



AMERICAN SOCIETY OF
PLASTIC SURGEONS®

Informed Consent

**Breast Lift/Reduction/Augmentation/Capsulectomy/Mastectomy
Fat Transfer/Saline/Silicone Gel Implants and All Mesh Products**

INSTRUCTIONS

This is an informed consent document that has been prepared to help inform you about breast surgery, including implants, mesh and fat transfer as well as 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

Breast lift or mastopexy/reduction is a surgical procedure to reduce, raise and reshape sagging breasts. Factors such as pregnancy, nursing, weight change, aging, and gravity produce changes in the appearance of a woman's breasts. As the skin loses its elasticity, the breasts often lose their shape and begin to sag. Breast lift or mastopexy is a surgery performed by plastic surgeons to raise and reshape sagging breasts. This operation can also reduce the size of the areola, the darker skin around the nipple. If your breasts are small or have lost volume after pregnancy, breast implants inserted in conjunction with mastopexy can increase both firmness and size. The best candidates for mastopexy/reduction are healthy, emotionally stable women who have realistic expectations about what this type of surgery can accomplish. Breasts of any size can be lifted, but the results may not last as long in women with heavy, large breasts. Mastopexy/reduction does leave permanent, noticeable scars on the breasts, and the breasts will be smaller than your current size. There is a variety of different surgical techniques used for the reshaping and lifting of the female breast.

In November 2006, silicone gel-filled breast implant devices were approved by the United States Food and Drug Administration (FDA) for use in breast augmentation and reconstruction.

Augmentation mammoplasty is a surgical operation performed to enlarge the female breasts for a number of reasons:

- To enhance the body contour of a woman who, for personal reasons, feels that her breast size is too small.
- To correct a loss in breast volume after pregnancy.
- To balance breast size when there is a significant difference between the sizes of the breasts.
- To restore breast shape after partial or total loss of the breasts in various conditions.
- To correct a failure of breast development due to a severe breast abnormality.
- To correct or improve the results of existing breast implants for cosmetic or reconstructive reasons.

Breast implant surgery is contraindicated in women with untreated breast cancer or pre-malignant breast disorders, active infection anywhere in the body, or individuals who are currently pregnant or nursing.

Individuals with a weakened immune system (currently receiving chemotherapy or drugs to suppress the immune system), conditions that interfere with blood clotting or wound healing, or reduced blood supply to the breast tissue from prior surgery or radiation therapy treatments may be at greater risk for complications and poor surgical outcomes.

According to the United States Food and Drug Administration (FDA), a woman must be at least 18 years of age in order to undergo cosmetic breast augmentation with saline-filled breast implants. There is no age restriction on breast reconstruction procedures to restore breast shape after cancer, trauma, or for severe breast abnormalities.

Silicone breast implants are approved by the FDA for use in women who are at least 22 years of age. Women that meet this age criterion may utilize silicone implants for cosmetic breast augmentation or for revision surgery to correct or improve the results of a previous cosmetic breast augmentation. There is no age restriction on breast reconstruction procedures to restore breast shape after cancer, trauma, or for severe breast abnormalities.

Breast enlargement is accomplished by inserting a breast implant either behind the breast tissue, or partially or completely under the chest muscles. Incisions are made to keep scars as inconspicuous as possible, usually under the breast, around a portion of areola, or in the armpit. According to the FDA, it is not recommended to use the periumbilical approach to insert gel-filled implants. Breast implants may be manufactured in a variety of shapes, sizes, and with either smooth or textured surfaces. The method of implant selection and size, as well as the surgical approach for inserting and positioning the breast implants will depend on your preferences, your anatomy, and your surgeon's recommendations. The shape and size of the breasts prior to surgery will influence both the recommended treatment and the final results. If the breasts are not the same size or shape before surgery, it is unlikely that they will be completely symmetrical afterward.

Conditions that involve sagging of the breast or diminished skin tone (stretch marks) may require additional surgical procedures (breast lift) to reposition the nipple and areola upward and to remove loose skin.

Patients undergoing augmentation mammoplasty surgery must consider the following:

- Breast augmentation or reconstruction with silicone gel-filled implants may not be a one-time surgery.
- Breast implants of any type are not considered lifetime devices. They cannot be expected to last forever. You will likely require future surgery for implant replacement or removal.
- Changes that occur to the breasts following augmentation or reconstruction with implants are not reversible. There may be an unacceptable appearance to the breast if you later choose to have the breast implants removed.
- Large volume primary augmentation or revision with larger sized implants in excess of dimensional planning for your chest and breast size may increase the risk of complications such as implant extrusion, hematoma, infection, palpable implant folds, and visible skin wrinkling, which may require surgical intervention for correction.

Liposuction is a surgical technique to remove unwanted deposits of fat from specific areas of the body, including the face and neck, upper arms, trunk, abdomen, buttocks, hips and thighs, and the knees, calves, and ankles. This is not a substitute for weight reduction, but a method for removing localized deposits of fatty tissue that do not respond to diet or exercise. Liposuction may be performed as a primary procedure for body contouring or in combination with other surgical techniques such as facelift, abdominoplasty, or thigh lift procedures to tighten loose skin and supporting structures.

The best candidates for liposuction are individuals of relatively normal weight who have excess fat in particular body areas. Having firm, elastic skin will result in a better final contour after liposuction. Skin that has diminished tone due to stretch marks, weight loss, or natural aging will not reshape itself to the new contours and may require additional surgical techniques to remove and tighten excess skin. Body-contour irregularities due to structures other than fat cannot be improved by this technique. Liposuction by itself will not improve areas of dimpled skin known as "cellulite."

Liposuction, also called Suction-assisted lipectomy, is a surgical procedure performed by using a hollow metal surgical instrument known as a cannula that is inserted through small skin incision(s) and is passed back and forth through the area of fatty deposit. The cannula is attached to a vacuum source, which provides the suction needed to remove the fatty tissue.

In some situations, a special cannula may be used that emits ultrasonic energy, laser energy, or a jet of water to break down fatty deposits. Depending on your needs, your surgeon may recommend suction-assisted lipectomy alone, or in combination with another technique.

A variety of different techniques are used by plastic surgeons for the liposuction procedure and care following surgery. Liposuction may be performed under local, sedation, or general anesthesia. Tumescent liposuction technique involves the infiltration of fluid containing dilute local anesthetic and epinephrine into

areas of fatty deposits. This technique can reduce discomfort at the time of surgery, blood loss, and postoperative bruising.

