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INFORMATION CONSENT FORM BREAST AUGMENTATION SURGERY

INSTRUCTIONS

This is a document that has been prepared to help inform you about augmentation mammoplasty and its risks. It is important that you read this information carefully and completely. Please initial each page, indicating you have read the page and sign the consent for surgery as proposed by your plastic surgeon.

GENERAL INFORMATION

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

- To enhance the body contour of a woman
- To correct a loss in breast volume after pregnancy.
- To balance breast size when there exists a significant difference between the size of the breasts.
- As a reconstructive technique for various conditions.
- Replacement of breast implants for medical or cosmetic reasons.

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.

Breast enlargement is accomplished by inserting a breast implant either behind the breast tissue or under the chest muscles. Incisions are made to keep scars as inconspicuous as possible, usually under the breast, around the areola, or in the armpit. The method of inserting and positioning breast implants will depend on your preferences your anatomy and your surgeon's recommendation.

RISKS OF AUGMENTATION MAMMOPLASTY SURGERY

Every surgical procedure involves a certain amount of risk, and it is important that you understand the risks involved with augmentation mammoplasty. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of women do not experience the following complications, you should discuss each of them with you plastic surgeon to make sure you understand the risks, potential complications, and consequences of breast augmentation.

Patient's initials :

Bleeding

It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it might require emergency treatment to drain accumulated blood (hematoma) or blood transfusion. Do not take blood thinning or pain relief medications for ten days before surgery, as this may increase the risk of bleeding.

Infection

Infection is unusual after this type of surgery. It may appear in the immediate post-operative period or at any time following the insertion of a breast implant. Sub-acute or chronic infections may be difficult to diagnose. Should an infection occur, treatment including antibiotics, possible removal of the implant, or additional surgery may be necessary. Infections with the presence of a breast implant are harder to treat than infections in normal body tissue. If an infection does not respond to antibiotics, the breast implant may have to be removed. After the infection is treated, a new breast implant can usually be reinserted.

Capsular Contracture

Scar tissue, which forms internally around the breast implant, can tighten around the breast implant, and make the breast firm and possibly painful. Excessive firmness of the breasts can occur soon after surgery or years later. Though the occurrence of symptomatic capsular contracture is not predictable, it generally occurs in less than 20 percent of patients. 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. Treatment for capsular contracture may require surgical implant replacement, or implant removal.

Change in Nipple and Skin Sensation

Some change in nipple sensation is not unusual right after surgery. After several months, most patients have normal sensation. Partial or permanent loss of nipple and skin sensation may occur occasionally.

Skin Scarring

Excessive scarring is uncommon. In rare cases, abnormal scars may result. Scars may be unattractive and of different colour than surrounding skin. Additional surgery may be needed to treat abnormal scarring after surgery.

Implant Failure

Breast implants, similar to other medical devices, can fail. Implants can break or leak. When a saline filled implant deflates, its salt-water filling will be absorbed by the body. Rupture can result from an injury, unapparent cause, or during mammography. It is possible to damage an implant at the time of surgery. Damaged or broken implants cannot be repaired. Ruptured or deflated implants require replacement or removal. Breast implants cannot be expected to last forever.

Patient's initials :

Seroma

Fluid may accumulate around the implant following surgery, trauma or vigorous exercise. Additional treatment may be necessary to drain fluid accumulation around breast implants.

Implant Extrusion

Lack of adequate tissue coverage or infection may result in exposure and extrusion of the implant. Skin breakdown has been reported with the use of steroid drugs or after radiation therapy to breast tissue. If tissue breakdown occurs and the implant becomes exposed, implant removal may be necessary. Smoking may interfere with the healing process.

Mammography

Breast implants may make mammography more difficult and may obscure the detection of breast cancer. Implant rupture can occur from breast compression during mammography. Inform your mammography technologist of the presence of breast implants so that appropriate mammogram studies may be obtained. Ultrasound, specialized mammography and MRI studies may be of benefit to evaluate breast lumps and the condition of the implants

Skin Wrinkling and Rippling

Visible and palpable wrinkling of implants can occur. Some wrinkling is normal and expected. This may be more pronounced in patients who have saline filled implants or thin breast tissue. An implant may become visible at the surface of the breast as a result of the device pushing through layers of skin.

Pregnancy and Breast Feeding

Although many women with breast implants have successfully breast fed their babies, it is not known if there are increased risks in nursing for a woman with breast implants. There is insufficient evidence regarding the absolute safety of breast implants in relation to fertility, pregnancy, or breast feeding.

Asymmetry

Many women have naturally asymmetrical breasts. Although surgery will attempt to correct the difference, asymmetry may continue to be present following surgery.

Asymmetry could also occur in normal patients following surgery from a variety of reasons. Should this occur, additional surgery might be necessary to improve the differences. Additional costs will occur.

