

CONSENT FOR BREAST AUGMENTATION SURGERY

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.

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 OF BEAST AUGMETNATION

- Changes in nipple or breast sensation** occur in approximately 25% of breast augmentation surgery, although they are usually temporary. Sensation may increase or decrease, temporarily or permanently. In some cases, unusual breast sensations, discomfort or pain can persist for prolonged periods of time.
- 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 (10-30%) with silicone shell implants.
- Breast implants are not lifetime devices and cannot be expected to last forever. **Deflation, leak or Rupture** can occur as a result of trauma to the chest, but more commonly it occurs spontaneously with no apparent cause. Surgery is usually required to replace the implant.
- Symmastia**. This is a condition of reduced or eliminated Cleavage space between the breast, causing a bridging of skin between the breasts. Also called "uniboob". This may require a separate operation to correct.
- Delayed Seroma**. A collection of fluid can become evident anytime from weeks up to years after the operation. Although about 50% of these settle on their own, the other 50 % may require treatment by suctioning out or even by implant removal.

- Scarring** can be unpredictable and thick, stretched scars may result. Most of these can be treated well by steroid injections and silicone sheet application.
- Implant movement** may occur, resulting in asymmetry of the breasts. Pre-existing breast asymmetry may be accentuated by augmentation surgery.
- Implants make **mammographic screening** more difficult and they may shield some of the breast from mammographic examination. It is possible that the presence of breast implants could delay or hinder the early detection of breast cancer.
- Calcification.** Calcium deposits may form in the tissue around the implant in rare cases. This may cause hardening and pain. This type of calcium deposit may also resemble the type of calcium deposit associated with early breast cancer.
- Wrinkling and folds.** The implant surface may wrinkle. This may be noticeable on the surface of the skin, depending on how the implant is placed and where the implant surface wrinkles. Large wrinkles, or folds, may irritate or damage the surrounding tissue. Crease-fold failure may also occur, resulting in implant rupture or deflation.
- Extrusion.** In rare cases, the implant may push through the tissue covering and become exposed. This is most likely to occur if the overlying tissue is already damaged, or becomes damaged from pressure ischaemia (i.e., lack of blood circulation) associated with an excessively large or displaced implant.
- 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.
- Stretchmarks.** The skin stretch form the implants may cause the formation of breast skin stretchmarks, which are difficult to treat even with the use of lasers/IPL or creams/lotions. The stretchmarks may become permanent.
- “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

- 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 unfavorable 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.

- Large implants.** I acknowledge that large implants (ie. Beyond the size recommended by Dr. Kohout), I acknowledge that certain adverse effects and complications are commoner. These include “double Bubble” deformity, Wrinkling, visible/ palpable implant edges, recurrent/ chronic breast pain, increased risk of skin stretchmarks on the breast skin, decreased nipple sensitivity, bottoming out or implant “dropping”.

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

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Signature

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Surgeon (Witness)

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Date