Compression support garments and dressings are worn to control swelling and promote healing.

A person's own fat may be used to improve the appearance of the body by moving it from an area where it is less needed (usually the thighs or abdomen) to an area that has lost tissue volume due to aging, trauma, surgery, birth defects, or other causes. Typically, the transferred fat results in an increase in volume of the breast. Before the procedure, the areas from where the fat is being removed may be injected with a fluid to minimize bruising and discomfort. The fat may be removed from the body by a narrow surgical instrument (cannula) through a small incision or may be excised (cut out) directly through a larger incision. In some cases, the fat may be prepared in a specific way before being replaced back into the body. This preparation may include the washing, filtering, and centrifugation (spinning) of the fat. The fat is then placed into the desired area using either a smaller cannula or needle, or it may be placed directly through an incision or puncture holes. Since some of the fat that is transferred does not maintain its volume over time, your surgeon may inject more than is needed at the time to achieve the desired end result. Over a few weeks, the amount of transferred fat will decrease. In some cases, more fat may need to be transferred to maintain the desired results. Fat transfer procedures may be done using a local anesthetic, sedation, or general anesthesia depending on the extent of the procedure.

Fat Transfer to the Breasts:

Fat transfer has been used to improve the appearance of breasts reconstructed after cancer treatment, to improve the appearance of breast deformities, and to enlarge breasts for cosmetic purposes. While there is limited information regarding the long-term implications of such procedures, there are some potential concerns, especially with regard to breast cancer detection. Since the transferred fat may become firm and cause lumps, it may be necessary to undergo radiological studies (mammogram, ultrasound, or MRI) to confirm that these lumps are not due to cancer. It is also possible that the firmness may make it more difficult for you or your doctor to examine the breasts. It is also possible that a biopsy may be needed if there is concern about any abnormal findings in your breasts. However, there is no reason to believe at this time that fat transfer procedures may cause breast cancer.

Fat transfer to the breast for cosmetic augmentation may require additional surgical procedures to obtain your desired breast size. A limited amount of fat can be injected during each surgical procedure to maintain viability. Sometimes, adjuvant devices (Brava) are recommended to assist in this process.

Capsulectomy is a surgical operation performed to treat scarring that occurs around breast implants or to revise the shape of the pocket where the implant is placed. This involves surgical cutting and removal of scar tissue that forms around a breast implant and usually the placement of new breast implant(s).

It is normal for scar tissue to form internally around a breast implant. In some patients, this scar tissue may tighten and make the breast round, firm, and possibly painful. Excessive firmness of the breasts can occur soon after the original surgery or years later. The causes of capsular contracture are not fully understood. The incidence of symptomatic capsular contracture can be expected to increase over time. Capsular contracture may occur on one side, both sides, or not at all. Calcification can occur within the scar tissue that surrounds breast implants. Treatment for capsular contracture may require surgery, removal of the capsule layer, implant replacement, or implant removal. Patients may elect to increase or decrease the size of their breast implants.

Individuals with old, damaged, or broken implants (either saline or silicone gel-filled) may consider capsulectomy surgery and replacement with silicone gel-filled implants to maintain the long-term results from their original surgery, whether for cosmetic or reconstructive purposes. You may be advised by your surgeon to consider replacing your breast implants with new ones, irrespective of how long you have had them. In some situations, you may be advised to consider breast implants with a textured outer surface or to consider a different type of implant. Patients undergoing capsulectomy surgery and breast implant exchange must consider the possibility of future revisionary surgery. Breast implants do not have an indefinite lifespan and will probably require surgery for removal and/or replacement.

Depending on the extent of the scarring, it may be necessary to place the implant in a different location: partially underneath the pectoralis muscle on the chest, in front of the pectoralis muscle if the original placement was behind the muscle, or completely or partially, known as a “dual plane.” Incisions for the capsulectomy may be placed in locations that are different from those used in the original surgery. If the breasts are not the same size or shape before surgery, it is unlikely that they will be completely symmetrical afterward. Conditions that involve sagging of the breast or diminished skin tone (stretch marks) may require additional surgical procedures (breast lift/mastopexy) to reposition the nipple and areola upward and to

remove loose skin. Additional procedures to internally tighten or reshape the implant pocket may be needed to reposition implants.

Patients who are considering secondary surgery to revise or maintain their results from breast implant surgery must know that additional surgery may not correct or improve their results.

Removal of breast tissue or top surgery mastectomy is a surgical procedure to remove breast tissue and create a more masculine contour to the chest. This operation also reduces the size of the areola, the darker skin around the nipple. The best candidates for top surgery mastectomy are healthy, emotionally stable trans men who are transitioning and have persistent, well-documented gender dysphoria, and who have realistic expectations about what this type of surgery can accomplish. If significant medical or mental health are present, they should be reasonably controlled prior to surgery. Breasts of any size can be removed. Mastectomy does leave permanent, noticeable scars on the chest. This procedure is irreversible, and thus permanent. There are a variety of different surgical techniques used for the removal of the breast tissue and recontouring of the chest.

ALTERNATIVE TREATMENTS

Breast surgery is an elective surgical operation. Alternative treatments consist of not undergoing the surgical procedure, the use of external breast prostheses, padding, or saline-filled implants, or the transfer of other body tissues to enlarge/rebuild breast size. Risks and potential complications are associated with these alternative surgical forms of treatment.

SPECIFIC RISKS OF BREAST SURGERY

Change in Nipple and Skin Sensation:

You may experience a diminished (or loss of) sensitivity of the nipples and the skin of your breast. Partial or permanent loss of nipple and skin sensation can occur after a mastopexy in one or both nipples. Changes in sensation may affect sexual response or the ability to breastfeed a baby.

Breast Augmentation and Simultaneous Mastopexy/Reduction:

Patients who choose to undergo breast implant augmentation and elect to have it at the same time as a breast lift (mastopexy) may be at increased risk for necrosis of the skin, nipples, and breast tissue due to decreased blood supply to the tissues.

