Patient's Name:
Date of Surgery:

Patient Educational Information: Provided by
American Society of Plastic Surgeons

BREAST AUGMENTATION

Breast augmentation, technically known as augmentation mammoplasty, is a surgical procedure to enhance the size and shape of a woman's breast for a number of reasons:

- To enhance the body contour of a woman who, for personal reasons, feels her breast size is too small.
- To correct a reduction in breast volume after pregnancy.
- To balance a difference in breast size.

As a reconstructive technique following breast surgery.

By inserting an implant behind each breast, surgeons are able to increase a woman's bustline by one or more bra cup sizes. If you're considering breast augmentation, this will give you a basic understanding of the procedure--when it can help, how it's performed, and what results you can expect. It can't answer all of your questions, since a lot depends on your individual circumstances. Please ask your surgeon if there is anything you don't understand about the procedure.

THE BEST CANDIDATES FOR BREAST AUGMENTATION

Breast augmentation can enhance your appearance and your self-confidence, but it won't necessarily change your looks to match your ideal, or cause other people to treat you differently. Before you decide to have surgery, think carefully about your expectations and discuss them with your surgeon.

The best candidates for breast augmentation are women who are looking for improvement, not perfection, in the way they look. If you're physically healthy and realistic in your expectations, you may be a good candidate.

TYPES OF IMPLANTS

A breast implant is a silicone shell filled with either silicone gel or a salt-water solution known as saline.

Because of concerns that there is insufficient information demonstrating the safety of silicone gel-filled breast implants, the Food & Drug Administration (FDA) has determined that new gel-filled implants, at the present time, should be available only to women participating in approved studies. Some women requiring replacement of the implants may also be eligible to participate in the study. Saline-filled implants continue to be available to breast augmentation patients on an unrestricted basis, pending further FDA review. You should ask your doctor more about the specifics of the FDA decisions.

ALL SURGERY CARRIES SOME UNCERTAINTY AND RISK

Breast augmentation is relatively straightforward. But as with any operation, there are risks associated with surgery and specific complications associated with this procedure.

The most common problem, capsular contracture, occurs if the scar or capsule around the implant begins to tighten. This squeezing of the soft implant can cause the breast to feel hard.

Capsular contracture can be treated in several ways, and sometimes requires either removal or "scoring" of the scar tissue, or perhaps removal or replacement of the implant.

As with any surgical procedure, excessive bleeding following the operation may cause some swelling and pain. If excessive bleeding continues, another operation may be needed to control the bleeding and remove the accumulated blood.

A small percentage of women develop an infection around an implant. This may occur at any time, but is most often seen within a week after surgery. In some cases, the implant may need to be removed for several months until the infection clears. A new implant can then be inserted.

Some women report that their nipples become oversensitive, undersensitive, or even numb. You may also notice small patches of numbness near your incisions. These symptoms usually disappear within time, but may be permanent in some patients.

There is no evidence that breast implants will affect fertility, pregnancy, or your ability to nurse. If, however, you have nursed a baby within the year before augmentation, you may produce milk for a few days after surgery. This may cause some discomfort, but can be treated with medication prescribed by your doctor.

Occasionally, breast implants may break or leak. Rupture can occur as a result of injury or even from the normal compression and movement of your breast and implant, causing the man-made shell to leak. If a saline-filled implant breaks, the implant will deflate in a few hours and the salt water will be harmlessly absorbed by the body.

If a break occurs in a gel-filled implant, however, one of two things may occur. If the shell breaks but the scar capsule around the implant does not, you may not detect any change. If the scar also breaks or tears, especially following extreme pressure, silicone gel may move into surrounding tissue. The gel may collect in the breast and cause a new scar to form around it, or it may migrate to another area of the body. There may be a change in the shape or firmness of the breast.

