgery may be necessary.

**Numbness** – There is the potential for permanent numbness following breast surgery. The occurrence of this is often related to the volume of breast tissue removed or the significance of the breast sag. As nerves recover they may become hypersensitive or even painful.

**Asymmetry** – The human body is normally asymmetrical. It is impossible to achieve absolute symmetry or equal cup size with breast lift and augmentation. Dr. Lowe will do his best to achieve as much symmetry as possible during 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 and prescription medicines. Allergic reactions may require additional treatment.

**Delayed healing** – Wound disruption or delayed wound healing is possible. Some areas of the breast may not heal normally or may take a long time to heal. Areas of wound compromise may require frequent dressing changes or further surgery to remove the non-healed tissue.

**Long term effects/ functional alterations** – Breast reduction surgery can improve neck pain, shoulder pain, and functional activity. Mastopexy with augmentation may actually induce shoulder and neck pain particularly when placing large implants. Patients with sagging breast should know that the breast will continue to age and future procedures may be required to lift or even reduce the breast following breast surgery. Women should try to defer breast surgery if planning future pregnancy because it will have an ill effect of the result. Many women are unable to breast feed following these procedures.

**Prosthetics/ Implants** – A breast implant may be used in combination with a breast lift. Anytime an implant is used it can become infected and require removal. Implants do not last forever and need to be exchanged every 10 years or more frequently in some cases. Implants can rupture or fail requiring

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exchange. A breast implant with breast lift is a complex procedure that balances skin tightening with skin stretch. These procedures may compromise the nipple resulting in nipple loss. In order to prevent the risk of nipple compromise, skin can only be tightened to a certain point. Most patients experience implant decent and scar widening with these procedures and may require revision surgery at one year. Revision surgery for these cosmetic procedures can not be predicted and will require a separate fee. The larger the breast implant the greater the risk for mal-position and recurrent breast sagging.

**Ruptured Breast Implants-** As with any man-made object implanted in the human body, device failure can occur. It is possible that in patients who have silicone gel-filled implants that an implant can rupture causing silicone gel to be released from the implant. Implants also can rupture during the removal process. If implant rupture has occurred, it may not be possible to completely remove all of the silicone gel that has escaped. Implant shell material of textured breast implants may be impossible to completely remove. Calcification around implants can occur and may require removal of the scar tissue surrounding the implant (capsulectomy). It may not be possible to completely remove the scar tissue that has formed around a breast implant, implant parts, calcifications, or silicone gel. Additional surgery may be necessary in the future.

**Recovery** – Some patients undergoing breast surgery will require an overnight stay in the hospital for pain control and observation. Patients may recover at different rates following breast surgery, but the longer and more complex the surgery the more difficult the recovery. Typically, patients who undergo breast surgery experience very little functional limitation. Patients usually return to work after 2-4 weeks of recovery. The best results can be obtained when patients wear breast support for 4-6 months after surgery and follow instruction on scar management.

**Surgical anesthesia** – General anesthesia involves risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation. If you are over 45 years of age, have a known medical condition, or you are in any way concerned about your health, a pre-operative evaluation from your primary care physician or cardiologist is recommended prior to surgery.

**Cardiac and Pulmonary Complications-** Surgery, especially longer procedures, may be associated with the formation of, or increase in, blood clots in the venous system. Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. Pulmonary emboli can be life-threatening or fatal in some circumstances. Inactivity and other conditions may increase the incidence of blood clots traveling to the lungs causing a major blood clot that may result in death. It is important to discuss with your physician any past history of blood clots or swollen legs that may contribute to this condition. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pains, or unusual heart beats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment.

**Shock-** In rare circumstances, your surgical procedure can cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. If surgical shock occurs, hospitalization and additional treatment would be necessary.

**Pain-** You will experience pain after your surgery. Pain can be more significant depending on the type of procedure performed. Sub-muscular implant placement is associated with more pain and discomfort. Pain of varying intensity and duration may occur and persist after surgery. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue after a breast reduction.

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**Thrombosed Veins-** Thrombosed veins, which resemble cords, occasionally develop in the area of the breast and resolve without medical or surgical treatment.

