



## Breast Reduction (Mammoplasty Surgery) 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 or designees to perform a **Breast Reduction** 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 **reduce breast size**.*

*I understand that the procedure or treatment can be described as follows:*  
**Breast reduction is more commonly performed through incisions with surgical removal of the excess fat, glandular tissue and skin that contribute to large pendulous breasts. The most common approach is a keyhole incision pattern. The nipple, which remains tethered to its original blood supply, is then repositioned. The areola is reduced by excising skin at the perimeter, if necessary. The vertical incisions are brought together to reshape the now smaller breast. Non-removable sutures are layered deep within the breast tissue to create and support the newly shaped breasts; sutures, skin adhesives and/or surgical tape close the skin.**

**NOTE: 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.**

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:**

- Relief of back, neck, shoulder pain and skin irritation.

Breast reduction is usually performed for relief of symptoms rather than to enhance the appearance of the breasts. The best candidates 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.

### **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 or a blood transfusion. Do not take aspirin or anti-inflammatory medications for six weeks before surgery, as this may increase the risk of bleeding. No-prescription “herbs” and dietary supplements can increase the risk of surgical bleeding and should also be discontinued.

Infection – An infection is quite unusual after this type of surgery. Should an infection occur, treatment including antibiotics or additional surgery may be necessary.

Change in nipple or skin sensation – You may experience a change in the sensitivity of the nipples and the skin of your breast. Permanent loss of nipple sensation can occur after a reduction mammoplasty in one or both nipples. Nipple sensation may be lost if nipple graft techniques are used for breast reduction.

Skin Scarring – All surgical incisions produce scarring. The quality of these scars is unpredictable. Abnormal scars may occur within the skin and deeper tissue. In some cases, scars may require surgical revision or other treatments.

Unsatisfactory Result – There is the possibility of a poor result from breast reduction. You may be disappointed with the size and shape of your breasts. Asymmetry in nipple location or unanticipated breast shape and size may occur after surgery. Unsatisfactory surgical scar location may occur. It may be necessary to perform additional surgery to improve your results.

Pain – Breast reduction may not improve complaints of musculoskeletal pain in the neck, back and shoulders. Abnormal scarring in skin and deeper tissues of the breast may produce pain.

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.

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. It is possible to have loss of skin or nipple tissue. 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 breast and nipple shape, size, or symmetry may also occur after surgery. Additional surgery may be necessary to revise asymmetry after a 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, have mammography according to American Cancer Society guidelines, and to seek professional care should a breast lump be detected.

Breast feeding – Although some women have been able to breast feed after breast reduction, in general this is not predictable. If you are planning to breast feed following breast reduction, it is important that you discuss this with your plastic surgeon prior to undergoing reduction mammoplasty.

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 medicines. Allergic reactions may require additional treatment.

There are many variable conditions that may influence the long term result of breast reduction. 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 surgery. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science.

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**

Although most procedures have good results, I understand that **no guarantee** has been made to me about the results of this procedure or the occurrence of any risks, complications and side effects.

I recognize that during the course of treatment, unforeseeable conditions may require **additional treatment or procedures**.

I request and authorize my physician and other qualified medical personnel to perform such treatment or procedures **as required**.

I have chosen to undergo this procedure after considering the **alternative forms of diagnosis and/or treatment** for my condition including no treatment or other procedures or tests. Alternatives to this procedure may include, but are not limited to physical therapy to treat pain complaints, wearing undergarments to support large breasts. In some select patients, liposuction has been used to reduce the size of large breasts. These alternative forms of treatment have their own potential risks, benefits and possible complications.

I consent to the photographing or televising of 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 authorize the release of my Social Security number to appropriate agencies for legal reporting and medical device registration, if applicable.

**I certify that I have read or had read to me the contents of this form.**

I have read or had read to me and will follow any patient instructions related to this procedure.

I understand the potential risks, complications and side effects involved with the proposed **Breast Reduction** and have decided to proceed after considering the possibility of both known and unknown risks, complications, side effects and alternatives.

I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction. I consent to the above procedures as deemed necessary or appropriate by my physician or credentialed provider.

**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: \_\_\_\_\_

Mark this box if telephone consent

Witness Name: \_\_\_\_\_  
 PRINT NAME

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

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

Physician Name: \_\_\_\_\_  
 PRINT NAME

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Important Health Insurance and Financial Information**

**Health Insurance**

Depending on your particular health insurance plan, breast reduction surgery may be considered a covered benefit. There may be additional requirements in terms of the amount of breast tissue to be removed and duration of physical problems caused by large breasts. Breast reduction involves removal of small amounts of tissue, may not be covered by your insurance. Please review your health insurance subscriber-information pamphlet, call your insurance company, and discuss this further with your plastic surgeon. Many insurance plans exclude coverage for secondary or revisionary surgery.

**Financial Responsibility**

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, blood bank, anesthesia, and hospital charges, depending on where the 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 with revisionary surgery would also be your responsibility.

**Please Initial** \_\_\_\_\_