

## **INFORMED CONSENT BREAST LIFT/MASTOPEXY**

**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.

**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 breast. As the skin loses its elasticity, the breasts often lose their shape and begin to sag. Breast lift, or mastopexy 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 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 is 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 not 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 to 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 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.

**INFECTIONS** An infection is quite unusual after this type of surgery. Should an infection occur, treatment includes 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 breasts. 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 are covered in a separate informed consent form.

**SKIN SCARRING** All surgery leaves scars, some more visible than others. Although good wound healing a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissue. Scars may be unattractive and of different color than the surrounding skin tone. There is the possibility of visible marks in skin from sutures. In some cases scars may require surgical revision or treatment.

**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 needed.

**POOR RESULTS** There is a possibility of a poor result from the mastopexy surgery. You may be disappointed with the results of the 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.

**DELAYED HEALING** Wound disruption or delayed wound healing is possible. Some areas of the breast nipple regions 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.

**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 breasts are nipple shape, size, or symmetry may also occur after surgery. Additional surgery may be necessary to revise the asymmetry after a mastopexy.

**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 medications. Allergic reactions may require additional treatment.

**SURGICAL ANESTHESIA** Both local and general anesthesia involves 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 monthly breast exams, 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.

**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 may 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 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 as to the results that may be obtained. There will be a charge for the surgical center if surgery is needed.

**HEALTH INSURANCE** Most health insurance companies exclude coverage for cosmetic surgical operations such as mastopexy or a complication 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 reversionary 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 your 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 reversionary surgery would also be your responsibility.

**DISCLAIMER** Informed consent documents are used to communicate information about the proposed surgical treatment of disease or conditional 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 most circumstances.

However, informed consent documents should not be considered all inclusive in defining other methods 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 YOU QUESTIONS ANSWERED BEFORE SIGNING THE CONSENT ON THE NEXT PAGE.**

## CONSENT FOR SURGERY/PROCEDURE/OR TREATMENT

1. I hereby authorize Dr. Jon Bishop and such assistants as may be selected to perform the following procedure or treatment:

### MASTOPEXY SURGERY

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 or desirable. The authority granted under this paragraph shall include all conditions that require treatment and are made known to my physician at the time the procedure begins.
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 the body, for medical, scientific, or educational purposes, provided my identity is not revealed by the pictures.
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 which 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 MAY BE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9). I AM SATISFIED WITH THE EXPLANATION.

\_\_\_\_\_  
Patient or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness