

CONSENT FOR MASTOPEXY / BREAST REDUCTION SURGERY

Breast Reduction or Reduction Mammoplasty Surgery is performed for both functional and cosmetic reasons. Women who have large breasts may experience a variety of problems from the weight and size of their breasts, such as back, neck, and shoulder pain, and skin irritation. Breast reduction is usually performed for relief of these symptoms rather than to enhance the appearance of the breasts. Lifting the breasts, reducing the size of the areola, and improving overall balance and proportions may also add a cosmetic benefit. Although this surgery is often performed for medical reasons, it is considered “elective” (which means it is by choice rather than necessity).

Although there are benefits to breast reduction surgery, there are also risks and sacrifices which must be weighed before deciding to proceed with surgery. We often describe patients as being “good or poor” candidates for a particular procedure. This decision is made after taking into consideration physical findings (e.g. skin quality, body weight, age, degree of deformity, chance of future pregnancy), medical health, history of smoking, emotional state, level of expectation, and whether in our hands we can achieve a result that will meet your expectations.

The best candidates for surgery are those who are mature enough to understand the procedure and have realistic expectations about the results. There are a variety of different surgical techniques used to reduce and reshape the female breast. There are both risks and complications associated with reduction mammoplasty surgery. If you are told that you are not currently a good candidate for this particular procedure, be sure to find out what, if anything can be done to change this.

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, and the breasts will be smaller than your current size. There are a variety of different surgical techniques used for the reshaping and lifting of the female breast.

Both reduction mammoplasty and mastopexy are elective surgical operations. Alternative treatments would consist of not undergoing the surgical procedure, physical therapy to treat pain complaints, or wearing undergarments to support large or sagging breasts. In selected patients, liposuction has been used to reduce the size of large breasts. Risks and potential complications are associated with alternative surgical forms of treatment.

Every surgical procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. An individual’s choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you understand all possible consequences of breast reduction mammoplasty or mastopexy (breast lift).

The more common risks associated with **Breast Reduction and Mastopexy Surgery** are as follows:

- **Bleeding:** The breasts are very vascular structures, and there can be a significant amount of bleeding during surgery. During surgery medications which cause the blood vessels to constrict or tighten down are used to decrease bleeding. It is possible, though unusual, to experience a significant bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood. Hematoma (collection of blood at the surgical site) may contribute to delayed wound healing, infection or other problems. Do not take any aspirin, anti-inflammatory medications (ibuprofen, Motrin, Advil, Aleve, etc.), or Vitamin E for two weeks before or after surgery, as this may increase the risk of bleeding. Non-prescription “herbs” and dietary supplements can increase the risk of surgical bleeding. Heparin medications that are used to prevent blood clots in veins can produce bleeding and decrease blood platelets, which are important to prevent bleeding. After surgery, limiting your physical activities and straining can decrease the risks of a post-operative bleeding. The need for a blood transfusion is very slight. You can start taking a iron before surgery to help your body replace what is lost at the time of surgery.
- **Infection:** The breast ducts do contain bacteria, so there is always a small risk of infection following surgery. However, infection is unusual after surgery. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary. Antibiotics are given through the I.V. before surgery, and you will be taking antibiotics by mouth the week after surgery to decrease this risk.
- **Seroma:** Fluid accumulations infrequently occur in between the skin and the underlying tissues. Should this problem occur, it may require additional procedures for drainage of fluid.
- **Asymmetry:** Some breast asymmetry naturally occurs in most women. It is rare that a person’s breasts are symmetric either before or after surgery. Differences in terms of breast and nipple shape, size, or symmetry may occur after surgery. The tissue removed from each side is weighed during surgery. Pre-existing asymmetry is often greatly improved, but there may still be a small difference from one side to the other once healing is complete. Additional surgery may be necessary to revise asymmetry after a reduction mammoplasty or mastopexy.
- **Poor Breast Shape:** Contour and shape irregularities may occur after reduction mammoplasty or mastopexy. At the time of surgery, the breast shape created is designed to allow for the changes that occur during the healing process. It is expected that the breasts will drop, and that the distance from the nipple to the crease under the breast will increase over the months and years after surgery. The initial breast shape may appear flat across the bottom to allow for these changes to prevent a “bottomed out” appearance once the healing is complete.

