

## **INFORMED CONSENT – BREAST LIFT (MASTOPEXY)**

### **INSTRUCTIONS**

This is an informed consent document that has been prepared to help your plastic surgeon inform you about mastopexy 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.

### **GENERAL INFORMATION**

Breast lift, or mastopexy is a surgical procedure to raise and reshape sagging breast. Factors such as pregnancy, nursing, weight change; aging and gravity produce changes in the appearance of a woman's breasts. As the skin loses its elasticity, the breasts often lose their shape and begin to sag. Breast lift, or mastopexy is a surgery performed by plastic surgeon to raise and reshape sagging breasts. This operation can also reduce the size of the areola, the darker skin around the nipple. If your breasts are small or have lost volume after pregnancy, breast implants inserted in conjunction with mastopexy are healthy, emotionally stable women who have realistic expectations about what this type of surgery can accomplish. Breasts of any size can be lifted, but the results may not last as long in women with heavy, large breasts. Mastopexy does leave permanent, noticeable scars on the breasts. There are a variety of different surgical techniques used for the reshaping and lifting of the female breast.

**A separate consent form for the use of breast implants in conjunction with mastopexy is necessary.**

### **ALTERNATIVE TREATMENT**

Mastopexy is an elective surgical operation. Alternative treatment would consist of not undergoing the surgical procedure or wearing supportive undergarments to lift sagging breasts. If breasts are large and sagging, a reduction mammoplasty may be considered. Risks and potential complications are associated with alternative surgical forms of treatment.

### **RISK of MASTOPEXY SURGERY**

Every surgical procedure involves a certain amount of risk, and it is important that you understand the risks involved with mastopexy. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. While the majority of women do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of mastopexy (breast lift).

**Bleeding** – It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it might require emergency treatment to drain accumulated blood or blood transfusion. Do not take any aspirin or anti-inflammatory medications for tens days before 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.

## **Risks of Mastopexy surgery, continued**

**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 mastopexy in one or both nipples.

**Breast implants** – Risks associated with the potential use of breast implants are covered in a separate informed consent form.

**Skin scarring** – All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different color than the surrounding skin tone. There is the possibility of visible marks in the skin from sutures. In some cases may require surgical revision or treatment.

**Firmness** – Excessive firmness of the breast can occur after surgery due to internal scarring or scarring around a breast implant if one is used. The occurrence of this is not predictable. Additional treatment including surgery may be necessary.

**Poor result** – There is the possibility of a poor result from the mastopexy surgery. You may be disappointed with the results of surgery. Cosmetic risks would include unacceptable visible deformities, poor healing, and unacceptable breast shape. You may be dissatisfied with the size of your breasts after mastopexy.

**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 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.**

**Asymmetry** – Some breast asymmetry naturally occurs in most women. Differences in terms of breast and nipple shape, size, or symmetry may also occur after surgery. Additional surgery may be necessary to revise asymmetry after a mastopexy.

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

## **Risks of Mastopexy surgery, continued**

**Breast disease** – Breast disease and breast cancer can occur independently of breast lift surgery. It is recommended that all women perform periodic self-examination of their breasts, have mammography according to American Cancer Society guidelines, and to seek professional care should a breast lump be detected.

**Future pregnancy and breast-feeding** – 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.

### **ADDITIONAL SURGERY NECESSARY**

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

### **HEALTH INSURANCE**

Most health insurance companies exclude coverage for cosmetic surgical operation such as mastopexy or any complications that might occur from surgery. Some carriers have excluded breast disease in patients who have breast implants. Please carefully review your health insurance subscriber information pamphlet. Most insurance plans exclude coverage for secondary or revisionary surgery.

### **FINANCIAL RESPONSIBILITIES**

The cost of surgery involves several charges for the services provided. The total includes fees charged by your doctor, the cost of surgical supplies, laboratory test, anesthesia, and outpatient 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.

## **Risks of Mastopexy surgery, continued**

### **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 document is based on a thorough evaluation of scientific literature and relevant clinic practice to describe a range of generally acceptable risks and alternative forms of management of a particular disease or condition. 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. Your plastic surgeon may provide you with additional or different information that 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 the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve. This informed consent document reflects the state of knowledge current at the time of publication.

