



BREAST REDUCTION/MAMMOPLASTY SURGERY CONSENT

Patient Name

Date

**Please initial each paragraph after reading.
If you have any questions, ask Dr. Rochlin BEFORE initialing.**

Permission includes the administration of medicines for local or general anesthesia and/or intravenous sedation or analgesia as deemed suitable or as become necessary. An informed consent requires that common complications be made known to you. Most of these are not expected to occur, however all must be considered. The law requires that you be made informed.

You have the right to be informed about your condition and the recommend treatment plan so that you may make an educated decision as to whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to alarm you, but is rather an effort to provide information so that you may give or withhold your consent.

Specific Risks of Reduction Mammoplasty Surgery

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 or blood transfusion. Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may increase the risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical 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.

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 reduction mammoplasty in one or both nipples. Nipple sensation may be lost if nipple graft techniques are used for breast reduction.

SKIN SCARRING- All surgical incisions produce scarring. The quality of these scars is unpredictable. Abnormal scars may occur within the skin and deeper tissue. In some cases, scars may require surgical revision or other treatments.

UNSATISFACTORY RESULT- There is the possibility of a poor result from the reduction mammoplasty surgery. You may be disappointed with the size and shape of your breasts. Asymmetry in nipple location, unanticipated breast shape and size may occur after surgery. Breast size may be incorrect. Unsatisfactory surgical scar location may occur. It may be necessary to perform additional surgery to improve your results.

PAIN- A breast reduction may not improve complaints of musculoskeletal pain in the neck, back, and shoulders. Abnormal scarring in skin and the deeper tissues of the breast may produce pain.

FIRMNESS- Excessive firmness of the breast can occur after surgery due to internal scarring or fat necrosis. The occurrence of this is not predictable. If an area of fat necrosis or scarring appears, this may require biopsy or additional surgical treatment.

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. It is even possible to have loss of skin or nipple tissue. 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 breast and nipple shape, size, or symmetry may also occur after surgery. Additional surgery may be necessary to revise asymmetry after a reduction mammoplasty.

BREAST DISEASE- Breast disease and breast cancer can occur independently of breast reduction 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.

SKIN CONTOUR IRREGULARITIES – Contour and shape irregularities may occur after reduction mammoplasty. Visible and palpable wrinkling may occur. One breast may be smaller than the other. Nipple position and shape will not be identical one side to the next. Residual skin irregularities at the ends of the incisions or “dog ears” are always a possibility when there is excessive redundant skin. This may improve with time, or it can be surgically corrected.

BREAST FEEDING- Although some women have been able to breast feed after breast reduction, in general this is not predictable. If you are planning to breast feed following breast reduction, it is important that you discuss this with Dr. Rochlin prior to undergoing reduction mammoplasty.

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.

General Risks of Surgery

SKIN DISCOLORATION/SWELLING – Some bruising and swelling normally occur. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time, and in rare situations, may be permanent.

SKIN SENSITIVITY – Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this resolves during healing, but in rare situations, it may be chronic.

MAJOR WOUND SEPERATION – Wounds may separate after surgery. Should this occur, additional treatment including surgery may be necessary. This is more common in smokers.

SUTURES – Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible or produce irritation that requires suture removal.

DAMAGE TO DEEPER STRUCTURES – There is the potential for injury to deeper structures including nerves, blood vessels, muscles, and lungs (pneumothorax) during any surgical procedure. The potential for this to occur varies according to the type of procedure being performed. Injury to deeper structures may be temporary or permanent.

FAT NECROSIS – Fatty tissue found deep in the skin might die. This may produce areas of firmness within the skin. Additional surgery to remove areas of fat necrosis may be necessary. There is the possibility of contour irregularities in the skin that may result from fat necrosis.

SEROMA – Infrequently, fluid may accumulate between the skin and the underlying tissues following surgery, trauma or vigorous exercise. Should this problem occur, it may require additional procedures for drainage of fluid.

SHOCK – In rare circumstances, your surgical procedure can cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. If surgical shock occurs, hospitalization and additional treatment would be necessary.