Patient's initials :

Calcification

Calcium deposits can form in the scar tissue surrounding the implant and may cause pain, firmness, and be visible on mammography. These deposits must be identified as different from calcium deposits that are a sign of breast cancer. Should this occur, additional surgery might be necessary to remove and examine calcifications.

Implant Displacement

Displacement or migration of breast implant from its initial placement may occur and can be accompanied by discomfort and/or distortion in breast shape. Difficult techniques of implant placement may increase the risk of displacement or migration. Additional surgery may be needed to correct this problem.

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 consequence of this is unknown.

Surgical Anaesthesia

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. This will be discussed with you by the anaesthetist.

Chest Wall Deformity

Chest wall deformity has been reported secondary to the use of tissue expanders and breast implants. The consequences of chest wall deformity is of unknown significance.

Unusual Activities and Occupations

Activities and occupations which have the potential for trauma to the breast could potentially break or damage breast implants or cause bleeding.

Allergic Reactions

In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions, which are more serious, may result from drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

Patient's initials :

Breast Disease

Current medical information does not demonstrate an increased risk of breast disease or breast cancer in women who have breast implant surgery for either cosmetic or reconstructive purposes. Breast disease can occur independently of breast implants. It is recommended that all women perform self-examination of their breasts, have mammography according to the accepted guidelines, and seek professional care should they notice a breast lump.

Long Term Results

Subsequent alterations in breast shape may occur as the result of aging, weight loss or gain, pregnancy, or other circumstances not related to augmentation mammoplasty. Breast sagging may occur normally.

Thrombosed Veins

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

Immune System Diseases and Unknown Risks

Some women with breast implants have reported symptoms similar to those of known diseases of the immune system such as systemic lupus erythematosus, rheumatoid arthritis, scleroderma, and other arthritis-like conditions. A connection between implanted silicone and connective tissue disorders has been reported in the medical literature. To date, there is no scientific evidence that women with either silicone gel filled or saline filled breast implants have an increased risk of these diseases, but the possibility cannot be excluded.

The effects of breast implants in individuals with pre-existing connective tissue disorders is unknown. Unlike silicone gel filled implants, the saline filled implants contain salt water. Any risk related to silicone gel would not be associated with saline filled implants. However, gel filled and saline filled devices have a silicone rubber envelope. An increased risk of autoimmune disease is possible even from saline implants. Reliable medical laboratory tests to determine antibodies to silicone do not exist. It has not been proved that there is a relationship between silicone antibodies and disease in women with breast implants. Currently, there is insufficient evidence to state that there is a health benefit from removing either breast implants and scar tissue capsules or that removal will alter autoimmune disease or prevent its potential occurrence.

In very few women who have breast implants, a variety of other symptoms and conditions have been reported, suggestive of an autoimmune multiple-sclerosis-like syndrome. Additional complaints involve the musculoskeletal, skin, nervous, and immune systems. The relationship of breast implants to these conditions has been hypothesized, although not scientifically proven.

Because such disease states are rare, they are difficult to research. Current studies have only looked for the symptoms of known autoimmune diseases, rather than the variety of symptoms that women report experiencing.

Patient's initials :

Some of the reported symptoms include:

- ◆ swelling or joint pain or arthritis like pain
- ◆ general aching
- ◆ unusual hair loss
- ◆ unexplained or unusual loss of energy
- ◆ greater chance of getting colds, viruses, flu
- ◆ swollen glands or lymph nodes
- ◆ rash
- ◆ memory problems, headaches
- ◆ muscle weakness or burning
- ◆ nausea, vomiting
- ◆ irritable bowel syndrome
- ◆ fever

Unsatisfactory result

You may be disappointed with the results of surgery. Asymmetry in implant placement, breast shape and size may occur after surgery. Unsatisfactory surgical scar location or displacement may occur. Pain may occur following surgery. It may be necessary to perform additional surgery to improve your results.

ADDITIONAL SURGERY NECESSARY

The cost of surgery quoted to you is for a straight forward uncomplicated case only. It does not include cost incurred due to any complications that occur due to the surgery or any extra medications, consultations by other specialists.

Should complications occur, additional surgery or other treatments might be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with augmentation mammoplasty. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty, expressed or implied, on the results that may be obtained.

It is important that you read the above information carefully and have all of your questions answered before signing the consent.

Patient's initials :

PATIENT'S ACCEPTANCE OF RISKS

I have read the above information and have discussed it with my surgeon. I understand that it is impossible for the surgeon to inform me of every possible complication that may occur. My surgeon has told me that results cannot be guaranteed, that adjustments and more surgery may be necessary, and that there are additional costs associated with more treatment. By signing below, I agree that my surgeon has answered all of my questions, that I understand and accept the risks and benefits of blepharoplasty, and the costs associated with this surgery and future treatment.

Name:
IC/Passport:

Date:

Witness Name: