

Laurence Kirwan M.D., F.R.C.S
Plastic Surgeon
INFORMED-CONSENT BREAST LIFT (MASTOPEXY)

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

INSTRUCTIONS

This is an informed-consent document that has been prepared to help your plastic surgeon inform you of 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 breasts. 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 surgeons 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 can increase both firmness and size. The best candidates for 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.

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.

RISKS 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 three weeks 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. In the case of a mastopexy with a peri-areolar skin tightening, the permanent suture may become infected requiring removal of the suture

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 is covered in a separate informed-consent form.

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Skin scarring- All surgery leaves scars, some more visible than others do. 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 scars may require surgical revision or treatment. In the case of a peri-areolar mastopexy, there will be wrinkling and irregularities around the areola which will improve over time but may not disappear entirely. Surgery may be required to excise this area and restore it after the initial healing is complete.

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. In the case of a peri-areolar mastopexy with a breast augmentation it may be necessary to change the type of implant (saline versus silicone gel) the shape of the implant (teardrop versus round) or the size of the implant in order to achieve the best aesthetic result. The areolar may not be circular shape after surgery and may require further surgery to improve the shape of the areolar. Further surgery may be necessary to remove redundant skin and further tighten or lift the breast skin after initial surgery. Secondary surgery is charged at the cost of the operating room plus the cost of the implants and anesthesia. There is a minimum charge of one-hour operating room time. The surgeon's fee is charged at the discretion of the surgeon depending on the specific surgery required.

Secondary surgery is not provided on a complimentary basis, unless agreed to in writing prior to the initial surgery.

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. 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. Our bodies are asymmetrical; usually one side is wider than the other is. One breast is wider than the other is. One breast may sag more than the other requiring more lifting and skin tucking with residual wrinkling in the case of a purse-string peri-areolar suture.

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.

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.

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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 complications and risks can occur but are even 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 operations such as mastopexy or any complications that might occur from surgery. Some carriers have excluded breast diseases in patients who have breast implants. Please carefully review your health insurance subscriber information pamphlet. Most insurance plans exclude coverage for secondary or revision 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 tests, anesthesia, and 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. .

Further surgery may be necessary to remove redundant skin and further tighten or lift the breast skin after initial surgery. Secondary surgery is charged at the cost of the operating room plus the cost of the implants and anesthesia. There is a minimum charge of one-hour operating room time. The surgeon's fee is charged at the discretion of the surgeon depending on the specific surgery required.

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). 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, which 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 of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

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.

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1. I hereby authorize Laurence Kirwan, MD, FRCS, FACS and such assistants as may be selected to perform the following procedure or treatment:

(Circle One) Right / Left Mastopexy, **SAMBA™** procedure (Simultaneous peri-areolar Mastopexy / breast augmentation). WAMBA™ procedure (Wise areolar mastopexy/breast augmentation). Vertical Scar Short Horizontal Scar technique with or without peri-areolar mastopexy. I have received the following information sheet::

I have received the following information sheet: INFORMED CONSENT SURGERY (specific procedure)

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 known 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.

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 Social Security 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 OR TREATMENT PROPOSED SIGN AND CIRCLE A OR B

A. I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9). I HAVE BEEN ASKED IF I WANT A MORE DETAILED EXPLANATION, BUT I AM SATISFIED WITH THE EXPLANATION AND DO NOT WANT MORE INFORMATION.

I understand and agree that any dispute or litigation with respect to the treatment or procedure of the above listed items (1-9) will be heard and settled in the city in which the procedure occurred in the United Kingdom, and the law of the United Kingdom shall govern all aspects of such dispute or litigation.

B. I CONSENT TO THE TREATMENT OR PROCEDURE AND ABOVE LISTED ITEMS (1-9). I REQUESTED AND RECEIVED, IN SUBSTANTIAL DETAIL, FURTHER EXPLANATION OF THE PROCEDURE OR TREATMENT, OTHER ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT AND INFORMATION ABOUT THE MATERIAL RISKS OF THE PROCEDURE OR TREATMENT.

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I understand and agree that any dispute or litigation with respect to the treatment or procedure of the above listed items (1-9) shall be governed by and interpreted in accordance with the law of England and Wales and the parties hereto irrevocably submit to the jurisdiction of the Courts of England and Wales in any action or proceedings whatsoever in respect hereof.

Patient or Person Authorized to Sign for Patient

Date _____ Witness _____

NOTHING BY MOUTH AFTER MIDNIGHT / RELEASE FROM RESPONSIBILITY / PEER REVIEW

Date: _____ Time: _____

Name of patient (or myself) has not had anything to eat or drink, including water, since midnight, in preparation for surgery scheduled today. (Pre-operative medications can be taken with a sip of water). I authorize Mr. Kirwan to disclose complete information concerning his medical findings and treatment of the undersigned, from the initial office visit until date of conclusion of such treatment, to those individuals who in Mr. Kirwan's sole determination, are required to receive such information for the purposes of *medical treatment, medical quality assurance and peer review.*

Patient

Parent Or Guardian If Applicable

Witness: _____

Signature: _____