

INFORMED CONSENT – BREAST IMPLANT REMOVAL & BREAST LIFT

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INFORMED CONSENT – BREAST IMPLANT REMOVAL & BREAST LIFT

INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you about the removal of breast implant(s) and immediate or delayed breast lift (mastopexy), 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 may be performed as a single surgical procedure or combined with additional procedures, for example:

- Simple breast implant removal, without removal of capsule tissue around implant
- Removal of tissue surrounding the breast implant (capsulectomy)
- Removal of escaped silicone gel in breast tissue (extracapsular, outside of capsule layer) from silicone gel-filled implants (breast biopsy)
- Breast lift (mastopexy following breast implant and/or capsule removal)

Implants that are found to be damaged or ruptured cannot be repaired; surgical removal or replacement is recommended. There are options concerning general versus local anesthesia for breast implant removal.

There are both risks and complications associated with this operation.

INTRODUCTION

Breast implant removal & capsulectomy combined with breast lift (mastopexy) 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 if not all clinical situations except to address issues of asymmetry related to 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 implant removal, implantation, or implant exchange depending on the clinical situation.

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 implant removal with 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.

The primary problem with combination breast implant removal and breast lift is the blood flow to the nipple complex. This is particularly a problem for patients who are having old implants with significant scarring removed. The removal of old implants along with their associated capsules may compromise the nipples and make breast lift procedures 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 you would like and revision or a delayed breast lift will be required. Some patients have so much excess skin that these procedures cannot be performed together or must be staged to improve the long term results.

Breast implant removal will result in a significantly smaller breast in every case. If the breast implants have been in place for many years in many cases there will be little to no breast volume left after implant removal with or without breast lift. The breast lift will improve the shape but will not significantly alter the resulting loss of breast volume. Your surgeon will usually make recommendations regarding the surgical options that are best for you.

INFORMED CONSENT – BREAST IMPLANT REMOVAL & BREAST LIFT

Individuals who choose to have revisions made in order to continue with breast implants may be required to sign other consent documents for revision surgery now or in the future. This document is intended for permanent removal of breast implants and/or capsule material that surrounds the implants or breast biopsy to remove silicone gel outside of the capsule layer. This document includes individuals who choose to undergo a breast lift (mastopexy) at the time of breast implant removal. On occasion the breast lift will need to be delayed or limited depending on the amount of scarring around the old implants, perfusion to the nipple complex, or the previous surgical approach.

ALTERNATIVE TREATMENTS

Alternative forms of non-surgical management consist of not undergoing breast-implant removal, or other procedures to replace, relocate, or revise existing situations where patients choose to continue with breast implants. Risks and potential complications are associated with alternative surgical forms of treatment.

RISKS OF SURGERY FOR BREAST IMPLANT REMOVAL WITH BREAST LIFT

Every surgical procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications involved with surgery to remove breast implant(s) with breast lift. In addition, every procedure has limitations. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of women do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of breast implant removal.

Bleeding- It is possible to experience a bleeding episode during or after surgery. Individuals undergoing removal of capsule tissue or breast biopsy to remove escaped silicone gel (if applicable) are at a greater risk of bleeding than simple breast implant removal surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood or blood transfusion. Intra-operative blood transfusion may also be required. Hematoma may contribute to scarring, infection or other problems. Do not take any aspirin or anti-inflammatory medications for ten days before or after surgery, as this may increase the risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. Hematoma can occur at any time following injury to the breast. If blood transfusions are necessary to treat blood loss, there is the risk of blood-related infections such as hepatitis and HIV (AIDS). Heparin medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets.

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.

Infection- Infection is unusual after surgery. Should an infection occur, treatment including antibiotics, hospitalization, or additional surgery may be necessary.

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

Scarring- All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different color than the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There is the possibility of visible marks in the skin from sutures. In some cases, scars may require surgical revision or treatment. Scars resulting from breast-implant removal with breast lift may complicate future breast surgery.

