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BREAST REDUCTION CONSENT FORM

I created this informational consent form to make my patients educated consumers about mastopexy surgery…or getting a "breast uplift."

What is a breast reduction?

Breast reduction surgery or a **reduction mammoplasty**, is a surgical procedure that removes excess breast fat, tissue, and skin to reduce overly large breasts and make them proportional with the rest of a woman's body. Breast reduction will alleviate the discomfort, self-consciousness, and medical issues that overly large breasts can cause. A breast reduction will not only reduce the volume of the breasts, but also changes the configuration of the breasts, reduces the size of the areola and lifts them.

Why do most women get a breast reduction?

Very large breasts create health, emotional, and self-image problems for women. Medical problems include back pain, neck pain, headache, shoulder pain and grooving, rash or skin infection under the breasts, arthritis of the spine, a hump back, rounded shoulders and posture changes, numbness of the outer two fingers (due to ulnar nerve compression), and even breathing difficulties. Social and emotional distress include anxiety in social situations, embarrassment about undressing in front of others, and an inability to participate in sports or to fit into many types of clothing and swimsuits. Teasing, ridicule, or sexual harassment may also occur.

What happens during a breast reduction?

I use the inferior pedicle technique.

Incisions are made around the areola and nipple and vertically down to the breast crease. Tissue and excess skin are removed to reshape the breast into smaller, firmer breasts with a more proportional size and uplifted contour. The nipple and areola are repositioned to a more natural height. Enlarged areolas can be made smaller, too. This operation is specially designed to preserve nipple sensation in nearly all patients after surgery.

What results should I expect from a breast reduction?

- A reduction mammoplasty is a wonderful procedure—the results are immediate, life-changing, and long-lasting. The surgery can end years of discomfort, a wide array of health problems, and the social and emotional pain a woman has endured.
- It is impossible to create the "perfect breast," but I always strive for a result that is natural in appearance, symmetrical, and cosmetically pleasing. I make every effort possible to achieve the new breast and bra size that my patients want after surgery.
- That being said, the operation does leave scars on the breasts. These scars typically heal quite nicely and fade with time. But the rare patient will heal poorly or develop wound complications that may result in wide and/or elevated scars (keloid or hypertrophic scars). The healing in any given individual cannot be predicted before surgery. The ultimate outcome depends on the patient's heredity, ethnic background, nutrition, smoking, overall healing capacity, and skin chemistry.
- Most women are glad to exchange their large, sagging, pain-producing breasts for smaller, uplifted, and beautifully shaped breasts that have scars on them. In fact, breast reduction patients are, as a group, perhaps the most satisfied of all plastic surgery patients. In fact, this is truly one of my favorite operations because the results are so good and the patients are so happy afterwards.
- Breast reduction surgery will *not* prevent sagging of the breasts as one ages, when the ligaments which support the breast stretch and skin elasticity diminishes. Breast reduction surgery will delay the process, but will not prevent it from happening sometime in the future.

Will insurance cover this surgery?

Because medical and social problems can be partially or completely corrected with breast reduction surgery, Some insurance companies will cover the procedure .

What facts do I need to know about the surgery itself?

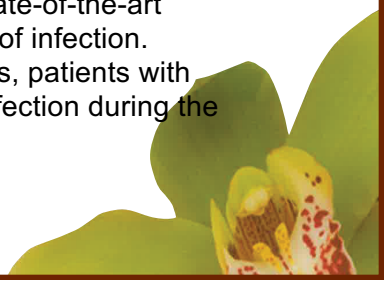
- All patients above the age of 35, those with a strong family history of breast cancer, and those with a palpable breast nodule will receive a mammogram before surgery. this is done to reveal the existence of a hidden breast cancer before surgery is done.
- All breast reduction patients over the age of 45 will receive a mammogram 4 to 6 months *after* surgery is performed. This is done to establish a baseline for future mammographic breast cancer screening. (Breast reduction can lead to a false positive reading of a mammogram. Make sure to inform the person doing the mammogram that you have had a breast reduction so this is taken into account when the reading and interpretation is done. That being said, breast reduction surgery does *not* cause breast cancer. In fact it lowers the likelihood one will develop breast cancer in lifetime.)

- You can not eat or drink anything after midnight the night before surgery—not even a glass of water or a cup of coffee. (If you need to take prescription medication, you may consume a sip of water to help swallow them. Otherwise *nothing* is to be taken by mouth). If you do, your surgery may be cancelled. Not eating or drinking prevents material from going into your lungs if you vomit while going to sleep or awakening from anesthesia.
- Breast reduction surgery is done under general anesthesia in our state-of-the-art surgical center. It takes 3-4 hours to complete. After you spend time in our recovery area, you will need someone to drive you home.
- During breast reduction surgery, I inject a special mixture of lidocaine and epinephrine which constricts the blood vessels and prevents blood loss during the operation. It is extremely rare to require a blood transfusion during or after breast reduction surgery. In fact, I have *not* had to give a single blood transfusion to a breast reduction patient since I started doing plastic surgery in **1982**.
- In order to help prevent wide and/or elevated scars (keloid or hypertropic scars), I place two to three layers of stitches during the closure of the breast. Ninety-eight percent of the stitches are absorbable and do not need to be removed. A few stitches at the T-junction (where all the skin comes together under the breast) are *not* absorbable and are removed during the postoperative period.
- You do not have to wear or purchase a special bra. A bra will be placed over your breasts after the surgery is complete. Underneath will be bandages. The bandages can be removed three days after the surgery, but the white tape that is attached directly to your skin must be left in place until your first postoperative visit. This tape will be removed at that time in my office.

