

**Dr. James B. Lowe – Plastic Surgery**  
**BREAST IMPLANT INFECTION SURGERY INFORMATION SHEET**  
**AND INFORMED CONSENT**

**Instructions**

This is an informed consent document that has been prepared to assist your plastic surgeon to inform you concerning breast implant infection care and 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.*

**INSTRUCTIONS**

This is an informed-consent document that has been prepared to help inform you about the removal of infected or exposed or other complex problems regarding breast implant(s), its risks, and alternative treatment(s). 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 and agreed upon by you.

**GENERAL INFORMATION**

The removal of breast implants that have been placed either for cosmetic or reconstructive purposes is a surgical operation. Breast implant removal related to breast implant exposure or infection may be performed as a single surgical procedure or combined with additional limited procedures, for example:

Simple breast implant removal, without removal of capsule tissue around implant, with drain

- Removal of tissue surrounding the breast implant (capsulectomy), with drain
- Removal of escaped silicone gel in breast tissue (extracapsular, outside of capsule layer) from silicone gel-filled implants (breast biopsy), with drain
- Removal of implant and all diseased tissue related to fluid, pain, infection or chronic disease with drain.
- Removal of breast implant all diseased tissue related to fluid, pain, infection or chronic disease with drain, and a limited breast lift when indicated.
- Removal of implant and all diseased tissue related to fluid, pain, infection or chronic disease with VAC placement or open wound care or packing.

Implants found to be significantly contaminated and/or infected in most cases require surgical removal with a period of “cooling-off” prior to re-implantation or reconstruction. There are options for patients concerning general versus local anesthesia for breast implant removal. Your surgeon will usually help you decide what type of anesthetic is right for you based on your situation. There are significant risks and complications associated with these operations. Individuals may be required to sign other consent forms depending on the planned surgery and clinical options available.

**INTRODUCTION TO BREAST IMPLANT INFECTION OR DISEASE**

Breast implant exposure or infection surgery may involve the removal of areas of infection at the superficial or deep layers of the breast. Infection of any area of the body may require surgical intervention in combination with medical management with antibiotics and local wound care. Infections of the skin and soft tissue may start as a small area of redness and progress to soft tissue inflammation and tissue

death. Infections may be the result of local trauma, insect bites, poor hygiene, surgical procedures, or unknown reasons. Breast implant infections cannot be cured with surgical procedures alone and the success of surgery depends on the area of involvement and the removal of the breast implant in most cases. Patients with underlying medical problems that may result in immune-suppression such as HIV or diabetes may be at higher risk of complications related to infection. Untreated infections can be particularly dangerous and may require multiple surgical procedures for recovery.

Plastic surgeons often treat local wound problems and skin and soft tissue infections. Serious infections may require the assistance of your primary care physician or infectious disease physician to optimize care. Plastic surgeons role in certain types of infection is primarily as a technician for removal of implants, lesions or drainage of infection. If surgical prosthetic or a breast implant is involved with infection the material or device must be removed. Plastic surgeons may utilize a number of other experts to assist in recovery from serious infections of the skin or soft tissue including pathologist, therapist, and wound care clinics.

Most serious infections usually result in redness, warmth, pain, and fever. Skin and soft tissue infection of the breast implants may be acute or chronic. Untreated breast implant infection can result in various serious health problems including seeding to other areas of the body and in rare instances death. The risk of surgery often relates to the extent and location of the infection and the patient overall health status. In some cases Dr. Lowe will want to obtain a special study such as a laboratory test, general X-rays, Mammography, MRI or CAT scan to evaluate the area of infection and its involvement.

Your plastic surgeon may give an opinion about the particular nature of your infection, but a definitive diagnosis often requires drainage with cultures. A needle aspiration of an area infection can often help determine what antibiotics may be best in treating the area of concern. Once an area of infection is surgically treated the plastic surgeon will usually inform you if and when further procedures are indicated. It is important to note that no physician can ever be absolutely sure that infection has resolved without feedback from the patient as needed. Therefore, each patient must participate in their own health by informing their physician of areas of concern or change.

Infection of a breast implant may require multiple surgeries to resolve infection. If signs of infection worsen or fails to resolve the physician should be notified. Breast implant infection surgery may require reconstruction immediately or a later date. Most insurance companies require plastic surgeons to document the extent of the disease and the surgeon may need to submit a photograph and in some cases wait for approval for surgery. If a soft tissue infection has been present for some time and not changed, surgery may not be indicated right away. Infected implant can often be removed in the office, more significant infections when greater tissue involvement and pain may need to be performed at a hospital. Often the best option is the location that provides the least amount of delay in care.

