

**Dr. James B. Lowe – Plastic Surgery**  
**BREAST SKIN & SOFT TISSUE NECROSIS 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 skin & soft tissue 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.*

**INTRODUCTION**

Skin and soft tissue necrosis or infection surgery may involve the removal of areas of necrosis, stiffness, or infection at the superficial or deep layers of the breast. Necrosis or infection of any area of the breast may require surgical intervention in combination with medical management with antibiotics and local wound care. Necrosis of the skin and soft tissue may start as a small area of redness and progress to soft tissue inflammation and tissue death. Necrosis may be the result of local trauma, insect bites, poor hygiene, surgical procedures, or unknown reasons. Necrosis can rarely be cured with surgical procedures alone and the success of surgery depends on the area of involvement. 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 necrosis or soft tissue infection. Soft tissue necrosis of the breast can be particularly problematic or recurrent and may require multiple surgical procedures for recovery.

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

Most serious breast necrosis or infections usually result in redness, warmth, pain, and fever. Skin and soft tissue necrosis surgery may be performed in any number of locations on the human body from head to toe. 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 soft tissue necrosis 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, 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 wound problem, but a definitive treatment often requires debridement, drainage, and compression. A needle aspiration of an area of necrosis or fluid collection can often help determine what treatment or antibiotic may be best in treating the area of concern. Once an area of necrosis or infection is surgically treated the surgeon will usually inform you if any further procedures are indicated. It is important to note that no physician can ever be absolutely sure that breast necrosis or 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

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of concern or change. Breast necrosis may require multiple surgeries to resolve drainage or infection. If signs of tissue necrosis or infection worsen or fails to resolve the physician should be notified. Skin and soft tissue breast surgery may require reconstruction immediately or a later date. Most insurance companies require plastic surgeons to document the extent of the disease and the plastic surgeon may need to submit a photograph and in some cases wait for approval for surgery. If a breast necrosis has been present for some time and not changed, surgery may not be indicated. Limited areas of disease can often be removed in the office, large wound problems may need to be performed in an hospital or office based operating room.

In summary, most breast tissue necrosis or infections are self-limited and not emergent; and, therefore patients must fully consider the risks and benefits of surgery in advance. Your plastic surgeon will review the risk and benefits of your surgery in some detail in the office and this information and consent should assist you in making an informed decision regarding treatment. If you are diabetic or immune suppressed breast necrosis or infections are more serious and at times life-threatening.

### **ALTERNATIVE TREATMENT**

All patients with concerning breast necrosis should undergo professional evaluation. However, there are alternative forms of soft tissue 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 NECROSIS OR INFECTION SURGERY**

Breast necrosis or soft tissue infection surgery involves drainage and/or possible closure of the area of concern. The drainage of the infection is usually more straight-forward than the closure or reconstruction. 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.

**Bleeding** – It is possible, 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** – Soft tissue breast 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. These collections are called seromas and may be prevented by the use of compression or drains. If the patient develops a fluid

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collection it may require multiple tapping, medical treatment, a new drain, or a trip back to the operating room.

**Infection** – Infection is often 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 area of the skin lesion.

**Skin or nipple compromise** – Breast surgery may 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.

**Contour irregularities**- Contour and shape irregularities may occur after breast surgery. Residual skin irregularities at the ends of the incisions or "dog ears" are always a possibility when there is redundant skin. This may improve with time, or it can be surgically corrected.

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

**Skin discoloration / Swelling**- Some bruising and swelling normally occurs following 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 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 soft tissue 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

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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.

**Damage to deeper structures** – Deeper structures such as nerves, blood vessels, and muscles may be damaged during the course of surgery. The potential for this to occur varies with the type of soft tissue procedure. Injury to deeper structures may be temporary or permanent. Undermining or flaps are often associated with post operative pain or numbness which usually resolves within several months. Any procedure requiring a great deal of skin or soft tissue removal will result in numbness and pain.

**Unsatisfactory result** – Treating any soft tissue infection can often result in a defect greater than what was anticipated. Dr. Lowe tries to offer patients the best cosmetic result in a timely way while taking into account your medical problems and personal wishes. There is the possibility of an unsatisfactory result from the soft tissue surgery. The surgery may result in unacceptable visible or tactile deformities, loss of function, or structural mal-position. You may be disappointed that the results of surgery do not meet your expectations and additional surgery may be necessary should the result be unsatisfactory.

**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.

**Asymmetry** – The human body is normally asymmetrical. There can be a variation from one side to the other in the results obtained body contouring. If a surgical scar is required it is unlikely to ever be completely symmetric.

**Chronic pain** – Chronic pain may occur very infrequently after soft tissue procedures.

**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, or topical preparations have been reported. Systemic reactions which are more serious may occur to drugs and prescription medicines. Allergic reactions may require additional treatment.

**Delayed healing** – Wound disruption or delayed wound healing is possible 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 breast 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

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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 breast 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.

**Recurrent of Soft Tissue Infection or Failure to Cure** – Breast necrosis or infections may recur or fail to resolve. If the surgeon treats soft tissue necrosis, 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 patient's care, the family, and patient are diligent in watching the area of concern.

### **ADDITIONAL ADVISORIES**

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

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

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

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

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

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

**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.

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**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 cover certain breast necrosis or infection operations. They often will not cover infection resulting from previous cosmetic or elective surgery. Insurance companies often require plastic surgeons to obtain permission to treat chronic infections in advance. Insurance companies may not allow the remove of certain types of lesions and photographs may be required for documentation. If you request Dr. Lowe to proceed with a soft tissue 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

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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 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 below.**

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**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.

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I have received the following information sheet:

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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 Skin & Soft Tissue Necrosis Surgery information sheet.
  - E. I am satisfied with the explanation.

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

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Patient or Person Authorized To Sign for Patient.

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Date

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Witness