Mastopexy/Reduction Performed at the Time of Breast Implant Removal Surgery:

Patients who choose to undergo the simultaneous removal of breast implants and capsules and elect to have it at the same time as a breast lift (mastopexy) may be at increased risk for the necrosis of the skin, nipples, and breast tissue due to decreased blood supply to the tissues from earlier surgery. Risks associated with the removal of breast implants are covered in a separate informed consent document.

Use of Acellular Dermal Matrix:

In order to perform the breast lift surgery, your plastic surgeon may choose to use biological materials. Most commonly, these materials are derived from human cadaver skin or pig skin. These materials are generally processed and do not carry any viable cells. You should ask your surgeon about these materials. They help support the breast tissues and are eventually populated by your cells, becoming similar to your own tissue. These acellular products may produce fluid and require drains for a prolonged period of time.

Skin Contour Irregularities:

Contour and shape irregularities may occur after mastopexy. Visible and palpable wrinkling may occur.

One breast may be smaller than the other. Nipple position and shape will not be identical on each side. 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.

Delayed Healing:

Wound disruption or delayed wound healing is possible. Some areas of the breast skin or nipple region may not heal normally and may take a long time to heal. Areas of skin or nipple tissue may die. 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 delayed wound healing and poor surgical outcomes. Smokers have a greater risk of skin loss and wound healing complications.

Breast Disease:

Breast disease and breast cancer can occur independently of breast lift/reduction surgery. 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, undergo routine mammography according to American Cancer Society guidelines, and seek professional care should a breast lump be detected. In the event that suspicious tissue is identified prior to or during breast surgery, additional tests and therapy with corresponding expenses may be warranted.

INHERENT RISKS OF AUGMENTATION MAMMAPLASTY SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications or adverse events associated with them. In addition, every procedure has limitations in terms of the outcome that patients will achieve afterwards. Additional information concerning breast implants may be obtained from the FDA, package-insert sheets supplied by the implant manufacturer, or other informational pamphlets required by individual state laws.

An individual’s choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. While not all patients experience these complications or adverse events, you should discuss each of them with your plastic surgeon to make sure you understand all of the possible consequences of breast augmentation. Adverse events associated with breast implants can be inherent to this type of implanted medical device or relate to complications of the surgical procedure. Additional advisory information on this subject should be reviewed by patients who are considering surgery that involves breast implants.

While every patient experiences her own individual advantages and disadvantages following breast implant surgery, clinical data suggests that most women will be satisfied with the outcome despite the occurrence of problems inherent to the surgery.

SPECIFIC RISKS OF SALINE-FILLED BREAST IMPLANTS

Implants:

Breast implants, similar to other medical devices, can fail. When a saline-filled implant ruptures, the saline material is absorbed by the body, but the shell material remains. Rupture can occur as a result of an injury, from no apparent cause (silent rupture), or during mammography. It is possible to damage an implant at the time of surgery. Damaged or broken implants cannot be repaired. Ruptured or damaged implants require replacement or removal. Breast implants can wear out, as they are not guaranteed to last a lifetime, and future surgery may be required to replace one or both implants. An ultrasound or other radiological study may be necessary to evaluate the possibility of implant rupture or deflation, yet may not be 100% accurate in diagnosing implant integrity. Patients may be responsible for the costs associated with this. Saline-filled breast implants may not have the same contour or feel as do silicone-filled breast implants. The shape of your breasts after surgery depends on many factors such as your skin thickness, position, placement of the implants, and technique. You should discuss with your surgeon the possibility of a different and less than desirable contour or shape, as well as feel of your result.

SPECIFIC RISKS OF SILICONE GEL-FILLED BREAST IMPLANTS

Implants:

Breast implants, similar to other medical devices, can fail. When a silicone gel-filled implant ruptures, the gel material is usually contained within the scar tissue surrounding the implant (intracapsular rupture). In some cases, the gel may escape beyond the capsule layer and move into the breast tissue itself (extracapsular rupture and gel migration) or to more distant locations. Migrated silicone gel may be difficult or impossible to remove. Rupture of a breast implant may or may not produce local firmness in the breast. Patients are advised to refer to individual manufacturer's informational materials regarding the incidence of device rupture as reported during pre-market studies. It is impossible to predict the biologic response that a patient's tissues will exhibit to the placement of breast implants or how you will heal following surgery.

Rupture can occur as a result of an injury, from no apparent cause, or during mammography. Rupture of a silicone breast implant is most often undetected (silent rupture). It is possible to damage an implant at the time of surgery. Damaged or broken implants cannot be repaired. According to the FDA, ruptured or damaged implants require replacement or removal. Breast implants can wear out, as they are not guaranteed to last a lifetime, and future surgery may be required to replace one or both implants.

A MRI (magnetic resonance imaging) study is advised to evaluate the possibility of implant rupture, yet it may not be 100% accurate in diagnosing implant integrity. It should be noted that the FDA recommends regular MRI examinations. Specifically, patients are advised to follow the recommendations for serial MRI examinations, starting at three years after surgery and then every two years thereafter. Patients may be responsible for the associated costs.

SPECIFIC RISKS OF LIPOSUCTION SURGERY

Patient Selection:

Individuals with poor skin tone, medical problems, obesity, or unrealistic expectations may not be candidates for liposuction.

Liposuction in General:

There is a possibility that large volumes of fluid containing dilute local anesthetic drugs and epinephrine that is injected into fatty deposits during surgery may contribute to fluid overload or a systemic reaction to these medications. Additional treatment including hospitalization may be necessary.

Ultrasound-, VASER-, & Laser-Assisted Lipectomy:

Risks associated with these techniques include the above-mentioned risks and the following specific risks:

Burns:

Energy may produce burns and tissue damage either at the location where the cannula is inserted into the skin or in other areas if the cannula touches the undersurface of the skin for prolonged periods of time. If burns occur, additional treatment and surgery may be necessary.

Cannula Fragmentation:

Ultrasonic energy produced within the cannula may cause disintegration (fragmentation) of the surgical instrument. The occurrence and effect of this is unpredictable. Should this occur, additional treatment including surgery may be necessary.

Unknown Risks:

The long-term effect on tissue and organs to exposure to short-duration, high-intensity ultrasonic energy is unknown. There is a possibility that additional risk factors of ultrasound-assisted liposuction may be discovered.