In summary, most breast implant infections are self-limited and not emergent. However, truly infected breast implants rarely if ever fully resolve with time. They usually become weepy, produce a foul odor, and are associated a progressive increase pain. Patients must fully consider the risks and benefits of the surgery as well as its timing in advance. Your plastic surgeon will review the risk and benefits of your surgery in some detail in the office and this information should assist you in making an informed decision regarding treatment. If you are diabetic or immune suppressed any infections may be more serious and at times life-threatening.

## **ALTERNATIVE TREATMENT**

All patients with breast implant infections should undergo professional evaluation. However, there are alternative forms of breast inflammation or infection management that consist of observation, injection treatments, antibiotics, or non-surgical management. Each option has its own risk and benefits and questions regarding alternative forms of treatment should be discussed with Dr. Lowe.

## **RISKS OF BREAST IMPLANT INFECTION SURGERY / IMPLANT REMOVAL**

Breast surgery to treat implant disease or infection (suspected or confirmed) involves removal of the implant and drainage and/or possible closure of the area of concern. The drainage of an infected wound is usually more straight-forward once the prosthetic or breast implant has been removed. 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 surgery. The risk associated with inaction is often the biggest health risk facing patients with breast implant infection.

**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. Certain operations are more prone to bleeding (i.e. face or scalp). Often these areas will bleed for several hours and then stop. When a large amount of tissue is removed particularly when procedures are combined there may be a need for 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 implant surgery usually requires a short period of time. Although any operations can be associated with a blood clot in the legs, it is more likely following more lengthy operations. It is important to note that birth control pills and other medications can increase your risk of this problem. When discussing the length of the operation with Dr. Lowe remember that more is not always better. 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 surgery. Tissue fluid may accumulate in the space where the breast implant was located. These collections are called seromas and may be prevented by the use of compression or drains. If the patient develops a fluid collection it may require multiple tapping, medical treatment, a new drain, or a trip back to the operating room.

**Infection** – Infection is already present in the wound and may actually worsen after breast surgery. Should an infection worsen or fail to resolve, additional treatment including a longer course of antibiotics may be necessary. Infection can cause surgical wound to open and result in scarring. Recurrent infection is not uncommon in patients with open wounds or inflammation in the breast area. In rare cases patients wounds will need to be left open to allow for the infection to fully resolve and closed at a later date.

**Firmness-** Excessive firmness of the breasts or surrounding tissue can occur after surgery due to internal scarring. The occurrence of this is not predictable. Additional treatment including surgery may be necessary.

**Skin discoloration / swelling**- Some bruising and swelling normally occurs after breast implant removal. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.

**Scarring** – Although good wound healing after a surgery is expected, abnormal scars may occur both within the skin and deeper tissues. Scars may be unattractive and of different color than surrounding skin. There is the possibility of visible marks from sutures. Additional treatments including surgery may be needed to treat scarring. Scarring is dependent of the size and area of the defect as well as the extent of infection and soft tissue damage.

**Scar length** – The length of your scars with breast surgery is related to the size of the defect. Often the surgeon will limit the scar but need to lengthen it in the future if redundancy does not settle out.

**Skin compromise** – Certain soft tissue procedures require significant undermining and can be associated with separation of the wound. This wound separation will sometimes require local wound care and scar revision. Wound separation may be the result in further skin death or infection and certain areas are more prone to this problem than others. Smoking will compromise the skin so patients can not smoke for 2 months prior to surgery and at least one month after surgery. Avoid the sun for 6 months after surgery.

**Asymmetry**- Some breast asymmetry naturally occurs in most women. Differences in terms of breast and nipple shape, size, or symmetry may also occur after surgery. There will be a great deal of asymmetry if only one implant is removed as often the cases with implant infections. Additional surgery may be necessary to attempt improvement of asymmetry.

**Skin irregularity** – Skin irregularities, bumps, and areas of stiffness usually occur after soft tissue procedures. Most of these areas resolve with time but some irregularities may be permanent or require revision. External massage techniques may be helpful in some situations.

