

INFORMED CONSENT FOR REDUCTION MAMMOPLASTY SURGERY

INTRODUCTION:

While complications are not expected, they can occur with any surgical procedure or treatment.

Wound healing delay and complications – including skin loss – is much more common in smokers.

Do not take any aspirin or anti-inflammatory medications for 10 days before surgery, as these medications increase the risk of bleeding.

Uncontrolled hypertension (high blood pressure) increases the risk of bleeding.

It is not practical or possible to list every known complication for an operation or treatment; this document explains the significant risks usually associated with this operation.

It is important that you have all your questions answered before you sign the consent for surgery.

GENERAL INFORMATION:

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. The best candidates for the surgery are those who are mature enough to understand the procedure, and to have realistic expectations about the results. There are a variety of different surgical techniques used to reduce and re-shape the female breast.

ALTERNATIVE TREATMENT:

Reduction mammoplasty is an elective surgical operation. Alternative management could consist of not having surgery, but treating symptoms with other methods, such as physical therapy for back pain, weight loss, and improved support garments. There are a number of different techniques to reduce breasts; in special circumstances, suction lipectomy may be used. Risks and potential complications are associated with any surgical form of treatment.

RISKS OF REDUCTION MAMMOPLASTY SURGERY:

Every surgical procedure involves a certain amount of risk. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to the potential benefit. Although the majority of women do not experience the following complications, it is important that you understand the risks involved.

Bleeding:

Heavy bleeding is unusual. Should post-op bleeding or hematoma occur, it may require emergency treatment to drain accumulated blood, or even blood transfusion. *Do not take any aspirin or anti-inflammatory medication for 10 days before surgery.*

Infection:

This is uncommon, but may occur as with any operation. The ducts of the breasts normally harbour germs, which may cause infection. If infection occurs, it is usually well localized, and the infected area may be readily treated. Antibiotics may be prescribed. If infection is more severe, it may require surgical treatment.

Scarring:

There are always permanent scars from breast reduction surgery. The quality of these scars is unpredictable, but most patients find them acceptable, and consider them a reasonable trade for improvement in symptoms. Scars may widen with time. Occasionally, scars may become thick with prolonged redness (hypertrophic scars), but even these typically improve with time. A woman who is known to scar badly must consider this surgery very carefully. Even with normal healing it is common for the redness in scars to last a long time, more than a year in most cases. Some patients have a permanent discolouration of their scar, which may have a pink or purple colour. Pigmentation is often lighter or darker than normal skin, and scars typically have a slightly different texture than normal skin. (Initials _____)

Change in Nipple and Breast Sensation:

It is common to have a temporary loss of sensation in areas of the breast skin following breast reduction. In the great majority of cases sensation returns. It is possible to have permanent loss of sensation in one or both nipples after reduction mammoplasty. (Initials _____)

Skin or Nipple Loss (Necrosis):

Diminished circulation may cause necrosis of the skin and breast tissue. In rare cases, one or both nipples may suffer partial – or very rarely – complete loss. Firm areas are sometimes palpable in the breast after surgery due to internal scarring or fat necrosis. The occurrence of this is not predictable. On occasion excision or biopsy of a firm area may be indicated. (Initials _____)

Delayed Healing:

In most cases healing is quite straightforward. Healing may be delayed for a number of reasons, including wound separation or disruption, sutures coming to the surface, and necrosis as described above.

Asymmetry:

It is impossible to obtain a perfect match of the shape, volume and position of the breasts and areolas. Perfect natural symmetry in anyone is extremely rare. Sometimes a minor adjustment is recommended after healing takes place. (Initials _____)

Unsatisfactory Result:

You may be disappointed with the size and shape of your breasts after surgery. The scars may be wider than you had hoped for. The breasts may not be the size that you had expected. There is no precise way of determining eventual cup size at surgery. If you have strong expectations in this regard, this must be discussed with your surgeon pre-operatively. (**Initials** _____)

Rarely, inversion of the nipple may be present as a result of surgery.

Pain:

While it is expected that the back, neck and shoulder discomfort will improve, there is no guarantee that this will happen. Abnormal scarring in skin and deeper tissues of the breast may produce pain.