SPECIFIC RISKS OF FAT TRANSFER TO THE BREAST PROCEDURES

Change in Appearance:

Typically, the transferred fat loses some of its volume over time and then becomes stable. It is possible that more treatments may be needed to maintain the desired volume of the transferred fat and resulting appearance. Less commonly, if you experience significant weight gain, the transferred fat may increase in volume and cause an undesirable appearance. It is important to understand that more than one treatment may be needed and to discuss with your surgeon the costs associated with repeat treatments.

Firmness and Lumpiness:

While most transferred fat results in a natural feel, it is possible that some or all of the fat may become firm, hard, or lumpy. If some of the fat does not survive the transfer, it may result in fat necrosis (death of transferred fat tissue), causing firmness and discomfort or pain. Cysts may also form at the site of the transferred fat. Surgery may be required to improve such conditions.

Under- or Over-Correction:

The transfer of fat may not achieve the desired outcome. The amount of correction may be inadequate or excessive. It may not be possible to control the process of fat transfer due to factors attributable to each patient's situation. If under-correction occurs, you may be advised to consider an additional fat transfer procedure. If over-correction occurs, other surgical procedures such as liposuction or excision of the fat may be required.

Asymmetry:

Symmetrical body appearance may not result from a fat transfer procedure. Factors such as skin tone, fatty deposits, bony prominence, and muscle tone may contribute to normal asymmetry in body features. It may not be possible to achieve or maintain exact symmetry following fat transfer.

Long-Term Effects:

Subsequent changes in the shape or appearance of the area where the fat was removed or placed may occur as the result of aging, weight loss or gain, or other circumstances not related to the fat transfer procedure.

Combined Procedures:

Fat grafting is safe to be performed with other surgical procedures such as breast augmentation, revision breast surgery, and breast reconstruction. There are many other surgical procedures where fat transfer may be incorporated, including facelifts, abdominoplasty, liposuction, the treatment of open wounds, scleroderma, ulcers, and scars, to name just a few.

Seroma:

Fluid may accumulate between the skin and the underlying tissues following surgery, trauma, or vigorous exercise, which is referred to as a seroma. You may notice an increase in the fat graft area, localized swelling, or a shape change that should alert you that a seroma may have occurred in your postoperative period. Seromas should be addressed to prevent an unfavorable outcome. Should this problem occur, notify your surgeon and additional procedures for the drainage of fluid may be required.

Donor Sites:

The removal of fat in the process of fat transfer is often advantageous. The common complications from liposuction can occur at your donor site. Folds, wrinkles, or creases could occur. Some patients may have inadequate donor sites for fat grafting. Typically, these are patients who have had a previous liposuction procedure.

Fat Necrosis:

Fat that is transferred may not survive. Fatty tissue found deep in the skin might die. Fat necrosis may produce areas of firmness within the skin, hard lumps, localized tenderness/pain, or skin contracture. Calcifications and oil cysts may occur. Additional surgery to remove areas of fat necrosis may be necessary. There is a possibility that contour irregularities in the skin may result from fat necrosis.

Accidental Intra-Arterial Injection:

Extremely rarely, fat may be accidentally injected into arterial structures during the course of injection and produce a blockage of blood flow. The risks and consequences of accidental intravascular injection of fillers are unknown and not predictable.

Serious Complications:

Although serious complications have been reported to be associated with fat transfer procedures, these are rare. Such conditions include, but are not limited to, fat embolism (a piece of fat may find its way into the blood stream and result in a serious or life-threatening condition), stroke, meningitis (inflammation of the brain), serious infection, blindness or loss of vision, or death.

SPECIFIC RISKS OF BREAST IMPLANT REMOVAL 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.

Ruptured Silicone Gel-Filled Breast Implants:

As with any manmade 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. The implant shell material of textured breast implants may be impossible to remove completely. 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.

SPECIFIC RISKS OF BREAST REMOVAL SURGERY

Change in Nipple and Skin Sensation:

You may experience a diminished (or loss) of sensitivity of the nipples and the skin of your breast. Partial or permanent loss of nipple and skin sensation can occur after a mastectomy in one or both nipples. Changes in sensation may affect sexual response. Diminished (or loss) of skin sensation in the location where the graft is placed may occur and not totally resolve after nipple areola graft surgery. Nipple areola grafts generally do not regain normal skin sensation. Injuries may occur secondary to this lack of sensation if the nipple areola graft is subjected to excessive heat, cold, or physical force. Nipple areola grafts placed in areas of decreased sensation are prone to injury and loss. Care must be given to avoid injury to these areas or complications may occur.

Skin Contour Irregularities:

Contour and shape irregularities may occur after mastectomy. Visible and palpable wrinkling may occur. One side of the chest 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.

Inability to Heal:

Conditions that involve disease, injuries including burns, or surgical removal of tumors can produce severe wounds. Nipple areola grafts require adequate blood supply for survival. Areas of the body where there is inadequate blood supply due to injury, disease states, or the effect of radiation therapy, may not be capable of providing adequate blood supply for nipple areola graft survival. Nipple areola grafts are also vulnerable to loss in disease situations where there is a propensity for chronic swelling or vascular insufficiency disorders. Some wounds may be of the extent and severity that nipple areola grafts cannot produce closure of the wound and healing. More involved reconstructive surgical procedures may be necessary.

Skin Discoloration / Swelling:

Some bruising and swelling normally occurs following surgery. Nipple areola grafts can undergo changes in color. It is possible to have these areas be either darker or lighter than surrounding skin. These changes can be permanent.

Buried Surgical Staples / Sutures:

Sutures and staples used to hold nipple areola grafts in place can potentially become buried under the skin during healing. Sutures may spontaneously poke through the skin, become visible or produce irritation that requires removal. Additional surgery may be necessary to remove buried staples and sutures.

Lack of Graft Durability:

Nipple areola grafts do not have the normal padding and durability of normal, undamaged skin. Nipple areola grafts lack the normal ability of skin to resist ordinary abrasions and injuries.

GENERAL RISKS OF ALL BREAST IMPLANTS

Capsular Contracture:

Scar tissue, which forms routinely around the breast implant internally, can tighten and make the breast round, firm, and possibly painful. Excessive firmness of the breasts can occur soon after surgery or years later. The occurrence of symptomatic capsular contracture is not predictable. The incidence of symptomatic capsular contracture can be expected to increase over time. Capsular contracture may occur on one side, both sides, or not at all. It occurs more commonly with implant placement in front of the chest muscle layer. Treatment for capsular contracture may require surgery, implant replacement, or implant removal. Capsular contracture may reoccur after surgical procedures to treat this condition and it occurs more often in revision augmentation than in primary augmentation. Some surgeons believe that preventative antibiotics during dental work and in the treatment of sinus and urinary tract infections may decrease this incidence. Discuss this with your surgeon.