**Allergic reactions**- In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional

**Fat Necrosis**- Fatty tissue found deep in the breast or breast skin might die. This may produce areas of firmness within the skin. Additional surgery to remove areas of fat necrosis may be necessary. There is the possibility of contour irregularities in the skin that may result from fat necrosis.

**Sutures**- Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible or produce irritation that requires suture removal.

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

**Long term effects** – It is important to remember to avoid sun exposure for 6 months after soft tissue surgery procedures. Sun tanning can result in tissue loss and scarring even when a bathing suit covers the area. Scars tend to fade with time but will be significantly harmed by sun exposure. Sun exposure will also increase your risk of future skin cancers.

**Need for revision** – Certain soft tissue operations are more likely to require revision surgery. In sensitive areas Dr. Lowe will often tell you to expect a number of reconstructive stages to optimize the results. This may involve scar revision, Dermabrasion, steroid injections, and laser treatments.

**Staged procedures** – When the soft tissue surgery is large a staged reconstruction may be necessary. This may involve moving tissue from one area to the next and creating a new defect in the process. Often local tissue will be moved with an attachment that must be divided at a later date. These staged procedures are often necessary to obtain the best results.

**Functional alterations** – Changes may occur after soft tissue surgery that may limit a patient's function. Patients may recover at different rates following skin surgery, but the more surgery you have done the more difficult the recovery.

**Surgical anesthesia** – Both local and general anesthesia involve 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, a pre-operative evaluation from your primary care physician or cardiologist is recommended prior to surgery.

**Contour irregularities-** Contour and shape irregularities will occur after surgery. Residual skin irregularities at the ends of the incisions or “dog ears” are always a possibility when there is redundant skin. These irregularities are more significant in patients undergoing implant infection surgery. This may improve with time, or it can be surgically corrected.

**Wrinkling and rippling-** Visible and palpable wrinkling of breast skin or breast can occur. This may require additional surgery to tighten loose skin following breast implant removal surgery.

**Ruptured silicone gel-filled breast Implants-** As with any man-made object implanted in the human body, device failure can occur. It is possible that an implant can rupture or has already ruptured 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 an infected breast implant, implant parts, calcifications, or silicone gel. Additional surgery may be necessary in the future.

**Delayed healing and tissue necrosis-** 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. Areas of skin or nipple tissue may die. Tissue death (necrosis) can potentially occur when surgery is performed to remove infected implants, capsule tissue, and procedures to tighten the skin and move the nipples upward (mastopexy). Necrosis has also 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. This may require frequent dressing changes or further surgery to remove the non-healed tissue. Individuals who have decreased blood supply to breast tissue from past surgery or radiation therapy may be at increased risk for wound healing and poor surgical outcome. Smokers have a greater risk of skin loss and wound healing complications.

**Damage to deeper structures-** There is the potential for injury to deeper structures including nerves, blood vessels and muscles and lungs (pneumothorax) during this surgical procedure. The potential for this to occur varies according to the type of procedure being performed. Injury to deeper structures may be temporary or permanent.

**Numbness** – There is the potential for permanent numbness following soft tissue surgery. The occurrence of this is not predictable. It is rare to have numbness past 6 months, but numbness may not totally resolve in some cases. As nerves recover they may become hypersensitive or even painful. Sometimes a nerve will need to be removed or cut during the surgery.

**Change in Nipple and Skin Sensation**-You may experience a diminished (or loss) in the sensitivity of the nipples and the skin of your breast that usually resolves in 3 to 4 weeks. Partial or permanent loss of the nipple and skin sensation is rare. However, decreased or permanent loss in nipple sensation is more likely to occur if extensive surgical dissection is needed to remove infection, scar tissue, or the breast implant capsule. Changes in sensation may affect sexual response or the ability to breast feed a baby.

**Pain**- You will experience pain after your breast surgery. Pain of varying intensity and duration may occur and persist. Pain may be the result of surgical technique, capsular contracture, or sensory nerve entrapment or injury. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue. Chronic pain may occur very infrequently after breast implant infection procedures.

**Cardiac and Pulmonary Complications**- 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 swelling in your legs or blood clots that may contribute to this condition. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. Should any of these complications occur, you may require hospitalization and additional treatment. If you experience shortness of breath, chest pain, or unusual heart beats after surgery, you should seek medical attention immediately.