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

INFORMED CONSENT – BREAST IMPLANT REMOVAL & BREAST LIFT

Seroma- Tissue fluid may accumulate in the space where the breast implant was located. Additional treatment or surgery may be necessary to remove this fluid or remove the lining of the seroma pocket.

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 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.

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 breast tissue may die. Tissue death (necrosis) can potentially occur when surgery is performed to remove 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.**

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). Again SMOKING must be discontinued 2 months prior to surgery and at least 2 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- 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.

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 scar tissue or silicone gel from a broken implant. Changes in sensation may affect sexual response or the ability to breast feed a baby. The breast lift increases the risk of complications following implant removal and on occasion will need to be delayed.

Pain- You will experience pain after your 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.

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.

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

INFORMED CONSENT – BREAST IMPLANT REMOVAL & BREAST LIFT

(anaphylaxis) may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

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.

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. Additional surgery may be necessary to attempt improvement of asymmetry.

Skin Discoloration / Swelling- Some bruising and swelling normally occurs after breast implant removal and breast lift. 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.

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.

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.

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.

Skin Contour Irregularities- Contour and shape irregularities may occur. 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.

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.

INFORMED CONSENT – BREAST IMPLANT REMOVAL & BREAST LIFT

Additional Advisories Regarding Breast Implant Removal with Breast Lift 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 with breast lift 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 with breast lift. If a woman has undergone mastectomy or implant removal with breast lift, it is unlikely that she would be able to breast feed a baby on the side where the breast was removed or the surgery is performed.

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 sagginess may normally occur.

INFORMED CONSENT – BREAST IMPLANT REMOVAL & BREAST LIFT

Unsatisfactory Result- Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. You may be disappointed 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. Breast asymmetry may occur after surgery. Breast size may be incorrect. Unsatisfactory surgical scar location may occur. In some situations, it may not be possible to achieve optimal results with a single surgical procedure. It may be necessary to perform additional surgery to improve your results.

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.

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 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 breast implant removal with breast lift surgery. It is unknown how your breast tissue may respond to implant removal with breast lift or how wound healing will occur after surgery. Secondary surgery may be necessary at some unknown time in the future to improve the outcome of breast implant removal surgery. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with breast implant removal 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 around implants 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.

INFORMED CONSENT – BREAST IMPLANT REMOVAL & BREAST LIFT

REGULATORY MATTERS

According to USFDA regulations, you must comply with the submission of personal information to a device registry if required to do so regarding implant removal surgery.

HEALTH INSURANCE

Most health insurance companies exclude coverage for the removal of breast implants with breast lift or reduction or any complications that might occur from breast implants. Some carriers have excluded breast diseases in patients who have breast implants. Please carefully review your health insurance subscriber-information pamphlet. Most insurance plans exclude coverage for secondary or revisionary surgery due to complications of cosmetic 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. You may be advised some time in the future to have a MRI (magnetic resonance imaging) scan to determine the condition of your breast implants. You would be responsible for future costs of such imaging studies. **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). 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 SURGERY/ PROCEDURE or TREATMENT

1. I hereby authorize Dr. Lowe and such assistants as may be selected to perform the following procedure or treatment:

- Simple Breast Implant Removal Without Capsule Removal Right Left Bilateral
- Removal of Breast Implant With Capsule Removal (Capsulectomy) Right Left Bilateral
- Breast Biopsy for Removal of Silicone Gel (extracapsular, outside of implant capsule layer)
- Breast Lift when possible after Removal of Implant(s), Capsule, and/ or Silicone Gel (extracapsular, outside of implant capsule layer)

I have received the following information sheet:

INFORMED CONSENT - BREAST IMPLANT REMOVAL & BREAST LIFT (MASTOPEXY) SURGERY

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
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 or representation has been given by anyone as to the results that may be obtained.
5. I consent to be photographed or televised before, during, and after 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 that may be removed.
8. I consent to the utilization of blood products should they be deemed necessary by my surgeon and/or his/her appointees, and I am aware that there are potential significant risks to my health with their utilization.
9. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration.
10. I understand that the surgeons' fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.
11. 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
 - d. THAT I ACCEPT RESPONSIBILITY FOR THE CLINICAL DECISIONS MADE ALONG WITH THE FINANCIAL COSTS OF ALL FUTURE TREATMENTS TO REVISE, OPTIMIZE OR IMPROVE OUTCOMES.