Specialist Plastic Surgeon

_____
Patient's Initial

Both types of breaks may require a second operation and replacement of the leaking implant. In some cases, it may not be possible to remove all of the silicone gel in the breast tissue if a rupture should occur.
A few women with breast implants have reported symptoms similar to diseases of the immune system, such as scleroderma and other arthritis-like conditions. These symptoms may include joint pain or swelling, fever, fatigue, or breast pain. Research has found no clear link between silicone breast implants and the symptoms of what doctors refer to as "connective-tissue disorders," but the FDA has requested further study.
While there is no evidence that breast implants cause breast cancer, they may change the way mammography is done to detect cancer. When you request a routine mammogram, be sure to go to a radiology center where technicians are experienced in the special techniques required to get a reliable x-ray of a breast with an implant. Additional views will be required. Ultrasound examinations may be of benefit in some women with implants to detect breast lumps or to evaluate the implant.
While the majority of women do not experience these complications, you should discuss each of them with your physician to make sure you understand the risks and consequences of breast augmentation.

PLANNING YOUR SURGERY

In your initial consultation, your surgeon will evaluate your health and explain which surgical techniques are most appropriate for you, based on the condition of your breasts and skin tone. If your breasts are sagging, your doctor may also recommend a breast lift.
Be sure to discuss your expectations frankly with your surgeon. He or she should be equally frank with you, describing your alternatives and the risks and limitations of each. You may want to ask your surgeon for a copy of the manufacturer's insert that comes with the implant he or she will use -- just so you are fully informed about it. And, be sure to tell your surgeon if you smoke, and if you're taking any medications, vitamins, or other drugs.
Your surgeon should also explain the type of anesthesia to be used, the type of facility where the surgery will be performed, and the costs involved. Because most insurance companies do not consider breast augmentation to be medically necessary, carriers generally do not cover the cost of this procedure.

PREPARING FOR YOUR SURGERY

Your surgeon will give you instructions to prepare for surgery, including guidelines on eating and drinking, smoking, and taking or avoiding certain vitamins and medications.
While making preparations, be sure to arrange for someone to drive you home after your surgery and to help you out for a few days, if needed.

WHERE YOUR SURGERY WILL BE PERFORMED

Your surgeon may prefer to perform the operation in an office facility, a freestanding surgery center, or a hospital outpatient facility. Occasionally, the surgery may be done as an inpatient in a hospital, in which case you can plan on staying for a day or two.

TYPES OF ANESTHESIA

Breast augmentation can be performed with a general anesthesia, so you'll sleep through the entire operation. Some surgeons may use a local anesthesia, combined with a sedative to make you drowsy, so you'll be relaxed but awake, and may feel some discomfort.

THE SURGERY

The method of inserting and positioning your implant will depend on your anatomy and your surgeon's recommendation. The incision can be made either in the crease where the breast meets the chest, around the areola (the dark skin surrounding the nipple), or in the armpit. Every effort will be made to assure that the incision is placed so resulting scars will be as inconspicuous as possible.
Working through the incision, the surgeon will lift your breast tissue and skin to create a pocket, either directly behind the breast tissue or underneath your chest wall muscle (the pectoral muscle). The implants are then centered beneath your nipples.
Some surgeons believe that putting the implants behind your chest muscle may reduce the potential for capsular contracture. Drainage tubes may be used for several days following the surgery. This placement may also interfere less with breast examination by mammogram than if the implant is placed directly behind the breast tissue. Placement behind the muscle however, may be more painful for a few days after surgery than placement directly under the breast tissue. You'll want to discuss the pros and cons of these alternatives with your doctor before surgery to make sure you fully understand the implications of the procedure he or she recommends for you.
The surgery usually takes one to two hours to complete. Stitches are used to close the incisions, which may also be taped for greater support. A gauze bandage may be applied over your breasts to help with healing.

AFTER YOUR SURGERY

You're likely to feel tired and sore for a few days following your surgery, but you'll be up and around in 24 to 48 hours. Most of your discomfort can be controlled by medication prescribed by your doctor.
Within several days, the gauze dressings, if you have them, will be removed, and you may be given a surgical bra. You should wear it as directed by your surgeon. You may also experience a burning sensation in your nipples for about two weeks, but this will subside as bruising fades.
Your stitches will come out in a week to 10 days, but the swelling in your breasts may take three to five weeks to disappear.