**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.

**Recurrent of Soft Tissue Infection or Failure to Cure** – Soft tissue infections may recur or fail to resolve. If the surgeon treats soft tissue mass, the sample may later show an incomplete removal. A re-excision may be attempted or a different surgical approach taken. Sometimes the pathologist can misinterpret a margin or the type of soft tissue mass or infection. Certain techniques increase the chances of complete drainage of some soft tissue masses. Certain types of soft tissue infections may require other treatments such as drainage tubes or radical excisions. It is important that physicians involved in the patients care, the family, and patient are diligent in watching the area of concern.

### **Additional Advisories Regarding Breast Implant Removal Surgery:**

#### **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 and delayed healing. 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.

\_\_\_\_\_ 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.

**Mammography-** It is important to continue to have regular mammography examinations and to perform periodic breast self-examination. Should a breast lump be detected with either mammography or self-examination, please contact your physician.

**Psychological / Appearance Changes-** It is possible that after breast implant removal you may experience a strong negative effect on your physical appearance, including significant loss of breast volume, distortion, and wrinkling of the skin. Your appearance may be worse than prior to your surgery for the placement of the breast implants. There is the possibility of severe psychological disturbances including depression. It is possible that you or your partner will lose interest in sexual relations.

**Health Disorders Alleged To Be Caused By Breast Implants-** Currently there is insufficient evidence to state that the removal of breast implant(s) and capsule(s) will alter the course or prevent autoimmune or other disorders alleged to be caused by breast implants. The removal of breast implants may be of no health benefit to you.

**Breast Disease-** Current medical information does not demonstrate an increased risk of breast disease or breast cancer in women who have breast implant surgery for either cosmetic or reconstructive purposes. Breast disease can occur independently of breast implants and surgical procedures to remove them. Individuals with a personal history or family history of breast cancer may be at 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 per American Cancer Society guidelines, and seek professional care should they notice a breast lump.

**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 Feeding Following Implant Removal-** It is not known if there are increased risks in nursing for a woman who has undergone breast implant removal. If a woman has undergone a mastectomy, it is unlikely that she would be able to breast feed a baby on the side where the breast was removed.

**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 breast implant removal surgery. Breast sagging may normally occur.

**Unsatisfactory Result-** Treating any breast implant infection will result in a defect or deformity. Dr. Lowe tries to offer patients the best cosmetic result in a timely way while taking into account the infection, the patient's medical condition and personal wishes. You may be disappointed or surprised with the results of breast implant removal surgery. Asymmetry in nipple location, unanticipated breast shape and size, loss of function, wound disruption, poor healing, and loss of sensation may occur after surgery. The surgery may result in unacceptable visible or tactile deformities, loss of function, or structural mal-

position. It may not be possible to achieve optimal results with a secondary surgical procedure. It may be necessary to perform multiple surgeries for the best outcome.

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

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

**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.

**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 control of bleeding. It is wise to refrain from intimate physical activities until your physician states it is safe.

**Mental Health Disorders and Surgery-** It is important that all patients seeking to undergo 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 surgery, effects on mental health cannot be accurately predicted.

**Medications-** There are many 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.

### **ADDITIONAL SURGERY NECESSARY**

There are many variable conditions in addition to risks and potential surgical complications that may influence the long term result from skin infection surgery. Even though risks and complications occur infrequently, the risks cited are particularly associated with skin procedures. Other complications and risks can occur but are even more uncommon. Should complications occur, additional surgery or other treatments may be 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. Often it is necessary to perform additional surgery to improve or optimize your results.



## **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. 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**

Most health insurance companies simply do not cover breast implant infections unless related to breast cancer reconstruction. They do not cover infection resulting from previous cosmetic or elective surgery. Insurance companies require plastic surgeons to obtain permission to treat chronic infections in advance. Insurance companies may not allow surgery in some situation and photographs are required for documentation. If you request Dr. Lowe to proceed with breast implant infection surgery without permission you may be responsible for unpaid fees to the pathologist or Dr. Lowe. Please, carefully review your health insurance subscriber-information pamphlet and discuss any questions with Dr. Lowe.

## **FINANCIAL RESPONSIBILITIES**

The cost of surgery involves several charges for the services provided. The total includes fees charged by your doctor, the cost of surgical supplies, laboratory tests, anesthesia, 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-payment, deductibles, and charges not covered. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day surgery charges involved with revision surgery not covered by your insurance would also be your responsibility.

## **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). This 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 in your particular case and the 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 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 below.**

**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 IMPLANT INFECTION 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 for Breast Implant 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