CARDIAC AND PULMONARY COMPLICATIONS – Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli), fat deposits (fat emboli), or partial collapse of the lungs after general anesthesia. Pulmonary emboli can be life threatening or fatal in some circumstances. Inactivity and other conditions may increase the incidence of blood clots traveling 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 swelling in your legs or blood clots 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 may require hospitalization and additional treatment.

VENOUS THROMBOSIS AND SEQUELAE – Thrombosed veins, which resemble cords, occasionally develop in the area of the breast or around IV sites, and usually resolve without medical or surgical treatment. It is important to discuss with your surgeon any birth control pills you are taking. Certain high estrogen pills may increase your risk of thrombosed veins.

Additional Advisories

SUN EXPOSURE – DIRECT OR TANNING SALON – The effects of the sun are damaging to the skin. Exposing the treated areas to sun may result in increased scarring, color changes, and poor healing. Patients who tan, either outdoors or in a salon, should inform their surgeon and either delay treatment, or avoid tanning until the surgeon says it is safe to resume. The damaging effect of sun exposure occurs even with the use of sunblock or clothing coverage.

TRAVEL PLANS – Any surgery holds the risk of complications that may delay healing and delay your return to normal life. Please let the surgeon know of any travel plans, important commitments already scheduled or planned, or down time demands that are important to you, so that appropriate timing of surgery can occur. There are no guarantees that you will be able to resume all activities in the desired time frame.

LONG TERM RESULTS – Subsequent alterations in breast shape may occur as the result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause, or other circumstances not related to your surgery. Breast sagging may normally occur.

INTERFERENCE WITH SENTINEL LYMPH NODE MAPPING PROCEDURES – Breast surgery procedures that involve cutting through breast tissue, similar to a breast biopsy, can potentially interfere with diagnostic procedures to determine lymph node drainage of breast tissue to stage breast cancer.

BREAST AND NIPPLE PIERCING PROCEDURES – Individuals who currently wear body-piercing jewelry in the breast region are advised that a breast infection could develop from this activity.

FEMALE PATIENT INFORMATION – It is important to inform Dr. Rochlin if you use birth control pills, estrogen replacement, or if you suspect 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. Activity that increases your pulse or heart rate may cause additional bruising, swelling, and the need for return to surgery and control bleeding. It is wise to refrain from intimate physical activities until your physician states it is safe.

MENTAL HEALTH DISORDERS AND ELECTIVE SURGERY – It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery and often are stressful. Please openly discuss with your surgeon, prior to surgery, any history that you any have of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

There may be a fee if a secondary procedure is required. Personal expectations vary; 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.

I am not known to be allergic to anything except: (please list below)

I agree to keep Dr. Semone Rochlin informed of any changes of address in order to be notified of any late findings, and I agree to cooperate with my care after surgery until completely discharged.

I have read a copy of the foregoing consent for the operation, understand it accept these facts, and hereby authorize the above doctor to perform this surgical procedure on me.

I CERTIFY: I have read or had read to me the contents of this form; I understand the risks and alternatives involved in this procedure; I have had the opportunity to ask any question which I had and all of my questions have been answered.

I confirm with my signature below that: the physician has discussed the above information with me, that I have had the chance to ask questions, that all my questions have been answered to my satisfaction, and that I thereby give informed consent. I voluntarily request treatment by the physician, which has been explained to me, and my questions regarding such treatment, its alternatives, its complications and risk have been answered by the doctor, staff, and/or written information. My questions have been fully and completely answered for me and I have read this document and understand its contents. I hereby give my unrestricted informed consent for the procedure. In the event a dispute arises over the outcome of my procedure, I consent solely to arbitration as a legal means of settlement.

Patient Name: (Please Print) _____

Patient Signature: _____ **Date** _____

Witness Signature: _____ **Date** _____

Physician Only: I confirm with my signature that I have made time available to discuss with the above-named patient the risks, potential complications, and intended benefits of surgery. The patient has had the opportunity to ask any questions, all questions have been answered, and the patient has expressed understanding. Thus informed, the patient has requested to perform surgery on him/her.

Physician signature: _____ **Date:** _____

Our patients are offered a copy of any form they sign