GETTING BACK TO NORMAL

You should be able to return to work within a few days, depending on the level of activity required for your job.
Follow your surgeon's advice on when to begin exercises and normal activities. Your breasts will probably be sensitive to direct stimulation for two to three weeks, so you should avoid much physical contact. After that, breast contact is fine once your breasts are no longer sore, usually three to four weeks after surgery.
Your scars will be firm and pink for at least six weeks. Then they may remain the same size for several months, or even appear to widen. After several months, your scars will begin to fade, although they will never disappear completely.
Routine mammograms should be continued after breast augmentation for women who are in the appropriate age group, although the mammographic technician should use a special technique to assure that you get a reliable reading, as discussed earlier. (see All surgery carries some uncertainty and risk.)

YOUR NEW LOOK

For many women, the result of breast augmentation can be satisfying, even exhilarating, as they learn to appreciate their fuller appearance.
Regular examination by your plastic surgeon and routine mammograms for those in the appropriate age groups at prescribed intervals will help assure that any complications, if they occur, can be detected early and treated.
Your decision to have breast augmentation is a highly personal one that not everyone will understand. The important thing is how you feel about it. If you've met your goals, then your surgery is a success.

I have read and I understand all the options available, and the limitations of surgery. I am aware of all the possible risks and complications of the proposed procedure and they have been explained to me in detail.

_____

Patient's Signature Witness

_____

Date

INFORMED-CONSENT-AUGMENTATION MAMMAPLASTY

Instructions

This is an informed –consent document that has been prepared to help inform you about augmentation mammoplasty, its risks, and alternative treatments.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by Dr. _____.

General Information

Augmentation mammoplasty is a surgical operation performed to enlarge the breasts for a number of reasons:

To enhance the body contour of a woman, who for personal reasons feels that her breast is too small.
To correct a loss in breast volume after pregnancy.
To balance breast size, when there exist a significant difference between the size of the breasts.
To restore breast shape after partial or total loss of the breasts for various conditions.
To replace existing beast implants for cosmetic or reconstructive reasons.

Breast implant surgery is contraindicated in women with untreated breast cancer or pre-malignant breast disorders, active infection anywhere in the body, or individuals who are currently pregnant or nursing. Individuals with a weakened immune system (currently receiving chemotherapy or drugs to suppress the immune system), conditions that interfere with blood clotting or wound healing, or have reduced blood supply to the breast and poor surgical outcome. According to the USFDA, a woman must be at least 18 years of age.

Breast enlargement is accomplished by inserting a breast implant either behind the breast tissue or under the chest muscles. Incisions are made to keep scars inconspicuous as possible, usually under the breast, around the lower part of the areola or in the armpit. Breast implants are manufactured in a variety of shapes, sizes, and with either smooth or textured surfaces. The method of implant selection and size, along with surgical approach for inserting and positioning breast implants will depend on your preferences, your anatomy and your surgeon's recommendation. The shape and size of the breasts prior to surgery will influence both the recommended treatment and the final results. If the breasts are not the same size or shape before surgery, it is unlikely that they will be completely symmetrical afterward.

Conditions which involve sagging of the breast or diminished skin tone (stretch marks) may require additional surgical procedures (breast lift) to reposition the nipple and areola upward and to remove loose skin.

Patients undergoing augmentation mammoplasty surgery must consider the following:

Breast augmentation or reconstruction with saline-filled or silicon implants may not be a one time surgery. Breast implants of any type are **not** considered lifetime devices. They cannot be expected to last forever. You will likely require future surgery for implant replacement or removal.

Changes that occur to the breasts following augmentation or reconstruction with implants are not reversible. There may be an unacceptable appearance to the breast if you later choose to have breast implants removed.

Alternative Treatment
Augmentation mammoplasty is an elective surgical operation. Alternative treatment would consist of the use of external breast prostheses or padding.

Risks of Augmentation mammaplasty surgery
Every surgical procedure involves a certain amount of risks and it is important that you understand the risks involve with augmentation mammoplasty.

