

INFORMED CONSENT-BREAST LIFT (MASTOPEXY)

INSTRUCTIONS

This is an informed-consent document that has been prepared to help The Doctor inform you about mastopexy 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 the Doctor.

GENERAL INFORMATION

Breast lift, or mastopexy is a surgical procedure to raise and reshape sagging breasts. It is totally/purely elective surgery, therefore a long consultation is needed to adequately educate you about the procedure.

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 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 does leave permanent, noticeable scars on the breasts. There are a variety of different surgical techniques used for the reshaping and lifting of the female breast.

A separate consent form for the use of breast implants in conjunction with mastopexy is necessary if this is indicated for you.

GOALS-

Create more normal proportions

Satisfy psychological needs

Maintain normal softness,sensitivity and function

Re-establish size and contour possibly changed by pregnancy or weight loss

LIMITATIONS- It is not possible to uplift the breast without noticable scars around the nipple/areola and *usually* under the breast unless a "donut" or "teardrop" incision is indicated. It is not always possible to eliminate all stretch marks. All humans are asymmetrical, thus perfect symmetry will not result from this procedure.

GOALS DESCRIBED ABOVE MAY BE ONLY PARTIALLY MET.

INDICATIONS

- To enhance the body contour of a woman, who for personal reasons feels that her breast need uplifting
- To correct a loss in breast volume after pregnancy, weight loss, or breastfeeding

Contra-indications:

- Existing malignant or pre-malignant cancer without adequate treatment
- Active infection anywhere in the body
- Pregnant or nursing women
- Body dysmorphic disorder

ALTERNATIVE TREATMENT

Mastopexy is an elective surgical operation. Alternative treatment would consist of not undergoing the surgical procedure or wearing supportive undergarments to lift sagging breasts. If breasts are large and sagging, a reduction mammoplasty may be considered. Mastopexy maybe combined with breast augmentation. Risks and potential complications are associated with alternative surgical forms of treatment.

SURGICAL TECHNIQUE-

- Anesthesia : Twilight, Mac or General
- Outpatient
- Time: 1 to 2 hours depending on the type of lift
- Incisions : Around nipple/areola and inverted “ T “ or around nipple for “donut” and “keyhole” or teardrop shaped, or “lollipop”- short scar technique
- Drains: For 1 to 5 days
- Dressings: Ace wrap & sports bra for up to 3 weeks day & night, and while sleeping for 6 weeks
- Restrictions: 1 week / return to normal activities 3 - 6 weeks
- Post-op visits: 1 day after surgery, 1-2-3 weeks, 6 weeks & 6 months

TRADE OFFS

TEMPORARY:

Discoloration/Swelling
Discomfort (pain/sensitivity)
Numbness
Lumps /irregularities/ waviness
Asymmetry
Restricted Activities

PERMANENT:

Scars
Waviness – Surface irregularities-from skin gathers
Size and shape change
Asymmetry
Lumpiness

EVERY WOMAN IS UNIQUE!

And therefore, the operative plan will be unique. There are many choices-Breast lifting is done by making incisions around the nipple and possibly down the center line underneath and uplifting the pendulous breast tissue. Incisions are made to keep scars as inconspicuous as possible, usually under the breast and in a “keyhole” pattern around the nipple. The shape and size of the breasts prior to surgery will influence both the recommended treatment and the final results.

RISKS of MASTOPEXY SURGERY

Every surgical procedure involves a certain amount of risk, and it is important that you understand the risks involved with mastopexy. An individual’s choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. While the majority of women do not experience these complications, you should discuss each of them with the Doctor to make sure you understand the risks, potential complications, and consequences of mastopexy (breast lift).

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

Infection- An infection is quite unusual after this type of surgery. Should an infection occur, treatment including antibiotics or additional surgery may be necessary. You will get IV antibiotics in the OR and take them by mouth after surgery.

Change in nipple and skin sensation- You will experience a change in the sensitivity of the nipples and the skin of your breast. It will be diminished temporarily. Permanent loss of nipple sensation can occur after a mastopexy in one or both nipples, but is rare. Sometimes the nipples are more sensitive (hypersensitive) for a period of time. The change nipple sensation in response to sexual satisfaction is unpredictable.

