

Dr Luke Stradwick MBBS (Hons), BMedSci (Hons), FRACS

## CONSENT FOR MASTOPEXY (Breast Lift)

1. I hereby request the above named surgeon(s) and/or their associates to perform a surgical procedure known as mastopexy, a plastic surgical procedure to lift the breasts or surgical correction of a pendulous breast by fixation. There are a variety of techniques which are used to lift and restore the breast. This procedure has been explained to me by the doctor(s) and I completely understand its nature and consequences.
2. I understand that every surgical procedure involves certain risks and possibilities of complications such as bleeding, infection, poor healing, tissue damage, nerve injury and, in rare cases, death or other serious bodily injury, etc. and that these and other complications may follow even when the surgeon(s) uses the utmost care, judgement and skill. These risks have been explained to me and I accept them. The following points have been explained in detail.
  - a. There are always rather long scars following this procedure. The location and extent of the scars have been explained in full. Every reasonable effort will be made to make them as inconspicuous as possible.
  - b. Scars which are permanent require an indefinite period of time to soften, fade, and look their best, usually six months to one year. All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within both the skin and deeper tissues. Scars may be unattractive and of darker colour than surrounding skin tone. There is the possibility of visible marks from sutures used to close the wound after the removal of skin cancer. There is the possibility that scars may limit motion and function. Additional treatments, including surgery, may be needed to treat scarring.
  - c. Delayed healing at times occurs along the margins of the incisions; and occasionally there is some loss of the skin edges or of the nipple itself, requiring prolonged dressings or additional surgery for correction. Additional surgical procedures will involve additional charges or fees. Smokers and recreational drug users have a greater risk of skin loss and wound healing complications.
  - d. The breasts may not be exactly the same size.
  - e. Every attempt will be made to position the nipples evenly; however, it is not always possible to make them exactly even.
  - f. That no guarantee as to size, shape or brassiere size has been made.
  - g. 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 mastopexy in one or both nipples.
  - h. Mastopexy is not known to interfere with pregnancy or breast feeding. If you are planning a pregnancy, your breast skin may stretch and offset the results of mastopexy.
  - i. The occurrence of cancer in the remaining breast is not known to be increased or decreased by this surgery; but regular periodic examinations are recommended.

## THE PLASTIC SURGERY CLINIC

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### CONSENT FOR MASTOPEXY continued

- j. The breast can feel irregular (lumpy), firm and uncomfortable for an indefinite period of time.
  - k. Any special conditions I may have, such as high blood pressure, etc., means my risk of undesirable side effects is greater than normal and I have considered that factor for added risk in my decision of whether or not to proceed with the surgery.
  - l. 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 or blood transfusion. I will not take any Aspirin or anti-inflammatory medications for ten days before surgery, as this may increase the risk of bleeding.
  - m. Infection is unusual after this type of surgery. Should an infection occur, treatment including antibiotics or additional surgery may be necessary.
  - n. Deeper structures such as nerves, blood vessels and muscles may be damaged during the course of the surgery. The potential for this to occur varies with where in the body surgery is being performed. Injury to deeper structures may be temporary or permanent.
  - o. Some patients may develop hypertrophic scars or keloids which may require additional treatment and incur extra costs payable by myself, the patient. I realise this can happen even though the surgery has been performed correctly without complication.
  - p. In some techniques an absorbable or permanent mesh is used to support the breast shape. This may be palpable or in some cases might require a surgical procedure to remove it.
  - q. In the Benelli and Goes Periareolar procedures, pleating may occur around the areola which may require revision.
  - r. Permanent or dissolvable mesh suture material is often used in the periareolar procedures to prevent future droop of the breast tissue.
3. I have an understanding of the operation which includes but is not limited to the above items. I understand that secondary revisions may be required in some cases. I also understand that charges will be made for the use of the operating room, whether in the day surgery or in the hospital, and for any other materials required and anaesthesia. I agree to be responsible for these charges. A secondary surgical fee may be charged.
4. I recognise that, during the course of the operation, unforeseen conditions may necessitate additional or different procedures than those outlined. I, therefore, further authorise and request that the above-named surgeon or his/her assistants perform such procedures as are, in his or her professional judgment, necessary and desirable. The authority granted under this Paragraph 4 shall extend to remedying conditions that are not known to or could reasonably be anticipated by the above doctor(s) at the time the operation is commenced.

