

## INFORMED CONSENT – REDUCTION MAMMAPLASTY

**INSTRUCTIONS-**This is an informed-consent document that has been prepared to help the Doctor inform you of reduction mammoplasty surgery, its risks, and alternative treatment. It is important that you read this information carefully and completely. At your first visit, we will educate you as completely as possible. When you choose to have surgery, you will be asked to come back for another pre-operative visit. At this visit we ask that you initial each page, indicating that you have read the page and sign the consent for surgery as proposed by Dr. Taylor

**GENERAL INFORMATION-**Women who have large breasts may experience a variety of problems from the weight and size of the breasts, such as back, neck, and shoulder pain, and skin irritation. Breast reduction is performed for relief of these symptoms rather than to enhance the appearance of the breast. The best candidates are those who are mature enough to understand the procedure and have realistic expectations about the results. There are both risks and complications associated with reduction mammoplasty surgery.

**ALTERNATIVE TREATMENT-**Reduction mammoplasty is an elective surgical operation. Alternative treatment would consist of not undergoing the surgical procedure, physical therapy to treat pain complaints, or wearing undergarments to support large breasts. In selected patients, liposuction has been used to reduce the size of large breasts. Risks and potential complications are associated with reduction mammoplasty surgery.

**Limitations-**We cannot reduce breasts without obvious scars. These usually fade over time, but sometimes can be evident for many years. All humans are asymmetrical, therefore symmetry will not result. Generalized obesity cannot be corrected.  
GOALS DESCRIBED ABOVE MAYBE ONLY PARTIALLY MET.

### **Surgical Technique-**

- Anesthesia- general / about 2 hours
- Outpatient
- Dressings- sports bra for 3 to 6 weeks
- Incisions: around areola and inverted “ T “ or “lollipop”
- Drains in place 1-4 days(usually 1- 2)
- Nipple: Usually remains attached to deeper tissue so sensation usually maintained
- Restrictions: 7-10 days/Return to normal 3 to 6 weeks
- Post-op visits: Day1- 2, 1-2-3 weeks, 6 weeks & 6 months

### **Trade offs-**

#### Temporary:

- Discomfort (pain/sensitivity)
- Discoloration/swelling
- Numbness
- Tightness/relaxation
- Lumps/irregularities
- Restricted activity

#### Permanent:

- Scars – “lollipop” and/or “inverted T”
- Asymmetry (may be partially corrected with minor surgery).
- Loss of function (inability to breast feed) and sensation
- Nipple/areola will intentionally be made smaller.
- Breast lumps due to scarring or changes in fat (fat necrosis), which may require later biopsy (surgical removal).

**RISKS of REDUCTION MAMMAPLASTY SURGERY-** Every surgical procedure involves a certain amount of risk. It is important that you understand the risks involved with reduction 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 the Doctor to make sure you understand the risks, potential complications and consequences of breast reduction.

**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 and after the 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 receive I.V. antibiotics in the O.R.; take them by mouth after surgery.

**Patient selection** - Individuals who are obese or have unrealistic expectations may not be good candidates for a breast reduction. If you are not at your ideal weight, then you should postpone surgery and work on this first. The Doctor will discuss how soon she will be able to operate, based on how much weight you need to lose. Failure to lose the recommended weight results in increased incidence of complications such as poor wound healing, asymmetry, increased lateral fullness, fat necrosis and patient dissatisfaction. Losing weight after surgery can result in a patient requiring another surgery such as secondary reduction or mastopexy for her satisfaction. These would be cosmetic procedures and the patient would be responsible for payment.

**Change in nipple and skin sensation-**You may experience a change in the sensitivity of the nipples and the skin of your breast. Permanent loss of nipple sensation can occur after a reduction mammoplasty in one or both nipples. Increased sensitivity (hypersensitivity) can also occur transiently or permanently. There could be a temporary or permanent change in the sexual response of the nipple.

**Skin scarring-**All surgical incisions produce scarring. The quality of these scars is unpredictable. Abnormal scars may occur within the skin and deeper tissue. In some cases, scars may require surgical revision or other treatments. Very rarely, abnormally thick and red scars form, which may take up to 2 years to soften, and require treatment with creams, tapes, and injections.

**Unsatisfactory results-**There is the possibility of a poor result from the reduction mammoplasty surgery. You may be disappointed with the size and shape of your breast. No guarantee of cup size can be given due to patient variability. The patient must understand this operation is for relief of symptoms, and may or may not enhance the appearance.

**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.**

## **Risks of Reduction Mammoplasty, continued**

**Pain-** A breast reduction may not improve complaints of musculoskeletal pain in the neck, back and shoulders. Abnormal scarring in skin and the deeper tissues of the breast may produce pain. Breast reduction may not relieve breast pain. Abdominal muscle laxity can result in back pain. Many women, of all breast sizes, have breast pain due to multiple factors, such as hormones, diet and /or heredity.

### **Required Amount of Tissue Removal per Insurance Company Requirements-**

Each insurance company has a different quantity of tissue to be removed based on your height, weight and body surface area. The Doctor will remove as much as she believes is necessary to create a proportionate outcome, however, cup size cannot be guaranteed. Intra-operatively if the Doctor cannot reach the required grams as mandated by your insurance company, you maybe responsible for a co-pay.

**Firmness-** Excessive firmness of the breast can occur after surgery due to internal scarring or fat necrosis (death) of tissue. The occurrence of this is not predictable. If an area of fat necrosis or scarring appears, this may require biopsy or additional surgical treatment. Firmness can also cause discomfort.

**Asymmetry-** Some breast asymmetry naturally occurs in all women. Differences in breast and nipple shape, size, or asymmetry may also occur after surgery. Additional surgery may be necessary to revise asymmetry after a reduction mammoplasty. Fat necrosis can cause asymmetry to become apparent after the procedure. Your insurance may not cover secondary procedures, and these would be done on a self-pay basis.

**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, often 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.

**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.

**Shape-** You 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.

## **RISKS, Continued**

**Breast disease-**Breast disease and breast cancer can occur independently of breast reduction surgery. It is recommended that all women perform periodic self- examination of their breast, have mammography according to American Cancer Society guidelines, and to seek professional care should a breast lump be detected. All women over 40, or at increased risk, must have a mammogram done prior to the surgery.

**Breast feeding-** Although some women have been able to breast feed after breast reduction, in general this is not predictable. If you are planning to breast feed following breast reduction, it is important that you discuss this with the Doctor prior to undergoing reduction mammoplasty. You may choose to delay surgery until childbearing is complete.

**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 surgical general and local anesthesia involve risks. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

**Cancer-** There is no increase or decrease in the incidence of breast cancer after reduction mammoplasty. However, the need for lifelong follow-up continues, mammograms may be recommended prior to surgery AND ARE MANDATORY if you are over the age of 40. Mammograms are done after surgery to establish a new "baseline" for later reference. Surgery produces scarring on the inside that can mimic breast cancer and may require a biopsy.

**ADDITIONAL SURGERY NECESSARY-** There are many variable conditions that may influence the long-term result of reduction mammoplasty. Secondary surgery may be necessary to perform additional tightening or repositioning of the breast. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks are cited are particularly associated with breast reduction surgery. Other complications and risks can occur but are even more uncommon.

**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. The major risks of surgery are comparable to the risks you take everyday when you drive or ride in a car.

**DOWN TIME-** You will need 1-2 weeks recovery time on average. It is normal to expect a certain amount of discomfort with your return to work.

**HEALTH INSURANCE-** Depending on your particular health insurance plan, breast reduction surgery may be a covered benefit. There may be additional requirements in terms of the amount of breast tissue to be removed and duration of physical problems caused by large breast. Breast reductions involving removal of small amounts of tissue are not covered by insurance. If you wish to proceed prior to pre-approval, payment in full will be required. When the insurance payment is received in the office, you will be issued a refund for the amount that you paid. Please review your health insurance subscriber-information pamphlet, call your insurance company, and discuss this further with the Doctor. Many insurance plans exclude coverage for secondary or revisionary surgery. If you request this, it will be done as a self-pay procedure.

**Hormones and Risk of Deep Venous Thrombosis (DVT):**

While we realize it may be inconvenient for you, we do recommend stopping all extra hormones prior to surgery, because these can increase your risk for a blood clot in your leg. For our patients who are on birth control pills, please discontinue these-- but don't forget another type of barrier contraception! For our more mature patients taking HRT (hormone replacement therapy), we regret you may have increased symptoms related to menopause, but once again, we believe it is worth the inconvenience to increase your safety.

**Financial Responsibilities-**The cost of surgery involves several charges for the services provided. The total includes fees charged by the Doctor, anesthesia, and hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revisionary surgery would also be your responsibility.

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.

**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. It is unwise to finance a cosmetic procedure, as increasing your debt load, except for income-producing assets, is unwise. Also, if revision is needed, to pay for it, you may be further in debt.

**Revision Policy- (For Cosmetic/Self pay ONLY)** On occasion, surgical revision (due to bleeding, infection etc.) may be indicated following the original surgery. If planned or performed within one (1) year after the surgery, there will be no charge by the Doctor, but a facility fee will be charged by the hospital for the use of the operating room. If anesthesia is required, they will have a fee as well. A nominal fee (\$50-100) for supplies will be charged if the revision is performed in the office. If we use your insurance plan, any revisions will be charged to the insurance company, and you will be responsible for your contracted co-pay and deductible.

**Disclaimer-** Informed-consent documents are used to communicate information about 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. the Doctor 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 the 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 last 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. If you choose a specific doctor, you will be operated on by Dr. Taylor. 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, migration 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 Dr. \_\_\_\_\_ Taylor \_\_\_\_\_ and such assistants as may be selected to perform the following procedure or treatment:

**REDUCTON MAMMAPLASTY- (Bilateral )**

I have received the following information sheet:

**INFORMED CONSENT FOR REDUCTION MAMMAPLASTY**

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 of her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
5. I consent to the photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided the pictures do not reveal my identity.
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. I consent to the amount of tissue to be removed as per the requirement of my insurance company.
10. 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
11. 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 (1-11). I HAVE BEEN ASKED IF I WANT A MORE DETAILED EXPLANATION, BUT I AM SATISFIED WITH THE EXPLANATION, AND DO NOT WANT MORE INFORMATION.

\_\_\_\_\_  
Patient or Person Authorized to Sign for Patient

Date \_\_\_\_\_ Witness \_\_\_\_\_