Calcification:

Calcium deposits can form in the scar tissue surrounding the implant and be visible on mammography, as well as causing pain and firmness. These deposits must be identified as distinct from the calcium deposits that signify breast cancer. Should this occur, additional surgery may be necessary to remove and examine the calcifications.

Implant Extrusion/Tissue Necrosis:

Lack of adequate tissue coverage, wound healing problems, or infection may result in exposure and extrusion of the implant through the skin. Tissue breakdown (necrosis) has been reported with the use of steroid drugs, after chemotherapy/radiation to breast tissue, and due to smoking, microwave diathermy, and excessive heat or cold therapy. In some cases, incision sites fail to heal normally. Atrophy (weakening) of breast tissue may occur. An implant may become visible at the surface of the breast as a result of the device pushing through layers of skin. If tissue breakdown occurs and the implant becomes exposed, implant removal may be necessary. Permanent scar deformity may occur. It is impossible to predict the biologic response of a patient's tissues to the placement of breast implants or how they will heal following surgery.

Skin Wrinkling and Rippling:

Visible and palpable (discernible to the touch) wrinkling of implants and breast skin can occur. Some wrinkling is normal and expected with silicone gel-filled breast implants. This may be more pronounced in patients who have silicone gel-filled implants with textured surfaces or thin breast tissue. Palpable wrinkling and/or folds may be confused with palpable tumors and questionable cases must be investigated.

Chest Wall Irregularities:

Chest wall irregularities have been reported secondary to the use of tissue expanders and breast implants, including rib deformity.

Implant Displacement and Tissue Stretching:

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

Surface Contamination of Implants:

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

Unusual Activities and Occupations:

Activities and occupations that involve the potential for trauma to the breast could potentially break or damage breast implants, or cause bleeding/seroma.

Silicone Gel Bleed:

The evidence regarding the likelihood of clinical consequences associated with silicone gel bleed is mixed. Over time, extremely small amounts of silicone gel material and platinum can pass through the shell layer of the implant and coat the outside of the implant. Studies indicate that small amounts of platinum in its most biologically compatible (zero oxidation) state are contained within silicone gel. Microgram amounts of platinum in this state have been found to diffuse outside of breast implants. This may contribute to capsular contracture and lymph node swelling. Overall, the body of available evidence supports that the extremely low levels of gel bleed are of no clinical consequence.

Change in Nipple and Skin Sensation:

You may experience a diminished (or loss of) sensitivity of the nipples and the skin of your breast. After several months, most patients regain normal sensation. Partial or permanent loss of nipple and skin sensation may occur occasionally. Changes in sensation may affect sexual response or the ability to breastfeed a baby. Free nipple grafts will lose pigmentation with variable return of pigmentation. Loss of sensation occurs with all free nipple grafts. Partial or complete loss of nipple grafts can occur with free nipple grafts as well as standard breast mastopexy or reduction surgery.

Anaplastic Large Cell Lymphoma (ALCL):

Breast implant-associated anaplastic large cell lymphoma (BIA-ALCL) is a very rare type of lymphoma that can develop in the scar capsule near saline or silicone breast implants. This very rare disease is currently being investigated as to its relationship with breast implants. The family of ALCL is an extremely rare cancer of the immune system, which can occur anywhere in the body. Based on adverse event reports, the United States Food and Drug Administration (FDA) estimates the total number of US cases of BIA-ALCL to be around 250. It has been noted that the majority of BIA-ALCL patients have a history of a textured-surface device. An exact single-number estimate of the risk for both textured and non-textured implants is not possible with the currently available data. Lifetime risk of BIA-ALCL has been estimated at 1:1,000 to 1: 30,000 for women with textured breast implants, and BIA-ALCL risk is currently under investigation. BIA-ALCL usually involves swelling of the breast at an average of 3 to 14 years after the initial breast implant operation. Most cases were cured by removal of the implant and the capsule surrounding the implant; however, rare cases have required chemotherapy and/or radiation therapy for treatment.

Patients with breast implants should be followed by a surgeon over time and seek professional care for implant-related symptoms such as pain, lumps, swelling, or asymmetry. Patients should monitor their breast implants with routine breast self-exams and follow standard medical recommendations for imaging (e.g. Mammography, Ultrasound, MRI). Abnormal screening results or implant-related symptoms may result in additional expenses for tests and/or procedures to properly diagnose and treat your condition. Tests and procedures could include but may not be limited to: obtaining breast fluid or tissue for pathology and laboratory evaluation, surgery to remove the scar capsule around the breast implant, implant removal, or implant replacement.

Breast Disease:

Current medical information does not demonstrate an increased risk of breast cancer in women who have breast implant surgery for either cosmetic or reconstructive purposes. 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, undergo routine mammography according to American Cancer Society guidelines, and seek professional care should a breast lump be detected. In the event that suspicious tissue is identified prior to or during breast surgery, additional tests and therapy with corresponding expenses may be warranted.

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 the lymph node drainage of the breast tissue in the staging of breast cancer.

Future Pregnancy and Breast Feeding:

This surgery is not known to interfere with pregnancy. If you are planning a pregnancy, your breast skin may stretch and undermine the results of surgery. You may have more difficulty breastfeeding after this operation.

GENERAL RISKS OF SURGERY

Healing Problems:

Wound disruption or delayed wound healing is possible. Some areas of the skin may not heal normally and may take a long time to heal. Areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue.

Individuals who have decreased blood supply to tissue from past surgery or radiation therapy may be at increased risk for wound healing and poor surgical outcome. Certain medical conditions, dietary supplements, and medications may delay and interfere with healing, such as massive weight loss, diabetes, tobacco use, and the use of steroids on an extended basis. Patients may have a healing delay that could result in the incisions coming apart, tissue loss, infection, and tissue changes, requiring additional medical care, surgery, and prolonged hospitalizations.

There are general risks associated with healing such as swelling, bleeding, the possibility of additional surgery, prolonged recovery, color changes, shape changes, infection, unmet patient goals and expectations, and added expense to the patient. There may also be a longer recovery owing to the length of surgery and anesthesia.

