

Fairfield County Plastic Surgery

Gynecomastia Consent

Patient's Name: _____

Age: _____ Chart#: _____

All surgery has risks and complications. No procedure is risk free. The risks are small but do exist. Complications are kept to a minimum by making sure that you are well prepared for surgery, both physically and mentally. All medical conditions such as epilepsy, hyperthyroidism, kidney disease, high blood pressure and diabetes must be under control. If you have a medical condition of which we are unaware it is your responsibility to let us know. In general, if you have an acute illness such as the flu, a bad cold or an infected pimple, it is safer to cancel the surgery and reschedule when you are in the most optimal condition. If you develop an acute illness which may require cancellation of surgery please let us know immediately. Sometimes medication may cure the problem and avoid cancellation. Smoking increases the risk of bleeding during and after surgery and should be avoided for three weeks before and after surgery. Smoking impairs wound healing and causes tissue necrosis. Blood thinners such as aspirin and Advil must be avoided for at least three weeks before surgery. Please review the list of blood thinning medications we have given you.

GENERAL:

Surgery you do not need--Purely elective surgery
Realistic expectations--key to success

WHY HAVE THIS OPERATION?

Self, Not for Others, Repair

WHAT WILL USUALLY BE HELPED?

The shape of the breasts

WHAT WILL NOT BE HELPED?

Skin quality, the size of the nipple or areola unless reduction in size is planned.

GOALS:

Make your breast less prominent and more in proportion with the rest of your body.

LIMITATIONS:

Cannot alter developmental asymmetries
Cannot solve personal problems
Goals may only be partially met

HOW LONG WILL IT LAST?

The changes in the breast are permanent.

ALTERNATIVES:

Leave everything as it is.

SURGICAL TECHNIQUE /ANESTHESIA /FACILITY / RECOVERY

Local anesthesia & sedation vs. general anesthesia
Office OR / hospital OR
Incisions / Dressings
Post-op hospitalization
Return to normal activities

TRADE-OFFS:

Temporary:

- *Discoloration/swelling, bruising for about 14 days
- *Discomfort (pain /sensitivity)
- *Restricted activity

Permanent:

- *Scars around areola

RISKS/ COMPLICATIONS:

Major:

- hematoma necessitating removal of sutures (more common in smokers and patients with high blood pressure)
- infection (rare)
- asymmetry
- pigmentation of skin , particularly in dark skinned patients.
- over or under-correction requiring further surgery to obtain desired result.

Minor:

- depression of areola
- waviness of skin
- asymmetry
- Reaction to medication

Laurence Kirwan M.D., F.R.C.S
Plastic Surgeon
Gynecomastia Consent

Even though the risks and complications cited above occur infrequently, they are the ones that are peculiar to the operation or of greatest concern--other complications and risks can occur but are even more uncommon. The risks of surgery are comparable to the risks you take everyday when driving or riding in an automobile.

**Any and all of the risks and complications can result in:
Additional surgery / Time off work
Hospitalization / Expense to you**

Insurance usually DOES NOT cover this procedure; treatment of complications may or may not be covered by insurance. On occasion, surgical revision may be indicated following the original surgery. A facility fee will be charged for use of the operating or treatment room and an anesthesia fee will be charged by the anesthetist. A surgical fee will be charged if the original procedure was the first of two stages.

NO GUARANTEE--The practice of medicine and surgery is not an exact science; although good results are expected, there cannot be any guarantee, nor warranty, expressed or implied, by anyone as to the results that may be obtained.

COMMENTS:

**If a smoker--must be off cigarettes for three (3) weeks before surgery and remain off cigarettes for three (3) weeks after surgery; much greater risk for scarring, poor healing, hair loss, skin loss in smokers.

***Must be off all aspirin containing products and Vitamin E for two (3) weeks before surgery and two (3) weeks after surgery. (Check all medications with us; some medications such as Motrin and Advil may also affect clotting.)

If there is any item on this consult sheet that you do not understand, mark it and call the office. An explanation or additional information will be provided. Share the information we provide you with your husband or other interested family members or friends. I will be happy to meet with them if you wish.

I have read this form and had the opportunity to discuss any related questions.

Date: _____ Patient: _____

Date: _____ Surgeon: _____

Copied and provided to patient by: _____ A copy of this consultation was provided to me: _____ (Patient's signature)

NOTHING BY MOUTH AFTER MIDNIGHT / RELEASE FROM RESPONSIBILITY and 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 Dr. Kirwan or Dr. Rosen 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 Dr. Kirwan's or Dr. Rosen'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: _____