Areola shape- There will be a change in your areola shape. It will have a scar around it. Sometimes, there is mild asymmetry.

Skin scarring- All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different color than the surrounding skin tone. There is the possibility of visible marks in the skin from sutures. In some cases scars may require surgical revision or treatment. Thick, hypertrophic scars are rare, but can occur. It is not predictable. These type scars may take years to soften and/or require steroid injections. Some scars are visible through a bra and clothing

Scars- The type of scar pattern depends on the size of your breasts and quality of your skin. For medium reductions the short scar technique is usually used which consists of the scar around the areola and vertically down to the fold. The pattern is commonly called “the lollipop”. If you require a larger reduction it may be necessary to add a horizontal scar in the fold, called the “anchor” incision or “inverted T”. You need to be prepared for this trade off, as your nipple will be higher and your breast size smaller, you will have the scars that take time (sometimes up to 1 year) to be as light and smooth as they are going to be. You may not like the appearance of the scars when undressed. The scar can be thicker than expected due to each person’s own healing properties.

Firmness- Excessive firmness of the breast can occur after surgery due to internal scarring or scarring around a breast implant if one is used. The occurrence of this is not predictable. Additional treatment including surgery may be necessary. If there is a area of lumpiness or firmness from fat necrosis, this may need to be biopsied to determine the exact nature of the lump. This may or may not be covered by your insurance.

Poor result- There is the possibility of a poor result from the mastopexy surgery. You may be disappointed with the results of surgery. Cosmetic risks would include unacceptable visible deformities, poor healing, and unacceptable breast shape. You may be dissatisfied with the size of your breasts after mastopexy. No guarantee of cup size can be given due to the wide variability of bra manufacturers.

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 can die. This may require frequent dressing changes or further surgery to remove the non-healed tissue.

Smokers have a greater risk of skin loss and wound healing complications and you must sign a separate consent.

Asymmetry- Some breast asymmetry naturally occurs in **all** women. Differences in terms of breast and nipple shape, size, or symmetry will also occur after surgery and is normal. You may desire additional surgery to revise asymmetry after a mastopexy. There is an additional charge for additional surgery.

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 used during surgery and prescription medicines. Allergic reactions may require additional treatment.

Surgical anesthesia- Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

Breast disease- Breast disease and breast cancer can occur independently of breast lift surgery. It is recommended that all women perform periodic self-examination of their breasts, have mammography according to American Cancer Society guidelines, and to seek professional care should a breast lump be detected. If you are over 40, you should have a pre-operative mammogram.

Future pregnancy and breast feeding- Mastopexy is not known to interfere with pregnancy or breast feeding. You may have a diminished milk supply compared to previous pregnancies. If you are planning a pregnancy, your breast skin may stretch and offset the results of mastopexy.

Breast implants- Risks associated with the potential use of breast implants are covered in a separate informed-consent form.

Shape- Your breasts will be smaller and the shape will be different from pre-operatively. The shape of the breast may appear boxy at first. This takes time to “settle in” and round out. You may not be happy with the new shape of your breasts. You cannot expect to have “perky” breasts with superior fullness after reduction surgery. This requires an implant. This operation is done to improve symptoms of large breasts and not to only improve appearance. With smaller reductions though, the post-operative shape is usually quite acceptable.

Nipple Changes- Post operatively your nipple can develop eschar commonly known as “scabs”. This may make the nipple lumpy or have scant drainage. As this heals the nipple scar may lag behind in the healing process. There is the rare possibility of skin death of a portion or the entire nipple. This would then require additional surgery to correct and may or may not be covered by your insurance.

Nipple Shape- The shape of your nipples and areola after surgery will be different than they were prior to the surgery. The areola is made smaller. There can be asymmetry from side to side. They may not be round. Skin is a changing, growing, aging tissue and will change over time.