Wounds may separate after surgery. Should this occur, additional treatment, including surgery, may be necessary.

Bleeding:

It is possible, though unusual, to experience a bleeding episode during or after surgery. Should postoperative bleeding occur, it may require emergency treatment to drain accumulated blood or you may require a blood transfusion, though such occurrences are rare. The collection of blood that can occur under your skin following surgery is referred to as a hematoma. Increased activity too soon after surgery can lead to an increased chance of bleeding and additional surgery. It is important to follow postoperative instructions and to limit exercise and strenuous activity for the instructed time period. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. Hematoma can occur at any time, usually in the first three weeks following injury to the operated area. You could require a blood transfusion. If blood transfusions are necessary to treat blood loss, there is the risk of blood-related infections such as hepatitis and HIV (AIDS). Your surgeon may provide medications after your surgery to prevent blood clots. Medications that are used to prevent blood clots in veins can result in bleeding and decreased blood platelets.

Infection:

Infection, although uncommon, can occur after surgery. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary. It is important to tell your surgeon of any other infections, such as a history of methicillin-resistant Staphylococcus aureus (MRSA) infections, an open wound, recent upper respiratory infection/pneumonia, ingrown toenail, insect bite, tooth abscess, or urinary tract infection. Infections in other parts of the body may lead to an infection in the operated area. Postoperative infections often result in more extensive scarring and predispose to revision surgery.

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 a 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 sides of the body). There is the possibility of visible marks in the skin from sutures. In some cases, scars may require surgical revision or further treatment.

Firmness:

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

Pain:

You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after surgery. If you are a chronic pain patient followed by a Pain Therapy Practitioner, you may be asked to see this practitioner preoperatively to assist you in the management of your pain disorder in the postoperative period. Chronic pain may occur very infrequently due to nerves becoming trapped in scar tissue or tissue stretching.

There are nerve endings that may be affected by healing scars from surgery. While there may not be a major nerve injury, small nerve endings may become too active during the healing period, producing a painful or oversensitive area due to the small sensory nerves involved with scar tissue. Often, massage and early non-surgical interventions resolve this. It is important to discuss postsurgical pain with your surgeon.

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.

Asymmetry/Deformity:

Symmetrical body appearance may not result after surgery. Factors such as skin tone, fatty deposits, skeletal prominence, and muscle tone may contribute to the normal asymmetry of body features. Most patients have differences between the right and left sides of their bodies before any surgery is performed. Additional surgery may be necessary to attempt to diminish any asymmetry/deformity.

Damage to Deeper Structures:

There is the potential for injury to deeper structures including nerves, blood vessels, muscles (weakness), and organs like the lungs (pneumothorax) and intestines during any 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.

Fat Necrosis:

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

Persistent Swelling (Lymphedema):

Persistent swelling of soft tissue can occur following surgery and may become permanent.

Surgical Anesthesia:

Both local and general anesthesia involves risk. There is the possibility of complications, injury, and even heart attack, stroke, blindness, disability, and death from all forms of surgical anesthesia or sedation.

Shock:

In rare circumstances, your surgical procedure may 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 will be necessary.

Cardiac and Pulmonary Complications:

Pulmonary (lung) complications may occur secondarily to blood clots (pulmonary emboli), fat deposits (fat emboli), pneumonia, or partial collapse of the lungs after general anesthesia, and these can be life threatening or fatal in some circumstances. Inactivity and other conditions may increase the incidence of blood clots traveling to the lungs and causing a major blood clot that may result in death. It is important to discuss any past history of swelling in your legs or blood clots that may contribute to this condition with your physician. 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 heartbeats, seek immediate medical attention. Should any of these complications occur, hospitalization and additional treatment may be required.

Venous Thrombosis (Clot) and Sequelae:

Thrombosed veins, which resemble cords, occasionally develop in the area of the breast or around IV sites or other surgical sites, and usually resolve without medical or surgical treatment. It is important to discuss any birth control pills you are taking with your surgeon. Certain high estrogen pills may increase your risk of thrombosed veins. A personal history of bleeding and clotting problems may also increase your risk. Clots that form in the deeper blood vessels (often in the legs) can cause extremity swelling or move to the chest and become dangerous (as described above).

Allergic Reactions:

In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations, or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur in response to drugs used during surgery and prescription medications. Allergic reactions may require additional treatment. It is important to notify your physician of any previous allergic reactions.

Drug Reactions:

Unexpected drug allergies, lack of proper response to medication, or illness caused by the prescribed drug are possibilities. It is important for you to inform your physician of any problems you have had with any medication or allergies to medication, prescribed or over-the-counter, as well as the medications you now regularly take. Provide your surgeon with a list of the medications and supplements you are currently taking.

Surgical Wetting Solutions:

There is the possibility that large volumes of fluid containing dilute local anesthetic drugs and epinephrine that is injected into fatty deposits during surgery may contribute to fluid overload or a systemic reaction to these medications. Additional treatment including hospitalization may be necessary.

Fat/Air Embolism:

In rare cases, fat particles or air can enter the vascular system and can travel to the heart, lungs, or brain. This can result in significant complications including death.

Unsatisfactory Results:

Although good results are expected, there is no guarantee or warranty, expressed or implied, as to the results that may be obtained. The body is not symmetric and almost everyone has some degree of unevenness, which may not be recognized in advance. One side of the face may be slightly larger, while one side of the face may be droopier. The breast and trunk area exhibits the same possibilities. Many of

these issues cannot be fully corrected with surgery. The more realistic your expectations are as to the results, the better your results will appear to you. Some patients never achieve their desired goals or results, at no fault of the surgeon or surgery. You may be disappointed with the results of surgery. Asymmetry, unanticipated shape and size, loss of function, wound disruption, poor healing, contour irregularity, deformity, and loss of sensation may occur after surgery. Size may be incorrect. Unsatisfactory surgical scar location or appearance may occur. It may be necessary to perform additional surgery to improve your results. Unsatisfactory results may NOT improve with each additional treatment.

