

Dr. James B. Lowe – Plastic Surgery
BREAST REDUCTION AND BREAST LIFT 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 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 reduction and breast lift (mastopexy) are procedures that are frequently performed by plastic surgeons. Both operations are performed in similar ways and are associated with similar risks and complications. Breast reduction is a medically indicated procedure that requires a significant volume of breast tissue and skin to be removed. Breast lift involves primarily the removal of skin and is considered a cosmetic procedure. Breast lift can be combined with breast implantation when there is a limited breast volume along with a skin excess or sagging.

Breast reduction usually requires pre-operative approval through your insurance. Patients must meet the criteria for breast reduction demonstrating appropriate clinical symptoms and estimated breast volume. Most insurance companies demand pre-operative documentation using photographs submitted by your plastic surgeon and some companies exclude breast reductions all together. The approval process is sometimes tedious and time consuming for the patient and the plastic surgeon.

There are a variety of techniques that can be used for breast reductions and breast lifts. 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.

ALTERNATIVE TREATMENT

Alternative forms of management consist of not undergoing the breast reduction or breast lift 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 REDUCTION OR BREAST LIFT 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.

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

CONSENT FOR BREAST REDUCTION AND LIFT SURGERY

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 reduction and breast lift 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.

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

Fluid collections or Seroma – 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 reduction or breast lift. Should an infection occur, additional treatment including antibiotics may be necessary. Most infections following breast reductions or breast lift are self-limited. Many patients experience inflammatory responses to a small number of sutures that may require treatment but usually resolves with time.

Skin or nipple compromise – Breast reductions and breast lifts 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.

Change in Nipple and Skin Sensation- You may experience a diminished (or loss) of sensitivity of the nipples and the skin of your breast. Permanent loss of nipple sensation can occur after breast surgery in one or both nipples. Changes in sensation may affect sexual response. In rare circumstances the nipple may be lost entirely.

Free Nipple Grafts - Some patient's breast are so big and saggy that the nipples will not survive the surgery. In these cases, if identified in advance or during surgery 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.

Skin Contour Irregularities- Contour and shape irregularities may occur after breast surgery. Visible and palpable wrinkling may occur. One breast may be smaller than the other. Nipple position and shape will not be identical one side to the next. 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. Nipple retraction may occur after breast surgery.

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 removal.

CONSENT FOR BREAST REDUCTION AND LIFT SURGERY

Skin Discoloration / Swelling- Some bruising and swelling normally occurs following breast surgery. 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 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.

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.

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, device placement, or further surgery to remove the non-healed tissue. Cleanliness, time, patience, and compliance with specific instructions are key issues to successful recovery.

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.

Asymmetry – The human body is normally asymmetrical. It is impossible to achieve absolute symmetry or equal cup size with breast reduction or breast lift. Dr. Lowe will do his best to achieve as much symmetry as possible during surgery.

Surgical Wetting Solutions- There is the possibility that fluid containing dilute local anesthetic drugs and epinephrine that is injected into fatty deposits to assist in breast reduction or lift during surgery may contribute to fluid overload or systemic reaction to these medications. Additional treatment including hospitalization may be necessary.

Fat Necrosis- Fatty tissue found deep in the 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

Skin Sensitivity- Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this resolve during healing, but in rare situations it may be chronic.

Pain- You will experience pain after your surgery. A breast reduction may not improve musculoskeletal pain in the neck, back and shoulders. 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.

Numbness – There is the potential for permanent numbness following breast reduction and breast lift. 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.

CONSENT FOR BREAST REDUCTION AND LIFT SURGERY

Unsatisfactory result – There is the possibility of an unsatisfactory result following breast reduction and breast lift. 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 surgery did not meet your expectations and additional surgery may be necessary.

Long term effects/ functional alterations – Breast reduction surgery can improve neck pain, shoulder pain, and functional activity. In some case these symptoms are not improved following breast reduction surgery. The breast will continue to age and future procedures may be required to lift or 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 in some cases. Implants can rupture or fail requiring 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 death. 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.

Need for revision – Certain breast procedures are more likely to require revision surgery. Patients with a great deal of tissue or skin excess often require a second operation at one year. It is only possible to remove and tighten tissue a certain amount on one occasion. Skin will often accommodate stretch over time and become redundant. Revision surgery is more common in patients who have lost a lot of weight following gastric bypass or stapling. Patient's skin does not always retract well following breast procedures and redundancy may result requiring skin excision

Recovery - Most patients undergoing breast reduction or lift will require a limited recovery and on occasions an overnight stay in the hospital for pain control and observation. Patients may recover at different rates following breast surgery, but the larger the reduction or lift 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.

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.

CONSENT FOR BREAST REDUCTION AND LIFT 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.

Additional Advisories Regarding Breast Reduction & Lift Surgery

Breast Disease- Breast disease and breast cancer can occur independently of any breast surgery. Breast reduction and breast lift 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 a reduction mammoplasty. 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.

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 reduction, 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 reduction 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 may normally occur.

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.

CONSENT FOR BREAST REDUCTION AND LIFT SURGERY

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 is 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 result of reduction mammoplasty or breast lift. 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 reduction and breast lift 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 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.

CONSENT FOR BREAST REDUCTION AND LIFT SURGERY

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 reduction surgery may be considered a covered benefit. There may be additional requirements in terms of the amount of breast tissue to be removed and duration of physical problems caused by large breasts. Breast reductions involving removal of small amounts of tissue may not be covered by your insurance. Please review your health insurance subscriber-information pamphlet, call your insurance company, and discuss this further with your plastic surgeon. **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 REDUCTION AND LIFT 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 REDUCTION AND LIFT 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 Reduction and Breast Lift 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