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

## **ADDITIONAL ADVISORIES:**

**Deep Venous Thrombosis, Cardiac and Pulmonary Complications:** Surgery, especially longer procedures, may be associated with the formation of, or increase in, blood clots in the venous system. Pulmonary complications may occur secondarily to blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. Pulmonary and fat emboli can be life threatening or fatal in some circumstances. Air travel, inactivity and other conditions may increase the incidence of blood clots travelling to the lungs causing a major blood clot that may result in death. It is important to discuss with your physician any past history of blood clots or swollen legs that may contribute to this condition. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pain or unusual heartbeats, seek medical attention immediately. Should any of these complications occur, you might require hospitalization and additional treatment.

**Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray):** Patients who are currently smoking, use tobacco products, or nicotine products (patch, gum or nasal spray) are at a greater risk for significant surgical complications of skin dying, delayed healing and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smokers may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication. Please indicate your current status regarding these items below:

\_\_\_\_\_ I am a non-smoker and do not use nicotine products. I understand the risk of second-hand smoke exposure causing surgical complications.

\_\_\_\_\_ I am a smoker or use tobacco/ nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products.

It is important to refrain from smoking at least 6 weeks before surgery and until your physician states it is safe to return, if desired.

**Female Patient Information:** It is important to inform your plastic surgeon if you use birth control pills, estrogen replacement, or if you believe you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

**Intimate Relations After Surgery:** Surgery involves coagulating of blood vessels and increased activity of any kind may open these vessels leading to a bleed, or hematoma. Increased activity that increased your pulse or heart rate may cause additional bruising, swelling and the need for return to surgery and control of bleeding. It is wise to refrain from sexual activity until your physician states it is safe.

**Medications:** There are many adverse reactions that occur as the result of taking over the counter, herbal, and/or prescription medications. Be sure to check with your physician about any drug interactions that may exist with medications that you are already taking. If you have an adverse reaction, stop the drugs immediately and call your plastic surgeon for further instructions. If the reaction is severe, go immediately to the nearest emergency room. When taking the prescribed pain medications after surgery, realize that they can affect your thought process. Do not drive, do not operate complex equipment, do not make any important decisions and do not drink any alcohol while taking these medications. Be sure to take your prescribed medication only as directed.

## **PATIENT COMPLIANCE**

Follow all physician instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation around implants and the need for the return to surgery. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

**CONSENT FOR SURGERY / PROCEDURE OF TREATMENT**

1. I hereby authorize Dr. Danny Oh, M.D. and such assistants as may be selected to Perform the following procedure or treatment:

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I have received the following information sheet:

**INFORMED CONSENT for BREASTLIFT SURGERY**

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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 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 know 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 that may be removed.
8. I authorize the release of my identity card 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 OT TREATMENT PROPOSED

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

I AM SATISFIED WITH THE EXPLANATION.

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Patient or person Authorized to Sign for Patient/Name IC NO

Date \_\_\_\_\_ Witness \_\_\_\_\_  
Signature / Name

**DANNY OH, M.D., F.A.C.S.**  
Certified, American Board of Plastic and Reconstructive Surgery  
Fellow, American College of Surgeons

**POSTOPERATIVE INSTRUCTIONS FOR BREASTLIFT SURGERY**

1. Change dressings daily, using antibiotic ointment and gauze.
2. Wear / don't wear bra as recommended by doctor.
3. Change the dressing over the incision daily and as needed if it becomes soiled. Use some antibiotic ointment, gauze and tape. Expect some bleeding around the first 24 hours.
4. Moving arms will relax the chest muscles and relieve crimping pains.
5. Use cold packs (frozen peas) over the chest the first 24 hours, then warm packs after that.
6. If there is a drain, don't shower until the drain is removed.
7. Take pain medications as needed.
8. Take antibiotics as prescribed.
9. Do whatever activity you feel comfortable doing, except those that cause direct hits on the stitches.
10. Call the doctor if there are any questions:

Office: 04-2281554 or 04-2227761

Hand Phone: 012-4295856

- **Kindly remove all your jewelry, leave them at home or give to your family to take back. The hospital or the clinic will not be responsible for any loss of it.**

Patient Name \_\_\_\_\_

Patient Signature \_\_\_\_\_