

THE PLASTIC SURGERY CLINIC

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

CONSENT FOR REDUCTION MAMMAPLASTY

General Information

Women who have large breasts may experience a variety of problems from the weight and size of their breasts, such as back, neck, shoulder pain and skin irritation. Breast reduction or reduction mammoplasty is usually performed for relief of these symptoms as well as to enhance the appearance of the breasts. There are a variety of different surgical techniques used to reduce and reshape the female breast and there are both risks and complications associated with these operations.

1. I hereby request the above named surgeon(s) and/or their associates to perform a surgical procedure known as reduction mammoplasty, a plastic surgical procedure to alter the size and shape of my breasts. 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, judgment 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 long scars following this procedure. Their location and extent has been explained in full. Every reasonable effort will be made to make them as inconspicuous as possible. I understand that healing of any wound is with scar tissue and I understand that scars require a year's time to look their best but, in fact, are permanent.
 - 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 may involve additional charges or fees. Smokers have a greater risk of skin loss and wound healing complications.
 - d. No guarantee as to size, shape or brassiere size has been made.
 - e. The breast may feel irregular (lumpy), firm and uncomfortable for an indefinite period of time. Very rarely, portions or all of the nipple may not survive.

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- f. 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. Aspirin or anti-inflammatory medications taken within 10 days of surgery, may increase the risk of bleeding.
 - g. Infection is quite unusual after this type of surgery. Should an infection occur, treatment including antibiotics or additional surgery may be necessary.
 - h. I may experience a change in the sensitivity of the nipples and the skin of my breast. Permanent loss of nipple sensation can occur after a reduction mammoplasty in one or both nipples.
 - i. Some breast asymmetry naturally occurs in most women. Differences in breast and nipple shape, size, or symmetry may also occur after surgery. Additional surgery may be necessary to revise asymmetry after a reduction mammoplasty.
 - j. Although women have been able to breast feed after breast reduction, in general this is not predictable. If I am planning to breast feed following breast reduction, it is important that I discuss this with my plastic surgeon prior to undergoing mammoplasty.
 - k. Any special conditions I may have, such as diabetes 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. Deeper structures such as nerves, blood vessels and muscles may be damaged during the course of the surgery. Injury to deeper structures may be temporary or permanent.
 - m. Some patients may develop hypertrophic or keloid scars which may require additional treatment and may incur extra costs payable by myself. I realise this can happen even though the surgery has been performed correctly without complication.
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 materials required. I agree to be responsible for these charges.
 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 judgement, 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.
 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.

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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 are agreeable to me. There may be a fee if a secondary procedure is required. 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 may 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.
11. I will be required to attend post-operative appointments when I will be examined and educated regarding the care of my dressings. Subsequent appointments will be allocated to me during this immediate post-operative period.

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12. 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