

Consent for Breast Reduction/Lift

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 those listed below:

ANAESTHETIC RISKS

All anaesthetics have risks which should be discussed with your anaesthetist prior to the procedure.

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 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 RISKS OF BREAST REDUCTION

- Infection: Infection may delay the healing process or result in the development of scar tissue. This may require treatment with antibiotics. In the unlikely event of infection, the ultimate result of the surgery may be adversely affected.
- Swelling and bruising: As with all operations, a degree of swelling and bruising will occur usually worst in the first 48 hours post-operatively. This has usually subsided by the end of the second week.
- Scarring: Scars are unavoidable, but typically quite acceptable to most patients. The incisions are designed so that the scars will not be visible while wearing normal clothing. The scars will be more obvious in the early months after surgery. These scars will continue to fade over the ensuing 12-18 months. Some patients may have a tendency to form thick or red scars (hypertrophic or keloid scars). These scars can usually be improved by other measures. The scars that are particularly at risk from lumpiness are the vertical scars between the areola and the breast fold.
- Symmetry: Following reduction, sometimes the breasts may not be perfectly symmetrical or the nipple height may vary. If desired, minor adjustments can be made at a later time.
- Sensation: Sensation of the nipple may be changed after your operation. It can be "lost", "decreased", "sore" or it may even be "improved". Complete nipple numbness may result.

- Blood Supply. The operation is planned in such a way to ensure that an adequate blood supply is maintained to the remaining parts of the breast, such as skin, fat, breast tissue and nipple. On rare occasions, if the circulation is inadequate, tissue may not survive. This is not common, but is more likely in very large breasts or in patients with poor circulation. This may result in
 - Total or partial loss of the nipple.
 - Loss of some of the skin of the breast, particularly at the junction between the vertical and the horizontal scar under the breast.
 - Loss of the breast fat. This may in turn result in oily discharge from the wounds for up to several months after surgery.
 - Mammography: Breast reduction surgery may produce mammographic (X-ray) changes in the breast which are difficult to distinguish from breast cancer. This may make it difficult in the future to notice X-Ray changes indicative of cancer. If you have a family history of breast cancer, discuss this issue with your surgeon.
 - Breast feeding. As the surgery removes both the tissue that produces milk and disturbs the ducts which carry the milk to the nipple, breast feeding may be affected. Should you wish to go ahead with breast reduction, you need to be prepared to bottle feed if you have a baby in the future.

PATIENT CONSENT

- The doctor has explained my condition and the proposed procedure. I understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes. The doctor has explained other relevant treatment options and their associated risks.
- I have been given an Information Sheet** about the procedure and its risks. I was able to ask questions and raise concerns with the doctor about my condition, the procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand that Smoking increases the risks of surgery and if I choose to smoke, I accept these higher risks.**
- I understand that the procedure may include a blood transfusion. I understand that if organs or tissues are removed during the surgery, that these may be retained for tests for a period of time and then disposed of sensitively by the hospital. The doctor has explained to me that if unforeseen events happen during the procedure, they will be treated accordingly.
- I understand that no guarantee has been given as to the results of the procedure.
- I understand that secondary, revisional operations 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. A secondary surgical fee may be charged.
- 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 doctor and may be used for scientific and educational and promotional purposes. You will not be identified in any photo or video.

I have read the above list of possible complications of breast reduction surgery and I accept the risks inherent in the operation. On the basis of the above statements, I would like to proceed with the operation and I have asked Dr Kohout to perform it.

Patient signature/Parent signature

X

Name

Date

Doctor's signature

X

Date
