

Dr. James B. Lowe – Plastic Surgery
BREAST REDUCTION AND BREAST LIFT SURGERY
INFORMATION SHEET AND INFORMED CONSENT

Instructions

This is an informed consent document that has been prepared to assist your plastic surgeon to inform you concerning breast reduction or breast lift surgery, its risks, and alternative treatment.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by your plastic surgeon.

INTRODUCTION

Breast reduction and breast lift (mastopexy) are procedures that are frequently performed by plastic surgeons. Both operations are performed in similar ways and are associated with similar risks and complications. Breast reduction is a medically indicated procedure that requires a significant volume of breast tissue and skin to be removed. Breast lift involves primarily the removal of skin and is considered a cosmetic procedure. Breast lift can be combined with breast implantation when there is a limited breast volume along with a skin excess or sagging.

Breast reduction usually requires pre-operative approval through your insurance. Patients must meet the criteria for breast reduction demonstrating appropriate clinical symptoms and estimated breast volume. Most insurance companies demand pre-operative documentation using photographs submitted by your plastic surgeon and some companies exclude breast reductions all together. The approval process is sometimes tedious and time consuming for the patient and the plastic surgeon.

There are a variety of techniques that can be used for breast reductions and breast lifts. The technique that is offered depends on the patient's size, shape, weight, and anatomy. Different techniques are used and preferred based on experience and comfort level of your plastic surgeon. Most techniques will result in visible scars and are associated with standard risks.

ALTERNATIVE TREATMENT

Alternative forms of management consist of not undergoing the breast reduction or breast lift surgery. These procedures are performed to improve clinical symptoms or breast shape but are elective operations. Risks and potential complications associated with alternative forms of treatment should be discussed with Dr. Lowe.

RISKS OF BREAST REDUCTION OR BREAST LIFT SURGERY

With any type of activity there is inherent risk. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of breast surgery.

Bleeding – It is possible, though unusual, that you may have problems with bleeding during or after surgery. Should postoperative bleeding occur, it may require emergency treatment to stop the bleeding or a trip back to the operating room. If you are already anemic or experience blood loss that threatens your

health then you may need a blood transfusion. Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this contributes to a greater risk of bleeding. Hypertension (high blood pressure) that is not under good medical control may cause bleeding during or after surgery. Accumulations of blood under the skin may delay healing and cause scarring.

Blood clots / deep vein thrombosis – Breast reduction and breast lift operations usually require some time in the operating room. Although any operation can be associated with a blood clot in the legs, it is more common following more lengthy operations. It is important to note that birth control pills and other medications can increase your risk of this problem. After surgery patients must make every effort to be active and ambulate while in the hospital and at home. Deep vein thrombosis can be a potentially life threatening complication that may require further medical care and expense.

Fluid collections – Fluid collections can form in the period following breast surgery. These collections are called seromas and may be prevented by the use of compression dressings or drains. If the patient develops a fluid collection it may require further treatments.

Infection – Infection is unusual after breast reduction or breast lift. Should an infection occur, additional treatment including antibiotics may be necessary. Most infections following breast reductions or breast lift are self-limited. Many patients experience inflammatory responses to a small number of sutures that may require treatment but usually resolves with time.

Scarring – Although good wound healing after a surgical procedure is expected, prominent scars may occur both within the skin and deeper tissues. Scars may be unattractive and of different color than surrounding skin. Scars are more likely within certain ethnic groups and families. There is the possibility of visible marks from sutures. Anti-scar materials, avoidance of the sun, and breast support will help to limit scars. Additional treatments including surgery may be needed to treat scarring.

Skin or nipple compromise – Breast reductions and breast lifts require significant undermining that may injure the skin. In some cases the skin compromise will not become apparent until after surgery. Skin death or nipple death may require local wound care or a trip back to the operating room. Skin separation may be the result of skin death, tension, or infection. Certain areas are more prone to this problem than others (i.e. the central breast fold). SMOKING must be discontinued 2 months prior to surgery and at least one month after surgery. SMOKING kills nipples. Skin compromise can result from previous surgery or radiation.

Free Nipple Grafts - Some patient's breast are so big and saggy that the nipples will not survive the surgery. In these cases, if identified in advance the nipple should be removed and grafted to the breast in a new position. This results in loss of nipple sensation and significant scarring. Patient often require revision surgery or tattooing to improve the clinical result.

Damage to deeper structures – Deeper structures such as nerves, blood vessels, and muscles may be damaged during the course of surgery. Injury to deeper structures may be temporary or permanent.