Visible and palpable wrinkling of the skin 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.
- **Necrosis:** The techniques used for this type of surgery involve extensive undermining of the skin and tension at the time of closure. It is common that areas may not heal well and slough or scab, which is called necrosis of the skin. With proper care these areas will heal without difficulty. Severe cases of necrosis may include loss of nipple and areola. Because it is well known that smokers have significant healing problems, you should completely stop smoking for at least 2-3 months prior to surgery. It is also important to avoid excess activities and keep your arms close to your sides for several weeks after surgery to improve healing after 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. Areas of skin or nipple tissue may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue. Individuals who have decreased blood supply to breast tissue from past surgery or radiation therapy may be

at increased risk for delayed wound healing and poor surgical outcome. **Smokers have a greater risk of skin loss and wound healing complications.**

- **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.
- **Skin Discoloration / Swelling:** Some bruising and swelling normally occurs following a reduction mammoplasty or mastopexy. 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. Additionally, these areas may have exaggerated responses to hot or cold temperatures.
- **Poor Appearing Scars:** All surgery leaves scars, some more visible than others. 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. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). In some cases scars may require surgical revision or additional treatment.

It takes at least a full year after surgery before the scars will soften and lose their color. The final appearance has a lot to do with your individual tissue and how well you take care of the scars during the early stages of healing. We strongly recommend the use of silicone gel sheeting and Mederma as described in your scar care instruction sheet (given in your pre-op package). Any scar that is becoming more red, raised, and itchy may require a steroid injection.

- **Change in Nipple and Skin Sensation/Nerve Injury:** The nerves that travel to the nipple may be injured during the surgery, and sensation may be either decreased (resulting in numbness) or increased (resulting in hypersensitivity). This alteration in sensitivity may involve the nipples and/or the skin of your breast. Loss of nipple sensation may be temporary or permanent, and can occur after a reduction mammoplasty or mastopexy in one or both nipples. Nipple sensation will be lost if nipple graft techniques are used for breast reduction. Changes in sensation may affect sexual response or the ability to breast feed a baby. There is no way of knowing before or during surgery what your final sensation will be like.
- **Unhappiness with Size:** Many women do not know or wear their correct bra size. This is especially true of women with larger breasts because tighter bras can be more comfortable, and larger bras can be hard to find. Because it is difficult to guarantee an exact bra size post-operatively, discuss post-operative size goals in terms of what percentage of the breast you would like removed (such as wanting the breasts to be half of their current size) can be helpful. Insurance companies require a minimum amount removed for the surgery to be approved. Fluctuations in body weight and pregnancy will also affect breast size in the future.
- **Unsatisfactory Result:** Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. You may be disappointed with the results of reduction mammoplasty or mastopexy surgery. Asymmetry in nipple location, unanticipated breast shape and size, loss of function, wound disruption, poor healing, and loss of sensation may occur after surgery. Breast size may be incorrect. Unsatisfactory surgical scar location or visible deformities at the ends of the incisions (dog ears) may occur. Liposuction may be necessary to thin breast tissue that is outside of the normal surgical location for reduction mammoplasty or mastopexy. It may be necessary to perform additional surgery to attempt to improve your results.
- **Inability to Breast Feed:** The glands that produce breast milk and the ducts that carry the milk are reduced and scarred at the time of surgery. While *some* women may still be able to produce milk after breast reduction, it will not be enough to support a baby's nutritional needs and formula supplementation will be necessary. Although some women have been able to breast feed after breast reduction, in general this is not

predictable. If you are planning on breast feeding in the future, it is best to wait until after you are done having children before having this surgery.