An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of women do not experience the following complications, you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of the breast augmentation. Problems associated with breast implants can be inherent to this type of implanted medical device or relate complications of a surgical procedure. Additional advisory information regarding this surgery should be reviewed by the patients considering surgery that involves breast implants.
While every patient experiences her own individual risks and benefits following breast implant surgery, clinical data suggests that most women will be satisfied with the outcome of breast implant surgery despite the occurrence of problems inherent with breast implant surgery.

Inherent Risks of Saline Breast Implants:

Implants - Breast implants, similar to other medical devices, can fail. Implants can break or leak. When a saline-filled implant deflates, its salt water filling will be absorbed by the body. Rupture can occur as a result of an injury, from no apparent cause, or during mammography. It is possible to damage an implant at the time of the surgery. Damaged or broken implants cannot be repaired. Ruptured or deflated implants require replacement of removal. Breast implants can wear out, they cannot be expected to last forever.

Capsular Contracture – Scar tissue, which forms internally around the breast implant. Can tighten and make the breast round, firm, and possibly painful. Excessive firmness of the breast can occur soon after surgery or years later. The occurrence of symptomatic capsular contracture is not predictable. The incidence of symptomatic capsular contracture can be expected to increase over time. Capsular contracture may occur on one side, both sides or not at all. It is more common with implant placement in the front of the chest muscle layer. Treatment for capsular contracture may require surgery, implant replacement, or implant removal. Capsular contracture may reoccur after surgical procedures to treat this condition.

Implant extrusion /Tissue necrosis – Lack of adequate tissue coverage or infection may result in exposure and extrusion of the implant through the skin. Tissue breakdown (necrosis) has been reported with the use of steroid drugs, after chemotherapy/radiation to breast tissue, due to smoking, microwave diathermy, and excessive heat or cold therapy. In some cases, incision sites fail to heal normally. An implant may become visible at the surface of the breast as a result of the device pushing through layers of the skin. If the tissue breakdown occurs and the implant becomes exposed, implant removal may be necessary. Permanent scar deformity may occur.

Skin wrinkling and rippling - Visible and palpable wrinkling of implants can occur. Some wrinkling is a normal and expected. This may be more pronounced in patients who have saline-filled implants with textured surfaces or thin breast tissue. It may be possible to feel the implant fill valve. Some patients may find a palpable valve and wrinkles cosmetically undesirable. Palpable valve, wrinkling and or folds nay be confused with palpable tumors and questionable cases must be investigated. An implant may become visible at the surface of the breast as a result of the device pushing though layers of skin.

Change in nipple and skin sensation – Some change in nipple is not unusual right after surgery. After several months, most patients have normal sensation. Partial or permanent loss of nipple and skin sensation may occur occasionally. Changes in sensation may affect sexual response or the ability to breast feed a baby.

Calcification – Calcium deposits can form in the scar tissue surrounding the implant and may cause pain, firmness, and be visible on mammography. These deposits must be identified as different from calcium deposits that are a s sign of breast cancer. Should this occur, additional surgery may be necessary to remove and examine calcifications.

Chest wall deformity - Chest wall deformity has been reported secondary to the use of tissue expanders and breast implants. The consequence of chest wall deformity is of unknown significance.

Implant displacement – Displacement, rotation, or migration of a breast implant may occur from its initial placement and can be accompanied by discomfort and or distortion in breast implant may occur from its techniques of implant placement may increase the risk of displacement or migration. Additional surgery may be necessary to correct this problem.

Breast feeding – Breast milk is the best for babies. Many women with breast implants have successfully breast fed their babies. It is not known if there are increased risks in nursing for a woman with breast implants. A study measuring elemental silicon (a component of silicone) in human breast milk did not indicate higher levels from women with silicon-filled gel implants when compared to women without implants. Cow's milk contains higher levels of elemental silicon as compared to human milk. Implant placement techniques that involves incisions through the nipple and areolar locations may reduce the ability to successfully breast feed. If a woman has undergone a mastectomy, it is unlikely that she would be able to breast feed a baby on the side where the breast was removed.