Unsatisfactory result – There is the possibility of an unsatisfactory result following breast reduction and breast lift. The surgery may result in unacceptable visible or tactile deformities, loss of function, or structural mal-position. Many times patients are disappointed early about the shape of their breast, but it takes at least two months for the breast to settle into position in most cases. The skin and fat in the axilla are often treated with liposuction but may appear more prominent following surgery. Heavier patients tend to have poorer results and often are surprised by more visible abdominal fat. Many patients elect to have a tummy tuck in combination with breast surgery to address these concerns. You may be

disappointed that the results of surgery do not meet your expectations and additional surgery may be necessary.

Numbness – There is the potential for permanent numbness following breast reduction and breast lift. The occurrence of this is often related to the volume of breast tissue removed or the significance of the breast sag. As nerves recover they may become hypersensitive or even painful.

Chronic pain – Chronic pain may occur infrequently after breast reduction and breast lift procedures.

Asymmetry – The human body is normally asymmetrical. It is impossible to achieve absolute symmetry or equal cup size with breast reduction or breast lift. Dr. Lowe will do his best to achieve as much symmetry as possible during surgery.

Breast cancer – Breast reduction and breast lift surgery does not increase your risk of breast cancer. It is recommended that you get a pre-operative mammogram prior to surgery if you have a strong family history or are over the age of 35. A breast cancer may be found during surgery that would halt the procedure or may be detected on later by the pathologist. A mastectomy may be indicated in the future in these cases.

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

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

Long term effects/ functional alterations – Breast reduction surgery can improve neck pain, shoulder pain, and functional activity. In some case these symptoms are not improved following breast reduction surgery. The breast will continue to age and future procedures may be required to lift or reduce the breast following breast surgery. Women should try to defer breast surgery if planning future pregnancy because it will have an ill effect of the result. Many women are unable to breast feed following these procedures.

Prosthetics/ Implants – A breast implant may be used in combination with a breast lift. Anytime an implant is used it can become infected and require removal. Implants do not last forever and need to be exchanged every 10 years in some cases. Implants can rupture or fail requiring exchange. A breast implant with breast lift is a complex procedure that balances skin tightening with skin stretch. These procedures may compromise the nipple resulting in death. In order to prevent the risk of nipple compromise, skin can only be tightened to a certain point. Most patients experience implant decent and scar widening with these procedures and may require revision surgery at one year. Revision surgery for these cosmetic procedures can not be predicted and will require a separate fee. The larger the breast implant the greater the risk for mal-position and recurrent breast sagging.

Need for revision – There is the possibility breast reduction and breast lift procedures may require revision due to scar or asymmetry. Patient undergoing breast lifts with implantation can expect to need revision surgery sometime in the future. In some cases, it may be impossible to completely correct a complication.

Recovery - Most patients undergoing breast reduction or breast lift will require an overnight stay in the hospital for pain control and observation. Patients may recover at different rates following breast surgery, but the larger the reduction or lift the more difficult the recovery. Typically, patients who undergo breast

surgery experience very little functional limitation. Patients usually return to work after 2-4 weeks of recovery. The best results can be obtained when patients wear breast support for 4-6 months after surgery.

Surgical anesthesia – General anesthesia involves risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation. If you are over 45 years of age, have a known medical condition, or you are in any way concerned about your health, a pre-operative evaluation from your primary care physician or cardiologist is recommended prior to surgery.

HEALTH INSURANCE

Most health insurance companies exclude coverage for cosmetic surgical operations or any complications that might occur from cosmetic surgery. Almost all insurance plans cover breast reduction surgery when indicated, but they do not cover breast lifts. Please, carefully review your health insurance subscriber-information pamphlet and discuss any questions with Dr. Lowe.

ADDITIONAL SURGERY NECESSARY

There are many variable conditions in addition to risks and potential surgical complications that may influence the long term result from breast reduction and breast lift surgery. The significant complications associated with breast surgery occur infrequently, but the above risks are clearly associated with these procedures. Other complications and risks can occur but are more uncommon. Should complications occur, additional surgery or other treatments may be necessary. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. Infrequently, it is necessary to perform additional surgery to improve your results.

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). This 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. Dr. Lowe may provide you with additional or different information which is based on all the facts in your particular case and the state of medical knowledge.

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

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

CONSENT FOR SURGERY/PROCEDURE or TREATMENT

1. I hereby authorize Dr. Lowe and such assistants as may be selected to perform the following procedure or treatment.

I have received the following information sheet:

INFORMED CONSENT FOR BREAST REDUCTION AND LIFT SURGERY

2. I recognize that during the course of the operations and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I, therefore, authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
5. I consent to the photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
9. **IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:**
- A. The above treatment or procedure to be undertaken.
 - B. There may be alternative procedures or methods of treatment.
 - C. There are risks to the procedure or treatment proposed including those listed above.
 - D. I have read, understood, and have had the opportunity to ask questions concerning the above, as well as the Informed Consent Breast Reduction and Breast Lift Surgery information sheet.
 - E. I am satisfied with the explanation.

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

Patient or Person Authorized To Sign for Patient.

Date

Witness