### **Additional Advisories Regarding Breast Surgery**

**Breast Disease-** Breast disease and breast cancer can occur independently of breast surgery. Breast lift with implant exchange surgery does not increase your risk of breast cancer. Individuals with a personal history or family history of breast cancer may be at a higher risk of developing breast cancer than a woman with no family history of this disease. 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 a breast lump be detected. Dr. Lowe recommends that you get a pre-operative mammogram prior to surgery if you have a strong family history or are over the age of 35. It is extremely rare that an undiagnosed breast cancer would be discovered at the time of breast surgery. If this occurs, additional treatment would be necessary and mastectomy may be indicated in the future in these cases. A breast cancer during surgery may require halting the procedure or may be detected later by the pathologist.

**Immune System Diseases and Unknown Risks-** A small number of women with breast implants have reported symptoms similar to those of known diseases of the immune system, such as systemic lupus erythematosus, rheumatoid arthritis, scleroderma, and other arthritis-like conditions. To date, after several large epidemiological studies of women with and without implants, there is no scientific evidence that women with either saline-filled or silicone gel-filled breast implants have an increased risk of these diseases. These diseases appear no more common in women with implants than those women without implants. The effect of breast implants in individuals with pre-existing immune system and connective-tissue disorders is unknown. There is the possibility of unknown risks associated with silicone breast implants and tissue expanders.

**Large Volume Breast Augmentation-** Patients who request an outcome of augmentation mammoplasty revision that produces disproportionately large breast size must consider that such a choice can place them at risk for a less than optimal long-term outcome and the need for re-operation and additional expenses. The placement of excessively-sized breast implants exceeds the normal dimensions of the breast, produce irreversible tissue thinning, implant drop out, and visible/palpable rippling.

**Interference with Sentinel Lymph Node Mapping Procedures-** Breast surgery procedures that involve cutting through breast tissue, similar to a breast biopsy, can potentially interfere with diagnostic procedures to determine lymph node drainage of breast tissue to stage breast cancer.

**Breast and Nipple Piercing Procedures-** Individuals who currently wear body-piercing jewelry in the breast region are advised that a breast infection could develop from this activity.

**Breast Feeding-** Although some women have been able to breast feed after breast surgery, in general this is not predictable. If you are planning to breast feed following breast reduction, it is important that you discuss this with your plastic surgeon prior to undergoing mammoplasty.

**Long-Term Results-** Subsequent alterations in breast shape may occur as the result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause, or other circumstances not related to your surgery. Breast sagging normally occurs over time and is more likely the heavier the breast is with or without a breast implant.

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### **Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray)-**

Patients who are currently smoking, use tobacco products, or nicotine products (patch, gum, or nasal spray) are at a greater risk for significant surgical complications of skin dying, delayed healing, and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication. Please indicate your current status regarding these items below:

\_\_\_\_\_ I am a non-smoker and do not use nicotine products. I understand the risk of second-hand smoke exposure causing surgical complications.

\_\_\_\_\_ I am a smoker or use tobacco / nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products.

It is important to refrain from smoking at least 6 weeks before surgery and until your physician states it is safe to return, if desired.

**Female Patient Information-** It is important to inform your plastic surgeon if you use birth control pills, estrogen replacement, or if you suspect you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

**Intimate Relations After Surgery-** Surgery involves coagulating of blood vessels and increased activity of any kind may open these vessels leading to a bleed, or hematoma. Activity that increases your pulse or heart rate may cause additional bruising, swelling, and the need for return to surgery and to control bleeding. It is wise to refrain from sexual activity until your physician states it is safe.

**Medications-** There are potential adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Be sure to check with your physician about any drug interactions that may exist with medications which you are already taking. If you have an adverse reaction, stop the drugs immediately and call your plastic surgeon for further instructions. If the reaction is severe, go immediately to the nearest emergency room. When taking the prescribed pain medications after surgery, realize that they can affect your thought process and coordination. Do not drive, do not operate complex equipment, do not make any important decisions and do not drink any alcohol while taking these medications. Be sure to take your prescribed medication only as directed.