ADDITIONAL ADVISORIES

Medications and Herbal Dietary Supplements:

There are potential adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Aspirin and medications that contain aspirin interfere with the formation of blood clots, and therefore may contribute to more bleeding issues. If you have a medical condition (such as heart arrhythmia, heart stent, blood vessels with blockages, or blood clots) and are taking medications to thin your blood and prevent clotting, such as Plavix[®], Xarelto[®], Coumadin[®], Effient[®], or Pradaxa[®], discuss management of these medications around the time of surgery with your plastic surgeon. Your plastic surgeon may opt to coordinate a plan for these medications with the doctor that prescribed them for your

medical condition. If you have been prescribed drugs for a medical condition, do not stop taking them without discussing it first with your plastic surgeon. Stopping these medications abruptly may result in a heart attack, stroke, or death. Be sure to check with your physician about any drug interactions that may exist with the medications that 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, be aware that they can affect your thought processes 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.

Sun Exposure – Direct or Tanning Salon:

The effects of the sun are damaging to the skin. Exposing the treated areas to sunlight may result in increased scarring, color changes, and poor healing. Patients who tan, either outdoors or in a salon, should inform their surgeon and either delay treatment, or avoid tanning until the surgeon says it is safe to resume. The damaging effect of sun exposure occurs even with the use of sun block or clothing coverage.

Travel Plans:

Any surgery carries the risk of complications that may delay healing and your return to normal life. Please inform the surgeon of any travel plans, important commitments already scheduled or planned, or time demands that are important to you, so that appropriate timing of the surgery can occur. There are no guarantees that you will be able to resume all activities in the desired timeframe. Allow at least 10-14 days to travel via airplane. Medications may be required should you have a long flight/trip in order to prevent DVT/PE in the immediate postoperative period.

Long-term Results:

Subsequent alterations in the appearance of your body may occur as the result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause, or other circumstances not related to your surgery.

Body-Piercing Procedures:

Individuals who currently wear body-piercing jewelry in the surgical region are advised that an infection could develop from this activity. Body-piercing jewelry should be removed prior to your surgical procedure.

Nails:

To monitor your vitals during surgery, your anesthesia provider may require access to your fingernails. Be sure to have at least two fingernails free of nail polish or acrylic nails on the date of your surgery.

Jewelry:

Jewelry should not be brought with you at the time of your surgical procedure. Items, such as earrings, wedding rings, necklaces, should be removed and placed in a safe place.

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:

Since surgery involves the coagulation of blood vessels, increased activity of any kind may open these vessels leading to bleeding or hematoma. Activities that increase your pulse or heart rate may cause additional bruising, swelling, and the need for additional surgery to control 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. Prior to surgery, please openly

discuss any history that you may have of significant emotional depression or mental health disorders with your surgeon. Although many individuals may benefit psychologically from the results of elective surgery, its effects on mental health cannot be accurately predicted.

ADDITIONAL NECESSARY SURGERY (Re-Operations)

Many variable conditions may influence the long-term results of surgery. It is unknown how your tissue

may respond or how wound healing will occur after surgery. Secondary surgery may be necessary to perform additional tightening or repositioning of body structures. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are associated with this surgery. Other complications and risks can occur but are less common. 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, as to the results that may be obtained. In some situations, it may not be possible to achieve optimal results with a single surgical procedure. You and your surgeon will discuss the available options should additional surgery be advised. There may be additional costs and expenses for such additional procedures, including surgical fees, facility and anesthesia fees, pathology, and lab testing.

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 activities need to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful postoperative function depends on both the surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation, and the need for additional surgery. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

ATTESTATIONS

Smoking, Second-hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray):

Patients who are currently smoking or using tobacco or nicotine products (patch, gum, or nasal spray) are at greater risk for significant surgical complications, such as skin loss, delayed healing, and additional scarring. Individuals exposed to secondhand 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, breathing or airway problems, and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products

have a significantly lower risk of these types of complications. Please indicate your current status regarding these items below:

It is important to refrain from smoking at least six weeks before surgery and until your physician states it is safe to resume, if desired. I acknowledge that I will inform my physician if I continue to smoke within this timeframe, and I understand that for my safety, the surgery, if possible, may be delayed.

Smoking may have such a negative effect on your surgery that a urine or blood test just before surgery may be done to determine the presence of nicotine. If positive, your surgery may be cancelled and your surgery fee, scheduling fee, and other prepaid amounts may be forfeited. Be sure to honestly disclose your smoking status to your surgeon.

Sleep Apnea/CPAP:

Individuals who have breathing disorders such as “obstructive sleep apnea” and who may rely upon CPAP devices (continuous positive airway pressure) or utilize nighttime oxygen are advised that they are at a substantive risk for respiratory arrest and death when they take narcotic pain medications following surgery. This is an important consideration when evaluating the safety of surgical procedures in terms of very serious complications, including death, that relate to pre-existing medical conditions. Surgery may be considered only with monitoring afterwards in a hospital setting in order to reduce the risk of potential respiratory complications and to safely manage pain following surgery.

Please consider the following symptoms of sleep apnea:

I am frequently tired upon waking and throughout the day

I have trouble staying asleep at night

I have been told that I snore or stop breathing during sleep

I wake up throughout the night or constantly turn from side to side

I have been told that my legs or arms jerk while I am sleeping

I make abrupt snorting noises during sleep

I feel tired or fall asleep during the day

It is important for you to inform and discuss any of the above symptoms that you have experienced with your surgeon.

DVT/PE Risks and Advisory:

There is a risk of blood clots, deep vein thrombosis (DVT), and pulmonary embolus (PE) with every surgical procedure. It varies with the risk factors listed below. The higher the number of risk factors, the greater the risk and the more involved you must be in both understanding these risks and, when permitted by your physician, walking and moving your legs. There may also be leg stockings, squeezing active leg devices, and possibly medicines to help lower your risk.

There are many conditions that may increase or affect risks of clotting. Inform your doctor about any past or present history of any of the following:

Past history of blood clots

Family history of blood clots

Birth control pills

Hormone stimulating drugs

Swollen legs

History of cancer

Large dose of vitamins

Varicose veins

Past illnesses of the heart, liver, lung, or gastrointestinal tract

History of multiple spontaneous abortions or miscarriages

I understand the risks relating to DVT/PE and how important it is to comply with therapy as discussed with my surgeon. The methods of preventative therapy include:

Early ambulation when allowed

Compression devices (SCD/ICD)

Anticoagulation protocols when allowed

For high-risk patients, the risks of VTE are still high, even in the setting of appropriate chemoprophylaxis. If your surgery is elective and you are a high-risk patient, it is best to consider with not proceeding with the elective surgery.

