



Left Right **Latissimus Dorsi Flap Breast Reconstruction
Consent Form**

Patient Name: _____

Date of Birth: _____

Guardian Name (if applicable): _____

Patient ID: _____

Washington State law guarantees that you have both the right and the obligation to make decisions regarding your health care. Your physician can provide you with the necessary information and advice, but as a member of the health care team, you must participate in the decision making process. This form acknowledges your consent to treatment recommended by your physician.

1 MY PROCEDURE

I hereby give my consent for Dr. _____ or his associates to perform a Left Right **Latissimus Dorsi Flap Breast Reconstruction** upon me. I understand the procedure is to be performed at the First Hill Surgery Center. This has been recommended to me by my physician in order to **re-establish breast symmetry and form**.

I understand that the procedure or treatment can be described as follows:

The Latissimus dorsi muscle located on the back along with its attached skin is transferred to the chest region for the breast reconstruction procedure. The muscle flap maintains its own blood supply and helps nourish the tissue that is transferred to the chest wall region.

This procedure will require anesthesia which will be administered by a qualified anesthesiologist or a certified registered nurse anesthetist. Your anesthesiologist will be available to discuss this further with you on the day of your procedure.

2 MY BENEFITS

Some potential benefits of this procedure include:

- Re-establishment of breast symmetry and form

3 MY RISKS

I understand that there are **potential risks, complications and side effects** associated with any surgical procedure. Although it is impossible to list all of them, I have been informed of some of the possible risks, complications and side effects of this procedure.

These could include but may not be limited to the following:

Bleeding – It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood (hematoma) or blood transfusion. Intra-operative blood transfusion may also be required. Do not take any aspirin or anti-inflammatory medications for ten days 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. Hematoma can occur at any time following injury to the breast. If blood transfusions are necessary to treat blood loss, there is the

risk of blood related infections such as hepatitis and HIV (AIDS). Heparin medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets.

Infection – An infection is unusual after this type of surgery. Should an infection occur, treatment including antibiotics, hospitalization, or additional surgery may be necessary. Infections with the presence of a breast implant (if used) are harder to treat than infections in normal body tissues. If an infection does not respond to antibiotics, the breast implant may have to be removed. After the infection is treated, a new breast implant can usually be reinserted.

Change in Nipple and Skin Sensation – Breast reconstruction cannot restore normal sensation to your breast or nipple. Skin that is transferred as part of the muscle flap will lack sensation. Numbness may occur in the skin on the back where the latissimus muscle was located. Changes in sensation may affect sexual responses or the ability to breast-feed a baby.

Skin Contour Irregularities – Contour and shape irregularities 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.

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 breast reconstruction. 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.

Scarring – 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). There is the possibility of visible marks in the skin from sutures. In some cases, scars may require surgical revision or treatment.

Delayed Healing and Loss of Flap – Wound disruption or delayed wound healing is possible. It is possible to have areas of the chest wall or latissimus dorsi muscle flap die. This may require frequent dressing changes or further surgery to remove the non-living 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.**

Damage to Deeper Structures – There is potential for injury to deeper structures including nerves, blood vessels, muscles, and lungs (pneumothorax) during any surgical procedure. The potential for this to occur varies according to the type of procedure being performed. Injury to deeper structures may be temporary or permanent.

Fat Necrosis – Fatty tissue found in the flap or skin may die. This may produce areas of firmness within the skin. Additional surgery to removed areas of fat necrosis may be necessary (breast biopsy)/ There is a possibility of contour irregularities in the skin that may result from fat necrosis.

Seroma – Pockets of tissue fluid sometimes develop either in the back or in the chest wall after a latissimus muscle flap breast reconstruction. Additional procedures to drain this fluid accumulation may be necessary

Breast Implants – Risks associated with the potential use of breast implants are covered in a separate informed-consent form.

Implant Extrusion – Lack of adequate tissue coverage may result in exposure and extrusion of a breast implant, if used, in addition to the latissimus muscle flap. If tissue breakdown occurs and the breast implant becomes exposed, removal is necessary.

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 and additional treatment or surgery may be necessary. Radiation therapy to the chest region after breast reconstruction with a latissimus muscle flap may produce unacceptable firmness or other long-term complications.

Asymmetry – Some breast asymmetry naturally occurs in most women. Differences in breast and nipple shape, size, or symmetry may also occur after surgery. Additional surgery may be necessary to correct asymmetry after a breast reconstruction with latissimus muscle flap.

Allergic Reactions – In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations or injected agents have been reported. Serious systematic reactions including shock (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 treatment.

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 breast reconstruction surgery. Asymmetry in muscle flap placement, 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. Breast reconstruction by any technique may fail due to complications attributable to the mastectomy surgery or from chemotherapy/radiation therapy treatments that are independent of the latissimus muscle flap procedure. It may be necessary to perform additional surgery to improve your results.

Loss of Latissimus Muscle Function – There is anticipated loss of normal function in the latissimus dorsi muscle after it is transferred to the chest wall. Weakness in movements of the shoulder and upper arm can occur.

Shock - In rare circumstances, your surgical procedure can cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. If surgical shock occurs, hospitalization and additional treatment would be necessary.

Pain - You will experience pain after your surgery. 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 breast reconstruction.

Thrombosed Veins – Thrombosed veins, which resemble cords, occasionally develop in the area of the breast and resolve without medical or surgical treatment.

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.

4 TISSUE DISPOSAL/PATHOLOGY

Any tissue or specimen may be disposed of in accordance with accustomed practice; or specimen sent to pathology for evaluation in agreement with my designated healthcare provider.

5 MY CONSENT

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.

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.

I acknowledge that no guarantee or representation has been given by anyone as to the results that may be obtained.

I consent to be photographed during, and after 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 by the pictures.

For purposes of advancing medical education, I consent to the admittance of observers to the operating room.

I consent to the disposal of any tissue, medical devices or body parts which may be removed.

I consent to the utilization of blood products should they be deemed necessary by my surgeon and/or his/her appointees, and I am aware that there are potential significant risks to my health with their utilization.

I understand that the surgeons' fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.

I realize that not having the operation is an option.

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

By my signature below I attest to the fact that I explained the procedure to the patient.

Physician Name:

Physician Signature: _____ **Date:** _____ **Time:** _____

Patient Signature: _____ **Date:** _____ **Time:** _____

Patient is unable to consent because _____ . I therefore consent for
the patient

Authorized Consenter's Signature: _____ Date: _____ Time: _____

Printed Name: _____ Relationship to patient: _____