**Mental Health Disorders and Elective Surgery-** It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery and often are stressful. Please openly discuss with your surgeon, prior to surgery, any history that you may have of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

### **ADDITIONAL SURGERY NECESSARY (Re-Operations)**

There are many variable conditions that may influence the long-term results of breast lift with implant exchange or augmentation. Secondary surgery may be necessary to perform additional tightening or repositioning of the breasts. Should complications occur, additional surgery or other treatments may be necessary. There is the possibility breast procedures may require revision due to scar or asymmetry. **Patient undergoing breast lifts with implantation can expect to need revision surgery sometime in the future. In some cases, it may be impossible to completely correct a complication.** Even though

## CONSENT FOR BREAST LIFT WITH IMPLANT EXCHANGE SURGERY

risks and complications occur infrequently, the risks cited are particularly associated with breast reduction and breast lift surgery. Other complications and risks can occur but are even more uncommon. 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. In some situations, it may not be possible to achieve optimal results with a single surgical procedure.

### **PATIENT COMPLIANCE**

Follow all physician instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation and the need for return to surgery. It is wise to refrain from intimate physical activities after surgery until your physician states it is safe. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

### **HEALTH INSURANCE**

Depending on your particular health insurance plan, breast lift and implant surgery is usually not considered a covered benefit. Many insurance plans will approve implant removal with capsule, but breast lifts with new implants are not covered unless it is related to a history of breast cancer. Breast surgery involving removal of small amounts of tissue is not covered by your insurance. **Many insurance plans exclude coverage for secondary or revisionary surgery.**

### **FINANCIAL RESPONSIBILITIES**

The cost of surgery involves several charges for the services provided. The total includes fees charged by your surgeon, the cost of surgical supplies, anesthesia, laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revision surgery will also be your responsibility. **In signing the consent for this surgery/procedure, you acknowledge that you have been informed about its risk and consequences and accept responsibility for the clinical decisions that were made along with the financial costs of all future treatments.**

### **DISCLAIMER**

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s), including no surgery. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the current state of medical knowledge. Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve. **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 BREAST LIFT WITH IMPLANT EXCHANGE SURGERY

CONSENT FOR SURGERY/PROCEDURE or TREATMENT

- 1. I hereby authorize Dr. \_Lowe\_\_\_\_\_ and such assistants as may be selected to perform the following procedure or treatment.

I have received the following information sheet:

INFORMED CONSENT FOR BREAST LIFT WITH IMPLANT EXCHANGE OR AUGMENTATION SURGERY

- 2. I recognize that during the course of the operations 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.
3. 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.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
5. I consent to the photographing or televising 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.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
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 including those listed above.
D. I have read, understood, and have had the opportunity to ask questions concerning the above, as well as the Informed Consent Breast Lift with Augmentation Surgery information sheet.
E. I am satisfied with the explanation.

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9).

Patient or Person Authorized To Sign for Patient.

Date

Witness

## CONSENT FOR BREAST LIFT WITH IMPLANT EXCHANGE SURGERY

### ACKNOWLEDGEMENT OF MANUFACTURE'S INFORMED CONSENT

I understand that the brochure and other educational information for Silicone Gel-filled Implants is intended to provide the information regarding the risks and benefits of silicone gel-filled breast implants, both general and specific to each manufacture's products.

I understand that silicone breast implant surgery involves risks and benefits, as described in the provided or offered brochures, videos, websites, and other education outlets. I also affirm that I believe that I have been fully informed of these risk and desire no further educational information at this time.

I also understand that the long-term (i.e. 10-year) safety and effectiveness of silicone gel-filled breast implants continue to be studied. I understand that reading and fully understanding the education materials and consents provided is required, and that there also must be consultation with a board certified Plastic Surgeon.

#### **By circling the correct response and signing below, I acknowledge:**

Y/ N I have had adequate time to read and fully understand all educational information

Y/ N I have had an opportunity to ask my surgeon any questions I may have about this material or any other issues related to breast implants or breast implant surgery.

Y/ N I have considered the alternatives to silicone breast implants and have decided to proceed with silicone breast implant surgery.