COMMUNICATION ACKNOWLEDGEMENT – CONSENT

There are many ways to communicate with you. It is important to keep appointments and to let us know if problems or issues arise. Methods of communication include by telephone, text, pager, answering service (if available), email, and regular mail. If an emergency arises, keep us alerted to your progress so we may aid in any necessary treatments. Please do not leave a message after hours or over the weekend on the office answering machine in the event of an urgent or emergency situation, as there is a delay in retrieving such messages. All attempts will be made to preserve your privacy in accordance with HIPAA rules.

DISCLAIMER

Informed consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with the disclosure of risks and alternative forms of treatment(s), including no surgery. The informed consent process attempts to define the principles of risk disclosure that should 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 that is based on all of the facts of 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 below.

CONSENT for SURGERY/PROCEDURE or TREATMENT

1. I hereby authorize Dr. Samer/Edmond Cabbabe and such assistants as may be selected to perform **my scheduled breast procedure which may or may not involve items listed on this document.**

I have received the following information sheet: **Breast Lift/Reduction/Augmentation with Saline/Silicone Gel Filled Implants and All Mesh Products**

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those described above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are necessary and desirable in the exercise of his or her professional judgment. 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.

Informed Consent: Breast Procedure

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 understand what my surgeon can and cannot do, and I understand that there are no warranties or guarantees, implied or specific, as to my outcome. I have had the opportunity to explain my goals and understand which desired outcomes are realistic and which are not. All of my questions have been answered, and I understand the inherent (specific) risks to the procedures I seek, as well as the additional risks and complications, benefits, and alternatives. Understanding all of this, I elect to proceed.
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 am aware that there are potential significant risks to my health with the utilization of blood products, and I consent to their utilization should they be deemed necessary by my surgeon and/or his/her appointees.
9. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical device registration, if applicable.
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. I realize that not having the operation is an option. I opt out of having this procedure _____.
12. 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

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-12).
I AM SATISFIED WITH THE EXPLANATION.

Patient Name: (please print)

Patient Signature:

Date/Time _____

I, _____, have discussed with Dr. Samer/ Edmond Cabbabe and fully understand and accept the following with regard to my desire for breast augmentation using an implant, which may potentially be larger than optimal for my breast tissue and body proportions.

I acknowledge that I fully understand each item listed below.

I have had an opportunity to have all my questions answered, and I feel informed and accept each risk or tradeoff listed below as indicated by my initial(s) _____ beside each item. **(Please place your initials in the blank at left, and then initial each box beside each item below).**

_____ As I get older, my breast skin will age, stretch, and become thinner even without an implant. The larger any breast, augmented or not, the worse it will look over time due to skin stretching.

_____ Adding any implant to my breast adds weight and will result in the stretching and irreversible thinning of my breast tissues over time.

_____ The larger the implant, the greater the amount of breast tissue stretching that will occur.

_____ Adding excess weight to the breast almost guarantees that it will look worse over time, with increased stretch and sagging. It is impossible to predict whether or when this will occur in any individual patient.

_____ Adding weight to my breast with a large implant may cause me to need further surgery in the future, particularly mastopexy (breast lift) with additional visible scars and risks. I will incur additional costs, time off from work, risks, and tradeoffs if additional surgery is necessary.

_____ Excessive breast tissue stretch from a large implant can make me more likely to have surgical complications with healing problems if the tissues become very thin.

_____ As breast tissues thin, I will definitely be able to feel my implant, portions of the implant may be visible through my skin, and visible rippling or wrinkling may occur.

_____ If excessive stretching or complications occur (this is unpredictable), it may even become necessary to remove the implants, which may compromise the appearance of my breasts and lead to visible scarring if breast lifting (mastopexy) is necessary following implant removal.

_____ When I request implants larger than Dr. Samer Cabbabe feels are optimal for my tissues and body proportions, I am overruling Dr. Samer Cabbabe's years of experience and judgment, and I accept full responsibility for every possible outcome of my decision, whether that outcome or risk is known or unknown to me and to Dr. Samer Cabbabe.

_____ I understand and accept all of these risks, limitations, and tradeoffs, and request that Dr. Samer Cabbabe proceed with the larger than optimal implant augmentation of my breasts. I have had an opportunity to have all of my questions answered to my satisfaction, and am totally comfortable with my decision.

Signed this _____ day of the month of _____, 20____ at _____ AM/PM.

Patient Name : (Please print)

Patient Signature:

CONSENT TO USE OF MESH FOR SUPPORT IN THE BREAST

Use of P4HB Natural Scaffold (Galaflex) or OTHER BREAST MESH:

In some cases, Dr. Cabbabe recommends using a soft tissue support natural scaffold called Galaflex (poly-4 hydroxybutyrate (P4HB)). This scaffold adds support to the healing tissues. P4HB is FDA approved for soft reinforcement in plastic and reconstructive surgery procedures. P4HB does not have a specific “breast use label” indication, but breast lifts, breast augmentation and breast revisions are plastic and reconstructive procedures.

The mesh may be placed in an attempt to support the breast implant or breast tissue. The implant may remain supported, but the breast tissue frequently does not maintain the same support, which can lead to breast tissue sagging on top of the implant. This can be noticeable within months after surgery and the aging process continues over time. This occurs because of the inherent tissue qualities of your breast and is not a result of the surgeon not removing enough tissue. Patients with weight loss, pregnancy or other inelasticity of the breast are the most frequently affected.

Every patient has inherent breast asymmetries, many of which are not correctable. The mesh could be placed too tight which could lead to one or both implants sitting too high, particularly in the case of poor overlying skin/tissue qualities. Asymmetries can occur for this reason also. Breast implant capsular contracture can also lead to asymmetries and need for revisions.

Breast lift with implant surgery carries over a 25% revision rate. Patients with “stretchy” tissues or thicker breasts carry higher rates of revision and may need secondary breast lifts. Galaflex, or any other breast mesh that is used, may be felt (palpable) through thin breast tissue, or can create visible distortions. Mesh can become infected, or exposed, and may need to be removed and then later replaced.

I have been advised of the option of mesh usage and associated risks/benefits.

Patient Name: (please print)

Patient Signature

Date