- **Changes in Mammogram:** All patients over the age of 35 are required to have a mammogram within the year of surgery as a baseline. The scar tissue created will change the appearance of the mammogram, so please give a history of having a breast reduction when having future studies.
- **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 (breast biopsy). There is the possibility of contour irregularities in the skin that may result from fat necrosis.
- **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.
- **Allergic Reactions:** In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including anaphylaxis may occur in response 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.
- **Cardiac and Pulmonary Complications:** Surgery, especially longer procedures, may be associated with the formation of, or increase in, blood clots in the venous system. 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 blood clots or swollen legs 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 pains, or unusual heart beats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment.
- **Pain:** You will experience pain after your surgery. A breast reduction may not improve complaints of musculoskeletal pain in the neck, back and shoulders. Pain of varying intensity and duration may occur and persist after surgery. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue after a breast reduction.
- **Need for Further Surgery:** There are many variable conditions that may influence the long-term result of reduction mammoplasty or mastopexy. Secondary surgery may be necessary to perform additional tightening or repositioning of the breasts. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with breast reduction and breast lift surgery. Other complications and risks can occur but are even more 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. In some situations, it may not be possible to achieve optimal results with a single surgical procedure.
- Scar revision or removing the excess tissue at the lateral aspect of the scar (called a “dog ear”) may be desired once the scars have completely healed. This is usually not covered by insurance.

Additional Advisories Regarding Breast Reduction or Breast Lift Surgery

Breast Disease- Breast disease and breast cancer can occur independently of reduction mammoplasty and mastopexy surgery. Individuals with a personal history or family history of breast cancer may be at a higher risk

of developing breast cancer than a woman with no family history of this disease. It is recommended that all women perform periodic self-examination of their breasts, have mammography according to American Cancer Society guidelines, and seek professional care should a breast lump be detected. It is extremely rare that an undiagnosed breast cancer would be discovered at the time of a reduction mammoplasty or mastopexy. If this occurs, additional treatment would be necessary.

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.

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.

Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray)- Patients who are currently smoking, use tobacco products, or nicotine products (patch, gum, or nasal spray) are at a greater risk for significant surgical complications of skin dying, delayed healing, and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication. Please indicate your current status regarding these items below:

_____ I am a non-smoker and do not use nicotine products. I understand the risk of second-hand smoke exposure causing surgical complications.

_____ I am a smoker or use tobacco / nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products.

It is important to refrain from smoking at least 6 weeks before surgery and until your physician states it is safe to return, if desired.

Female Patient Information- It is important to inform your plastic surgeon 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 to control bleeding. It is wise to refrain from sexual activity until your physician states it is safe.

Medications- There are potential adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Be sure to check with your physician about any drug interactions that may exist with medications which you are already taking. If you have an adverse reaction, stop the drugs immediately and call your plastic surgeon for further instructions. If the reaction is severe, go immediately to the nearest emergency room. When taking the prescribed pain medications after surgery, realize that they can affect your thought process and coordination. Do not drive, do not operate complex equipment, do not make any important decisions and do not drink any alcohol while taking these medications. Be sure to take your prescribed medication only as directed.

Mental Health 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

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discuss with your surgeon, prior to surgery, any history that you may have of significant emotional depression or mental health issues. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

Patient Compliance- Follow all physician instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation and the need for return to surgery. It is wise to refrain from intimate physical activities after surgery until your physician states it is safe. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

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), including no surgery. 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 current 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 this consent.

Medicine is not an exact science, so no guarantees can be made regarding complications or outcome. We do everything possible to ensure your safety and strive for the best result in every case. We hope that you will also do your part by following your post-op instructions, using good judgment, and letting us know if you are having any problems.

Please ask any questions you may have regarding the surgery or potential risks prior to signing this form. Your signature means that you have had a chance to read and discuss the common risks associated with **Breast Reduction and Breast Lift Surgery** and that you agree to proceed. A separate consent form from the hospital will also need to be signed for the medical record.

I CONSENT TO THE TREATMENT OF MASTOPEXY/BREAST REDUCTION AND I HAVE READ THE ABOVE LISTED ITEMS. I AM SATISFIED WITH THE INFORMED CONSENT PROCESS	
_____	_____
Patient or Person Authorized to Sign for Patient	Date
_____	_____
Witness	Date