Unusual activities and occupations - Activities and occupations which have the potential for trauma to the breast could potentially break or damage breast implants, or cause bleeding/seroma.

Inherent Surgical Risk of Breast Implant Surgery:

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). Do not take any aspirin or anti-inflamatory medications for ten days before 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.

Seroma – Fluid may accumulate around the implant following surgery, trauma or vigorous exercise. Additional treatment may be necessary to drain fluid accumulate around breast implants. This may contribute to infection, capsular contracture or other problems.

Infection – Infection is unusual after this type of surgery. It may appear in the immediate post operative period or at any time following the insertion of a breast implant. Sub acute or chronic infections may be difficult to diagnose. Should an infection occur, treatment including antibiotics, possible removal of the implant, or additional surgery may be necessary. Infections with the presence of a breast implant can usually be reinserted. It is extremely rare that an infection would occur around an implant from a bacterial infection elseswhere in the body, however, prophylactic antibiotics may be considered for a subsequent dental of other surgical procedures. In extremely rare instances, life-threatening infections, including toxic shock syndrome have been noted after breast implants surgery.

Skin Scarring – Excessive scarring is uncommon. In rare cases, abnormal scars may result. Scars may be un attractive and of different color than surrounding skin. Additional surgery may be needed to treat abnormal scarring after surgery.

Surgical anesthesia - In rare cases, local allergies to tape, sutures material, or topical preparations have been reported. Systemic reactions which are more serious may result from drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

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

Pain – Pain of varying intensity and duration may occur and persist after breast implant surgery. Pain may be the result of improper implant size, placement, surgical technique, capsular contracture, or sensory nerve entrapment or injury.

Additional Breast Implant Advisory Information:

Breast Cancer – Current medical information does not demonstrate an increased risk of breast cancer in women who have breast implant surgery for either cosmetic or reconstructive purposes. It is recommended that all women perform periodic self examination of their breast, have mammography according to American cancer Society guidelines, and seek professional care should they notice a breast lump. Care must be exercised during breast biopsy procedures to avoid damaging the breast implant.
Mammography- Breast implants may take mammography more difficult and may obscure the detection of breast cancer. Implant rupture can occur from breast compression during mammography. Inform your mammography technologist of the presence of breast implants so that appropriate mammogram studies may be obtained. Patients with capsular contracture may find mammogram techniques painful and the difficulty of breast imaging will increase with the extent of contracture. Ultrasound, specialized mammography and MRI studies may be of benefit to evaluate breast lumps and the condition of the implant(s). Because more x-ray views are necessary with specialized mammography techniques, women with breast implants will receive more radiation than women without implants who receive normal exam. However, the benefit of the mammogram in finding cancer outweighs the risk of additional x-rays. Patients may wish to undergo a preoperative mammogram and another one after implantation to establish a baseline view of their tissue.

Second generation effects - A review of the published medical literature regarding potential damaging effect on children born of mothers with breast implants is insufficient to draw definitive conclusions that this represents a problem.

Long term results – Subsequent alterations in breast shape may occur as the result of aging, weight loss or gain, pregnancy, or other circumstances not related to augmentation mammaplasty. Breast sagginess may normally occur.

Unsatisfactory result – You may be disappointed with the results of surgery. Asymmetry in implant placement, displacement, nipple location, unanticipated breast shape and size may occur after surgery. Breast size may be incorrect. Unsatisfactory surgical scar location may occur. It may be necessary to perform additional surgery to improve your results or remove implants.

Removal/replacement of implants – Future revision, removal or replacement of breast implants and the surrounding scar tissue envelope involves surgical procedures with risks and potential complications. There may be an unacceptable appearance of the breasts following removal of the implant.

Capsule procedures – Closed capsulotomy, the process of forcefully squeezing the fibrous capsule around a breast implant to break up scarring is not recommended. This may result in rupture of the breast implant or other complications.