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-11). I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Date _____

Witness _____

INFORMED CONSENT – BREAST IMPLANT REMOVAL & BREAST LIFT

Consent for Breast Implant Removal & Breast Lift (Mastopexy)

I have discussed with Dr. Lowe and fully understand and accept the following with regard to my desire for breast surgery (please initial each line below to indicate your complete understanding and acceptance of each item):

_____ I initially requested Dr. Lowe or another surgeon to perform breast augmentation on me, but now I feel that my breasts are too large or the implants are no longer what I want and I want the implant removed. I advised Dr. Lowe that I am self-conscious and want my breasts to be smaller and lifted.

_____ I request that Dr. Lowe remove my current breast implants and implant capsule and scar.

_____ I understand that when my current implants are removed, I may have a large amount of empty skin envelope, and that my breasts will be empty in the upper portion and markedly sagging in the lower portion, similar or worse in appearance compared to before I had my breast implants placed.

_____ I specifically request that Dr. Lowe perform a breast lift operation (mastopexy) on my breasts after removing my breast implants.

_____ I am fully aware and understand that the reason my breasts sagged in the first place is because my skin will not support the weight of my own breast tissue. Even without the additional weight of a breast implant, I understand that as I get older, my skin will stretch further just with the weight of my own breast tissue, and that a breast lift operation only partially improves the appearance of my breasts for a period of time that Dr. Lowe cannot predict.

_____ Dr. Lowe has advised me that following any type of mastopexy, even if no implant is placed, the skin in the lower breast will stretch, and I will never be able to maintain fullness in my upper breast, with or without an implant. If an implant is added (even a small implant), I understand that I am accelerating the rate and amount of stretching that may occur.

_____ Dr. Lowe has advised me, and I fully understand and accept that I will definitely have risks and tradeoffs associated with breast lift, including visible scars on my breasts (the quality of which the surgeon cannot predict), possible partial or total loss of sensation in any area of the breast, possible loss of the ability to nurse, the fact that my breasts and nipple positions will never be equal on both sides, emptiness in the upper breasts that can occur at any time with stretching of the lower breast skin, and all other potential risks and complications listed on Dr. Lowe's operative consent forms.

_____ Dr. Lowe strongly emphasized to me that I might not be happy with the tradeoffs of mastopexy, and that I might not like my breast appearance following mastopexy any more than I like my breast appearance now. Nevertheless, I request that Dr. Lowe proceed and perform a mastopexy on my breasts.

_____ I do not want Dr. Lowe to place any breast implant in my breast at the time he performs my mastopexy.

INFORMED CONSENT – BREAST IMPLANT REMOVAL & BREAST LIFT

_____ I fully understand and accept that I might NOT be happy with my breast size, shape, nipple position, or symmetry (matching of the two sides) following mastopexy, but I am choosing to proceed and am certain that I want my current implants removed and my breasts lifted.

_____ In the event that for any reason I am not happy with my breasts following mastopexy, I will leave the decision about whether to perform any revision surgery or additional surgery on my breasts entirely with Dr. Lowe's judgment.

I completely understand and accept all of these risks, limitations, and tradeoffs of breast lifting and removal of my implants, and request that Dr. Lowe proceed with implant removal and breast lift surgery. 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 Signature: (Please sign)

Witness: (Please print)

Witness Signature: (Please sign)