Breast-Feeding:

There are a variety of breast reduction surgery techniques. With the great majority it is expected that a patient would be able to breast-feed subsequently. The volume of milk produced may be reduced. Some women cannot breast-feed whether they have had surgery or not. If you hope to breast-feed in the future following breast reduction, it is important that you discuss this with your plastic surgeon prior to undergoing 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, and have mammography according to the provincial guidelines. All women planning breast reduction surgery should have a mammogram in the year before surgery. If a lump occurs, you should see your doctor or plastic surgeon. (**Initials** _____)

Regrowth:

This is uncommon unless a person gains weight subsequently. Occasionally breast enlargement occurs at menopause. (**Initials** _____)

General Risks:

Both local and general anaesthesia involve risk. There is the possibility of complications, injury and even death from all forms of surgical anaesthesia or sedation. Allergic reactions can occur, and may require additional treatment.

General medical problems can occur, including deep vein thrombosis and pulmonary embolism, a complication that can be fatal. This is very rare in breast surgery. Blood transfusion is rarely necessary as a result of breast reduction surgery.

ADDITIONAL SURGERY NECESSARY:

Should complications occur, additional surgery or other treatments may be necessary. Other complications and risks can occur but are very uncommon. The practice of medicine and surgery is not an exact science. Good results are expected, but there is no guarantee on the results that may be obtained.

HEALTH INSURANCE:

In most cases breast reduction surgery is an insured benefit of the Provincial Medical Plan. This is not considered cosmetic surgery, and is not done to improve appearance but to treat symptoms related to the weight and size of the breasts. In most cases treatment of complications or revision surgery will also be an insured benefit.

It is important that you read the above information carefully before signing the consent on the next page.

CONSENT TO OPERATIVE PROCEDURE

1. I, hereby consent to undergo the operative procedure(s),
REDUCTION MAMMOPLASTY SURGERY
to be performed by Dr. Arko A. Demianczuk. I understand that the nature and purpose of this procedure is to _____

2. The nature and anticipated effect of what is proposed including the significant risks and alternatives available have been explained to me. I am satisfied with these explanations and I have understood them.
3. I also consent to such additional or alternative investigations, treatments or operative procedures as in the opinion of Dr. Arko A. Demianczuk are immediately necessary.
4. I further agree that in his discretion Dr. Arko A. Demianczuk may make use of the assistance of other surgeons, physicians and medical staff and may permit them to perform part of the operative procedure.
5. I consent to the administration of such anaesthetics considered necessary or advisable. I understand that all forms of anaesthesia involve risk and the possibility of complications, injury and death.
6. I acknowledge that no guarantee has been given by anyone as to the results that may occur.
7. I consent to the taking of photographs of the operation to be performed including appropriate portions of my body for medical, scientific or educational purposes provided that the pictures do not reveal my identity.
8. For purposes of advancing medical education I consent to the admittance of observers to the operating room.
9. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
10. I understand that I should not be pregnant at the time of surgery.

Name: _____ Signature: _____

Witness: _____ Date: _____

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BREAST REDUCTION PRE-OPERATIVES INSTRUCTIONS

Do not take aspirin for two weeks prior to surgery. Aspirin interferes with normal blood clotting. Please make sure that any over the counter medications that you may be taking do not contain aspirin. Tylenol is an acceptable substitute for problems otherwise treated with aspirin. Ibuprofen (Motrin, Advil), alcohol, and vitamin E also interfere with normal blood clotting and should be avoided. There is some evidence that garlic and Chinese food affect bleeding and should be avoided for two days prior to surgery.

It is recommended that you begin to take Vitamin C 1000 mg in the morning and another 1000 mg in the evening each day. Vitamin C helps to speed healing as well as prevent the onset of a cold prior to surgery. If you should develop a cold or other infection during the week before surgery, please call the office immediately.

Do not smoke or use any nicotine substitutes for at least three weeks before and after surgery. Smoking adversely affects the healing process and increases the chances of a complication occurring. This not only prolongs the healing process but also may adversely affect the final result of surgery. It also may make your recovery from anesthesia more difficult.

If you are a woman of childbearing age, a pregnancy test may be performed prior to surgery if there is any possibility that you might be pregnant. Surgery must be postponed if this proves to be the case. All women should have a mammogram before surgery, especially if you are over 40 years of age or have any risk of breast cancer.

You must purchase a support garment for after surgery. Ideally, the bra should be a front or back closure, as you will have difficulty raising your arms. A post-op care kit is available through the office please ask the front desk.

Do not eat or drink anything after midnight the night before surgery. It is essential that you have an empty stomach or your surgery will be cancelled. Shower or bathe the morning of surgery, you may brush your teeth but do not swallow any water. Do not apply any makeup on the day of surgery and not wear contact lenses. Wear simple clothing that includes a top with buttons down the front. Avoid bringing any valuables with you. Please make arrangements for someone to accompany you home after surgery and remain with you overnight.