Immune system disease and unknown risks – A small number of women with breast implants have reported symptoms similar to those of known diseases of the immune system, such as systemic lupus erthematosis, rheumatoid arthritis, scleroderma, and other arthritis-like conditions. To date after several large epidermiological studies of women with and without implants, there is no scientific evidence that women with either silicone gel-filled or saline breast implants have an increased risk of these diseases. These diseases appear no more common in women with implants than those women without implants. The effects of breast implants in individuals with pre-existing immune system and connective-tissue disorders in unknown. There is the possibility of unknown risks associated with silicone breast implants and tissue expanders.

Additional surgery necessary – 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 augmentation mammaplasty; 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.

Financial responsibilities – The cost of surgery involves several charges for the services provided. The fees are divided to the following: Dr. _____'s fee, the cost of the implants, hospital fee (operating room,& anesthesia) an over night stay at the hospital be an additional charge if patient decide stay. Mammogram, lab test or x-ray will be an additional charge. 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.

Disclaimer – 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). The informed consent process attempts to define principles of risks disclosure that should generally meet the need of most patients in most circumstances.

Informed-consent documents are not intended 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 VERY IMPORTANT THAT YOU READ THE ABOVE INFORMATION CAREFULLY AND HAVE ALL OF YOUR QUESTIONS ANSWERED BEFORE SIGNING THE CONSENT ON THE NEXT PAGE.

CONSENT FOR SURGERY/PROCEDURE OR TREATMENT

1. I hereby authorize Dr. _____ and such assistants as may be selected to perform the following procedure or treatment BREAST AUGMENTATION.

I have received the following information sheet:

INFORMED-CONSENT FOR AUGMENTATION MAMMAPLASTY

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 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.

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 operations or procedure to be performed.

6. For purposes of advancing medical education, I consent to the admittance of observes 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 personal information 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 MAU BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND ABOVE LISTED ITEMS (1-9). I RECEIVED, IN SUBSTANTIAL DETAIL, FURTHER EXPLANATION OF THE PROCEDURE OR TREATMENT, OTHER ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT AND INFORMATION ABOUT THE MATERIAL RISKS OF THE PROCEDURE OR TREATMENT.

_____

Patient or Person Authorized to sign for Patient

_____

Date **Witness**

The following is to confirm that we have discussed with you the nature of your condition, the proposed treatment thereof, the prospects for success and the limited risks of potential side effects associated with such treatment/s. As per current medical knowledge any potential side effects resulting from our treatments are reversible and temporary in nature.

By signing this form, you confirm and consent to the following:

1. My medical condition and the proposed treatment have been explained to me. I have been advised that although good results are expected, the possibility and nature of complications cannot be accurately anticipated and therefore, there can be no guarantee, either expressed or implied as to the success or other result of treatment.

2. The potential side-effects of the treatment being idiosyncratic reactions (reactions specific to an individual), such as: bruising, temporary pain and itching, redness, infection, onset of herpes, onset of acne, burning and blistering, fat necrosis, facial nerve affection, unsatisfactory cosmetic result, extrusion, swelling, transient skin discoloration, allergic reaction, and reversible brow or eyelid ptosis, have been explained to me.

3. I declare that while completing the medical questionnaire, I have answered the information related to my personal medical history questions completely and I have not withheld any information.

I have consulted with the physician or therapist (depending on the nature of treatment) who will be treating me and all my questions concerning the treatment have been answered to my satisfaction. I fully understand all of the above and thereafter, I consent to the proposed treatment/s

PRE-OPERATIVE INSTRUCTIONS

No eating or drinking after midnight (if surgery is in the afternoon, no eating or drinking minimum 8 hours before the surgery).

No pain medications that contain aspirin (Tylenol or other brand that has no aspirin is the only pain medication you can take), no inflammatory drugs, no vitamin E etc. for 7 days before your surgery (check the list of medications on the next page).

If you are presently taking high blood pressure medication, you may take your medication the morning of surgery with as little water as possible. Please make sure that Dr. _____ is aware that you are taking medication.

No Alcoholic drinks 3 days before and after surgery.