UNSATISFACTORY RESULT - You may be disappointed with the results of surgery. Any of these risks can occur to any patient. Asymmetry in 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. The Doctor will work with you to improve your result within the parameters of our office policies. Every patient is different in their anatomy, and in their perception of their result—one person’s “great” result may be another’s “major disfigurement”. Our policy is to help you get to the best result possible—for you. But you must work with us, and trust the expertise and recommendations of The Doctor.

ADDITIONAL SURGERY NECESSARY

There are many variable conditions that may influence the long term result of mastopexy surgery. Secondary surgery may be necessary to perform additional tightening or repositioning of the breasts. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with mastopexy surgery. Other complications and risks can occur but are even more uncommon. The risks involved are similar to the risks you take every day when you drive or ride in a car.

NO GUARANTEE- 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.

HEALTH INSURANCE

Most health insurance companies exclude coverage for cosmetic surgical operations such as mastopexy or any complications that might occur from surgery. Some carriers have excluded breast diseases in patients who have breast implants. Please carefully review your health insurance subscriber information pamphlet. Most insurance plans exclude coverage for secondary or revisionary surgery.

Financial responsibilities - The cost of surgery involves several charges for the services provided. The total includes fees charged by The Doctor, anesthesia, and outpatient hospital charges, depending on where the surgery is performed.

EXTRA PAPERWORK FEES – We understand that extra documentation might be required by your employer for your surgery. As this is not considered usual and customary paperwork, there will be an additional fee of \$25 for this service.

Lab fees- The breast tissue must be sent to the lab to be evaluated by the pathologist. You will get a bill for this and are welcome to submit this to your insurance company. The cost for this service varies.

Budget - You must have a budget for time and money. Please do not cut it too close with either one. The time factor is unknown but it is always wiser to have more than enough time, than not enough. The same is true for the cost. It is our office policy to discourage financing for cosmetic surgery. If a complication does occur and a surgical revision is needed you could become further in debt.

Revision policy- On occasion, surgical revision for emergency (due to bleeding, infection etc.) may be indicated following the original surgery. If this occurs within 30 days of surgery refer to your CosmetAssure Benefits brochure. If planned or performed within one (1) year after the surgery, there will be no charge by The Doctor. A facility fee will be charged by the hospital for the use of the operating room and there will be a fee for the Anesthesiologist. A nominal fee for supplies will be charged if the revision is performed in the office.

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

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

A FINAL NOTE: This form, although lengthy, is very important. It is crucial for you to understand that you are undergoing a surgical procedure – not buying a car or a dress. When you do not like the dress, you can get all or most of your money back and keep shopping. That is not the case with surgery. If you are not comfortable with any aspect of this office, you are free to choose another surgeon. This is a decision that requires trust and confidence- in each other. You must fully understand your personal responsibility in making the decision and trust that The Doctor will do the best surgery possible. The Doctor will trust that you, in turn, will be compliant with our post-op recommendations. When complications occur, and they inevitably do, through no fault of The Doctor, or you, we rely on this special relationship--The doctor/patient relationship. It is this relationship that allows us to move forward, help improve the situation that has occurred, and allows everyone to be at peace about it. We will do our part to help you in every way possible.

By signing these forms, you acknowledge that we have done the following:

- 1. Explained the procedure in as much detail as requested for each patient.**
- 2. Read through together, with verbal explanations as needed, the consent forms and allowed ample time for questions.**
- 3. Showed pictures of the range of results obtained- emphasizing that these pictures are of different individuals and the result of every person is different- including the complications of bleeding, infection, and asymmetry.**
- 4. Provided education on the post- op period as well as what to expect for the future.**

CONSENT FOR SURGERY/ PROCEDURE or TREATMENT

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

MASTOPEXY (Breast Lift)

I have received the following information sheet:

INFORMED-CONSENT for MASTOPEXY SURGERY

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize The Doctor and assistants or designees to perform such other procedures that are in the exercise her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to The Doctor 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 involves 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
10. I, _____, have reviewed this Informed Consent with The Doctor and have had all my questions answered to my satisfaction.

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-10).
I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Date _____ Witness _____