Please note that any skin and/or breast tissue removed during surgery is sent to the lab for pathological analysis. If an unsuspected breast cancer is found, you will be referred to a surgical oncologist for evaluation and treatment. A mastectomy will <u>never</u> be performed at the same time as a breast reduction.

What are possible complications of surgery?

- The scars on the breasts look good immediately after the procedure, but after 4 to 6 weeks, they begin to mature and become red and thickened. They can stay this way for several months to a year, at which time they lighten and soften. The occasional patient will require *Scar Guard* to quicken the maturation process. *Scar Guard* is worn 12 hours a day for 4 months to soften the scar at a more rapid rate.
- Although infection is a possibility after this procedure, it is unlikely since every patient receives intravenous antibiotics before and during surgery. Our state-of-the-art surgical center and sterile techniques substantially reduce the risk of infection. Please note that diabetics, smokers, patients who live with smokers, patients with poor nutrition, and patients with pets at home are more prone to infection during the postoperative period



- Although I strive to obtain exact symmetry between the breasts during surgery, a slight difference may persist between the level, size and/or shape of the breasts after surgery. This is especially true if the breasts were very different in size and/or shape before surgery. If the asymmetry is severe or unusually bothersome to the patient, it may require additional treatment.
- Breastfeeding *may* or *may not* be possible after the inferior pedicle technique of reduction mammoplasty.
- As time progresses after a breast reduction, most patients develop a "bottoming out." of the breast to some degree. This means the breast tissue falls downward below the nipple-areola complex. The distance between the nipple and the chest wall increases and the nipple migrates upward. To help mitigate this natural process, I make the distance between the lower end of the aerola and the chest wall not greater than 4 centimenters. If the problem does occur, it can be surgically corrected, but to date, I have never had to reoperate on a patient of mine to correct "bottoming out."
- Although uncommon, a loss of skin may occur at the T-junction of the incision. The T-junction lies at the lower part of the vertical incision made just under the nipple-areola complex and extending to the chest wall. To prevent this complication, I always apply a special stitch in this location. If this complication does happen, it typically requires no special treatment and generally heals on its own, leaving only a slight reddish-purple (eventually fading to white) patch of discoloration.
- There is a small (less than 1 in 5000 patients) risk that part or all of the nipple-areola complex will be lost after a reduction mammoplasty. This is due to loss of circulation to the nipple and usually heals without any additional surgery. Scarring may be increased however. Obesity, smoking, bleeding, hematoma, prior breast surgery (such as a breast biopsy or lumpectomy), or radiation therapy may increase the risk of this complication. But if all preoperative instructions are followed before surgery, the risk of this complication is extremely low.
- Nipple inversion can occur although I have never seen this in one of my breast reduction patients. Should this occur, it can be corrected with a minor procedure.
- You should not exercise for two weeks after surgery because increases in heart rate and blood pressure can produce bleeding in the breast.
- As with any breast surgery, there is a small but definite risk of infection, bleeding, hematoma, seroma, swelling, ecchymosis, postoperative nausea/vomiting and/or headache. Thrombophlebitis, pulmonary emolus, atelectasis, poor healing, cyst formation, suture rejection, functional impairment, nerve entrapment, a bad anesthetic reaction, or permanent scarring and disfigurement can occur. Special measures, however are taken every step of the way to ensure your safety and prevent or minimize these possible complications.

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Photographs (which *do not* include the face) are a necessary part of this surgical procedure. The preoperative photographs serve as important aids in the planning and execution of the surgery. They are taken with the patient in a standing position because the shape of the breasts change dramatically when a patient lies down on the operating room table. Photographs are also taken postoperatively not only to complete your medical record but also to serve as an educational or reference tool for the patient and myself. These photographs may also be used for a variety of instructional and professional purposes, including, but not limited to, illustrations in scientific articles or for demonstrating the procedure to prospective patients with a similar condition.

Should you not understand any of the above, or should you want any additional information, please ask. Occasionally, you may think of questions after leaving the office. Should this occur, feel free to call for additional information or return for a complimentary second consultation. Please persist in your quest for information until you feel comfortable about your decision to have this surgery and until you feel that you have been fully and satisfactorily informed about the procedure.

I have read the above, it has been explained to me, and I fully understand the inherent risks, potential benefits, limitations, anticipated outcome, expected postoperative course, the likelihood of success, the estimated duration of care, the nature and purpose of the proposed procedure of breast enlargement, alternatives, options, and all the known possible complications with this procedure. I herby, therefore, consent to have this procedure performed.

PATIENT:_____ **DATE:**_____

WITNESS:_____