

CONSENT FOR REMOVAL +/- REPLACEMENT OF BREAST IMPLANTS

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I have discussed the operation with **Dr Kohout** and I have received information on the possible risks and complications of surgery. The risks include, but are not limited to the complications listed below:

ANAESTHETIC RISKS

- All anaesthetics have risks which should be discussed with your anaesthetist prior to the procedure. Both local and general anaesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anaesthesia or sedation.

GENERAL RISKS OF SURGICAL PROCEDURES

- Areas of the lungs may collapse (**atelectasis**), possibly leading to chest infection/pneumonia. Treatment of this complication may need admission to a hospital, intravenous antibiotics and chest physiotherapy.
- Clots in the legs (**deep vein thrombosis** or DVT) with resultant pain and swelling. Rarely part of this clot may break off and go to the lungs (pulmonary embolus or PE) which can be fatal.
- A **heart attack** because of strain on the heart or a stroke, both of which can be fatal.
- Bleeding** around the implant may occur. At worst, this will require return to the operating theatre to evacuate the blood clot and to stop the bleeding.
- There will be **bruising** after surgery. This usually settles after approximately 2-3 weeks
- Wound infection** may complicate the operation. The infection is usually treated with antibiotics, oral or intravenous, depending on its severity. This may lead to the wound opening up and / or increased scarring.
- Dehiscence or reopening of the wound may occur. This usually happens as a result of infection and is managed by treating the infection. Dehiscence in the absence of infection can be treated by resuturing the wound.
- Allergies to anaesthetic agents or antiseptic solutions
- Scarring: surgery results in scars, which may heal in unexpected ways. Unfavourable healing may result in scars that are wide, pigmented, lumpy, red, itchy, uncomfortable or even painful long term or even permanently.

SPECIFIC KNOWN RISKS

This procedure is carried out to remove breast implants and if necessary to remove the capsule of tissue surrounding the implants.

The complications of this procedure can include but are not limited to:-

- Haematoma** (large blood clot) can form underneath the breast skin. If this occurs, you may need another operation to evacuate/ drain the blood clot.
- Breast asymmetry.** The breasts may not be exactly the same size.

- Every attempt will be made to position the nipples evenly. However, it is not always possible to make them exactly even.
- When a breast implant is inserted, a scar capsule forms around it as part of the natural healing process. The capsule may sometimes tighten and compress the implant, causing the breast to feel firmer than normal. **Capsular contracture** can occur to varying degrees. If it is severe, it can cause discomfort or changes in the breast's appearance. In such cases, more surgery may be needed to modify or remove the scar tissue, or perhaps remove or replace the implant. With modern textured implants, the risk is as low as 1% with polyurethane implants, but may be significantly higher (8-12%) with silicone shell implants.
- Breast size and Shape.** No guarantee as to size, shape or brassiere size has been made. When implants are removed permanently, your breasts will look smaller and flatter. The nipple position may appear high as the position of the nipple was designed with the implant as part of the breast appearance.
- The nipples may be numb indefinitely and nursing a baby following this operation is not always possible.
- The breast will feel irregular (lumpy), firm and uncomfortable for an indefinite period of time. Very rarely, portions or all of the nipple may not survive.
- No guarantee can be made of removal of all silicone gel.
- Bleeding** - 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 (haematoma). Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may increase the risk of bleeding.
- Infection** - Infection is POSSIBLE after this type of surgery. It may appear in the immediate post operative period or at any time following the insertion of a breast implant. Subacute or chronic infections may be difficult to diagnose. Should an infection occur, treatment including antibiotics, possible removal of the implant, or additional surgery may be necessary.
- Change in nipple and skin sensation**- Some change in nipple sensation is not unusual right after surgery. After several months, most patients have normal sensation. Partial or permanent loss of nipple and skin sensation may occur occasionally.
- Skin scarring** - Excessive scarring is uncommon. In rare cases, abnormal scars may result. Scars may be unattractive and of different colour than surrounding skin. Additional surgery may be needed to treat abnormal scarring after surgery. The repeat operation may increase the risk of unfavourable scar formation.
- Rippling** - Visible and palpable wrinkling of implants can occur. Some wrinkling is normal and expected. This may be more pronounced in patients who have saline-filled implants or thin breast tissue. It may be possible to feel the implant valve. Some patients may find palpable valve and wrinkles cosmetically undesirable. Palpable valve, wrinkling and/or folds may be confused with palpable tumours and questionable cases must be investigated. An implant may become visible at the surface of the breast as a result of the device pushing through layers of skin.
- Skin wrinkling may occur after implant removal or replacement with a smaller implant.**
- Unusual activities and occupations** - Activities and occupations which have the potential for trauma to the breast could potentially break or damage breast implants, or cause bleeding.
- Allergic reactions** - In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions which are more serious may result from drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

- Dissatisfaction with cosmetic results.** Dissatisfying results may include scar deformities, displacement or migration of the implants, undesired cup-size, asymmetry, Unanticipated contour, palpability, drooping, and sloshing of the saline in saline-filled implants.
- “Dynamic distortion”.** This refers to distortion of breast shape or the implant when the pectoral (chest) muscles are tensed or flexed.
- Explantation.** You should not consider your implants lifetime devices; revision surgery, including removal and replacement, may be needed at any time. Medical treatment of any of the complications described above may include removing the implant.
- Size.** The breast cup sizing system is imprecise and varies from one brand to another. No guarantee is given of achieving a particular breast cup size.
- Cancer.** Breast implants do not cause increased risk of breast cancer. However, they can cause a type of Lymphoma. Implant-associated Large cell Lymphoma (**ALCL**) is a malignant tumour that is rarely associated with breast implants. The risk of this type of cancer is around 1 in 10,000. It is normally treatable by the removal of the implant, though in rare instances it can result in death.
- Re-operation.** Some follow-up studies after breast augmentation surgery suggest that the chance of having to have further procedures is up to 25% at 8 years after surgery and higher over a lifetime. Follow-up operations may attract additional fees for surgeon, anaesthetist, implants and hospital/day surgery facilities.

PATIENT CONSENT

- 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 implants or other materials required. I agree to be responsible for these charges.
- 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 not reasonably be anticipated by the above doctor(s) at the time the operation is commenced.
- I consent to the administration of local or general anaesthetic agents under the direction and supervision of the above doctor(s) and anaesthetist working with them.
- 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.
- 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 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 understand that the doctors' fees are separate from the anaesthesia and hospital charges, and implant costs and the doctors' fees are agreeable to me.
- 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.

- 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 and poor healing 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, you should be aware of your possible future commitments to multiple procedures in order to gain an acceptable result for yourself.

- There may be a fee if a secondary procedure is required. This may include a surgeon fee, anaesthetic fee, implant fee and Hospital fee.

- I have read a copy of the foregoing consent for the operation, understand it, accept these facts, and hereby authorise Dr. Kohout to perform this surgical procedure on me.

Patient's Name (Please Print)

Patient's Signature

X _____

Date

Witness

X _____

Date