Y/ N I have been advised to wait an adequate amount of time after reviewing and considering all educational materials, before scheduling my silicone breast implant surgery; and

Y/ N I will retain a copy of the pertinent educational materials, and I am aware that I may also ask my surgeon for a copy of this or other signed acknowledgments.

\_\_\_\_\_  
PATIENT (PRINT NAME)

\_\_\_\_\_  
SIGNATURE OF PATIENT\*

\_\_\_\_\_  
DATED

\* A patient must be at least 22 years old for primary and revision breast augmentation with silicone breast implants.

#### **By my signature below, I acknowledge that:**

- My patient has been given an opportunity to ask any and all questions related to the educational materials, or any other issues of concern;
- All questions outlined above have been answered "Yes" by my patient;
- My patient has had adequate amount of time before making her final decision; and
- Documentation of Informed Decision and Consent will be retained in my patient's record as indicated.

\_\_\_\_\_  
SIGNATURE OF SURGEON

\_\_\_\_\_  
DATED

# CONSENT FOR BREAST LIFT WITH IMPLANT EXCHANGE SURGERY

## **Breast Augmentation Preferences and Choices**

\_\_\_\_ I understand that Dr. Lowe can achieve virtually any size breast that I choose, but he is limited by the characteristics of my tissues that we can't change. I also understand that the choices I make, particularly with respect to implant size, can affect the appearance of my breasts as I get older and can affect my risks of having complications or needing additional operations in the future.

### **Please initial one of the following with regard to the BREAST SIZE YOU DESIRE:**

\_\_\_\_ I want a MINIMAL amount of enlargement.

\_\_\_\_ I want to be AS FULL AS I CAN BE AND ACHIEVE A NATURAL APPEARING BREAST THAT IS SAFEST FOR MY TISSUES LONG-TERM. I leave the choice of implant size to Dr. Lowe, and will accept the size that he feels is safest for my tissues long-term.

\_\_\_\_ I want a SIZE BREAST—at least a \_\_\_\_ cup size AND at least \_\_\_\_cc implant.

\_\_\_\_ I want a SIZE BREAST – in the range of \_\_\_\_\_ to \_\_\_\_ cc implant.

(Please fill in ALL blanks)

### **Please initial one of the following with respect to CHOICE OF BREAST SIZE AND RISK OF FUTURE PROBLEMS:**

\_\_\_\_ I WANT A BREAST SIZE THAT WILL HAVE THE LEAST CHANCE OF CAUSING FUTURE SAGGING, COMPLICAITONS, OR NEED FOR ADDITIONAL PROCEDURES SUCH AS A BREAST LIFT. I understand Dr. Lowe will choose an implant with the fullest breast that is safest long-term, unless I specify a smaller or larger breast. I leave the choice of implant size to Dr. Lowe based on his evaluation of my tissues and body proportions. I understand that Dr. Lowe cannot guarantee a cup size or shape following surgery.

\_\_\_\_ I WANT A SPECIFIC BREAST SIZE, EVEN IF IT MIGHT BE LARGER THAN IDEAL FOR MY TISSUES. If I want a larger implant than Dr. Lowe feels is optimal for my tissues, I understand that I may not have a natural appearing breast. I am willing to accept responsibility for appearance and increased risks of reoperations, complications, deformities, and additional costs and time off work and normal activities in the future.

### **Please initial one of the following with respect to HOW YOU WOULD LIKE YOUR BREASTS TO LOOK:**

**IMPLANT STYLE I prefer:**            \_\_\_\_ Gel            \_\_\_\_ Saline

**IMPLANT SHAPE I prefer:**            \_\_\_\_ Shaped            \_\_\_\_ Round

**IMPLANT SHELL TYPE I prefer:**            \_\_\_\_ Textured            \_\_\_\_ Smooth

**IMPLANT MANUFACTURER I prefer:**    \_\_\_\_ Allergan            \_\_\_\_ Mentor            \_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_ I want Dr. Lowe to choose and will abide by his choice

### **IMPLANT SIZE I prefer:**

\_\_\_\_ I want an implant that contains at least \_\_\_\_\_cc of gel or saline (if you have an opinion). If I do not specify a number of cc's that I want in my implant, I am leaving the decision entirely up to Dr. Lowe, and I will accept his judgment regardless of my breast size following surgery.