# THE PLASTIC SURGERY CLINIC

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## CONSENT FOR MASTOPEXY continued

5. I consent to the administration of local or general anaesthetic agents by or under the direction and supervision of the above doctor(s) and anaesthetist working with them.
6. I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me as to the results of the operation or procedure; nor are there any guarantees against unfavourable results.
7. I consent to be photographed before, during and after the surgery; that these photographs shall be the property of the above doctors and may be used as they deem proper for scientific and educational purposes. I agree that these might be used in Internet patient education.
8. I agree to keep the above doctor(s) informed of any change of address, and I agree to cooperate with them in my care after surgery until completely discharged. I am aware that I must not smoke or take recreational drugs in the pre-operative or post-operative periods.
9. I understand that the doctors' fees are separate from the anaesthesia and hospital charges and implant costs and the doctors' fees are agreeable to me. There may be a fee if a secondary procedure is required. I agree to be financially responsible for any further surgery I may require. Personal expectations vary; please ensure that you have liaised with your doctor and he has understood your expectations of surgery. Some operations require secondary or multiple procedures to obtain a better result. If a complication does occur from the surgery performed, in the process of the treatment of the complication, I understand that I may lose time from work and that there could be unforeseeable social or family disruption.
10. I understand that secondary surgical procedures are much more difficult than primary procedures. The operations for repair are much more complex than the primary operations because of scarring and more bleeding and bruising. The possibility of nerve damage, poor healing and infection is greater and most importantly, the results are unpredictable. It is important for the patient to realise that the results of secondary surgery will never be as predictable as those of primary surgery. If a secondary procedure is necessary, further expenditure will be required, namely surgeon's fees, the use of the operating room, anaesthesia and possibly hospitalisation. Before embarking on secondary surgery, I am aware of possible future commitments to multiple procedures in order to gain an acceptable result for myself.

### **Healing and Complications**

11. With any procedure involving surgery, normal healing is essential to obtain a good result from your operation. Normal healing is a prolonged process involving maturation of scar tissue and resolution of swelling. This process may be unpredictably prolonged and painful varying from individual to individual.

I understand this and will cooperate with my doctors and their staff during the healing phase of my surgery. I will keep my post-operative appointments.

I understand that if intervention is needed by the doctor or his staff to help with the healing, that this could involve extra costs and I agree to be responsible for these costs if applied.

# THE PLASTIC SURGERY CLINIC

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## CONSENT FOR MASTOPEXY continued

Complications can occur from any surgical procedure and they do, no matter how much care the doctors and staff take before, during and after the surgery.

I will not smoke cigarettes or take recreational or hard drugs, or self-administer medications before or after the surgery in an effort to decrease the chance of some of the complications occurring.

Complications such as haemorrhage and infection, abnormal healing and wound breakdown may occur and may make my condition worse. Should this occur, I understand that I will be responsible for the additional costs as well as any other related commitments such as healing time which could result in additional time off work or inability to meet previously scheduled work, social or familial commitments.

I have read all the post-operative instructions relating to my surgery and I agree to follow these instructions carefully.

12. I will be required to attend a post-operative appointment one to two days after surgery when a post-operative nurse will examine me and educate me regarding the care of my dressings. Subsequent appointments will be allocated to me during this immediate post-operative period.
13. I have read a copy of the foregoing consent for the operation, understand it, accept these facts, and hereby authorise the above doctor(s) to perform this surgical procedure on me.

\_\_\_\_\_

Date

\_\_\_\_\_

Patient's Name (Please Print)

\_\_\_\_\_

Date

\_\_\_\_\_

Patient's Signature

\_\_\_\_\_ Witness

### IF THE PATIENT IS A MINOR, COMPLETE THE FOLLOWING

The patient is a minor of \_\_\_\_\_ years of age; and we the undersigned, are the parents or legal guardian of the patient and do hereby consent for the patient.

\_\_\_\_\_

Parent or Legal Guardian

\_\_\_\_\_

Witness