\_\_\_\_ I have no specific preference for the size in cc's in my breast implants, and I want Dr. Lowe to choose based on his evaluation of my tissues and proportions. If Dr. Lowe chooses the implant size, I will abide by his choice, understanding he used the implant size he feels is safe, without producing additional risks or tradeoffs.

CONSENT FOR BREAST LIFT WITH IMPLANT EXCHANGE SURGERY

\_\_\_ If, after surgery, for any reason I desire a different size implant, I understand and accept that I must specify the exact type and size of implant in cc's, and that I am responsible for all costs associated with changing my implants, including surgeon fees, anesthesia fees, lab costs, and surgical facility fees. Further, I will not expect Dr. Lowe to re-operate as a result of my requests for a larger or different implant.

**IMPLANT POCKET LOCATION I prefer:**

\_\_\_ I prefer my implant be placed UNDER muscle. I have read, understand, and accept the tradeoffs of placing an implant under muscle.

\_\_\_ I prefer my implant be placed ABOVE muscle. I have read, understand, and accept the tradeoffs of placing an implant above muscle, and I am aware I may see visible implant edges or other irregularities with this technique.

\_\_\_ I do not have a preference for over or under muscle, and I want Dr. Lowe to choose according to my tissue requirements. I have read and fully understand the tradeoffs of placing an implant either over or under muscle.

**INCISION LOCATION I prefer:**

\_\_\_ Under the breast    \_\_\_ Around the areola    \_\_\_ In the armpit

\_\_\_ I would like Dr. Lowe to choose my incision location based on his assessment, and I will abide by his decision.

\_\_\_ I have read all of Dr. Lowe's informational materials and have had an opportunity to visit with Dr. Lowe and his staff. I have had an opportunity to ask questions and have had all of my questions answered to my satisfaction.

\_\_\_\_\_  
PATIENT (PRINT NAME)

\_\_\_\_\_  
SIGNATURE OF PATIENT\*

\_\_\_\_\_  
DATED

\_\_\_\_\_  
WITNESS (PRINT NAME)

\_\_\_\_\_  
SIGNATURE OF WITNESS\*

\_\_\_\_\_  
DATED

***Consent Summary: Breast Augmentation with or following Mastopexy  
(for patients with thin or stretch-prone tissues)***

I have discussed with Dr. Lowe and fully understand and accept the following with regard to my desire for breast augmentation with breast lift. I acknowledge that I fully understand each item listed below. I have had an opportunity to have all my questions answered, and I feel informed and I accept each risk or tradeoff listed below as indicated by the marked box beside each item. (Please, read and place a mark in the box beside each item below).

- My tissues are prone to stretch. They stretched with the weight of my breast tissues alone, causing me to need mastopexy.
- As I get older, my breast skin will age, stretch and become thinner even without an implant. The larger any breast, augmented or not, the worse it will look over time.
- Adding any implant to my breast adds weight and produces further stretch and thinning of my tissues over time.
- The larger the implant, the greater the amount of stretch that will occur.
- Adding weight to the breast almost guarantees that it will droop over time, with increased stretch and sagging. It is impossible to predict whether or when this will occur in any individual.
- Adding weight to my breast with an implant may cause me to need further surgery in the future, especially additional mastopexy that will incur additional costs, time off work, risks, and tradeoffs.
- Excessive tissue stretch can make me more likely to have surgical complications with problems healing if the tissues become very thin.
- As tissues thin, I will definitely be able to feel my implant, portions of the implant may be visible through my skin, and visible rippling or wrinkling may occur.
- If excessive stretch or complications occur (and this is unpredictable), it may become necessary to remove the implants, with probable compromise in the appearance of my breasts and probable visible scarring.
- I understand and accept all of these risks, limitations, and tradeoffs, and request that Dr. Lowe proceed with augmentation of my breasts with or without breast lift. I have had an opportunity to have all of my questions answered to my satisfaction, and am totally comfortable with my decision.

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Patient: (Please print)

\_\_\_\_\_  
Patient: (Please sign)

\_\_\_\_\_  
Witness: (Please print)

\_\_\_\_\_  
Witness: (Please sign)