No smoking 1 week before and after surgery. For facelift patients smoking is not allowed for a minimum of 4 weeks before and after surgery.
No exercise for 2 days before surgery. No exercise 4 weeks after surgery.
Do not wear make-up, including false eye lashes, lipstick, nail polish, and contact lenses the day of surgery
Wear a loose button down shirt, loose pant and sandal (NO TIGHT CLOTHING PLEASE) cloths may get dirty so it is better to wear old clothing.
Take a bath and use antibiotic soaps the morning before surgery.
For tummy tuck and liposuction patients, DO NOT shave your pubic hair before the surgery.
Bring your prescriptions with you the day of your surgery.
Make sure that a responsible person will be with you to give you a ride home and be with you 24-48 hours after your surgery.
For female patients, make sure that you are not pregnant before the surgery.
You may bring a scarf, sun glasses or other articles to cover your dressings when leaving the office.
It is best not to have a permanent or hair coloring within 7 days prior to surgery.
Be punctual. If you are delayed, please call the hospital or the office.

Be assured that we will do everything within our power to make your surgical experience as convenient and comfortable as possible

Thank you for your confidence in us.

Dr._____

_____
Patient's Initial

PAYMENT POLICY

Full payment to be paid one (1) week before surgery. Cash, Cashier's check and credit card is acceptable. Personal check IS NOT acceptable.

CANCELLATION/ REFUND POLICY:
A 20% IS NOT REFUNDABLE if you decided to cancel your surgery 2 days before the reserve date.

I have read and I understand the payment and cancellation policy.

_____ _____
Patients Signature **Date**

7 DAYS BEFORE SURGERY

PLEASE READ CAREFULLY

<u>DO NOT</u> take any medication containing aspirin or acetylsalic acid, which is aspirin, minimum of 7 days prior to surgery. To be safe, check medecine labels for ingredients. When in doubt, please feel free to call our office. If needed Tylenol can be substituted for aspirin.

The following is a list of common medications containing aspirin:

A.P.C. Tabs	**DeWitt's Pills**	**Norgesic**
Advil	**Doan's Pills**	**Nuprin**
Alka Seltzer Plus	**Dristan**	**pepto-Bismol**
Anacin	**Ecotrin**	**Persiten**
Ascriptin	**Empirin**	**Percodan**
Aspergum	**Equigesic**	**Rhinex**
BC Powder	**Emprazil**	**Robaxisal Tabs**
Bayer	**Flogesic**	**Salicylsallycylic**
Bufferin	**Florinal**	**Sinulin**
Butal compound	**Ibufropen**	**Soma compound**
Cama Arthritis	**Isollye**	**St. Joseph Aspirin**
Comprazil Tabs	**Measuring Tabs**	**Supoac**
Contact	**Midol**	**Synalgas**
Cope	**Momentum**	**Triaminicin Tabs**
Coricidin tabs	**Motrin**	**Ursinus**
Darvon	**Nervine**	**Vanquish**
Dasin		**Zorpin**

POST-OPERATIVE INSTRUCTIONS- Breast Aug.,Reduction, Mastopexy

General Information

- Do not drive a car or operate machinery for 24-48 hours or longer until advice by the doctor.
- Do not make any important decisions or sign any papers for the next 24 hours.
- Do not consume any alcohol for at least 10-14 days after your procedure.
- Do not use tranquilizers, sleeping medications, or any nonprescribed medications unless approved by your physician. Avoid for 14 days any type of NSAIDS (non-steroidal anti-inflammatory drugs) i.e., Advil, Ibuprofen, Aleve, Naprosyn, Etc.
- No Aspirin for 14 days.
- Do not smoke for a minimum of 2 weeks.
- Avoid sun exposure for at least 4 weeks post-operatively, and then use sun block if necessary.
- Please have a responsible person with you for 24-48 hours.

Activity

- Rest for the reminder of the day.

- Exercise is to be eliminated for the first 2 weeks, then start light activity (walking, etc.).
- Moderate activity can be started in 3 weeks (stationary bike) and full activity may be resumed at four weeks post-operatively.

Treatment

- Your first follow-up appointment will be within 1-2 days after your surgery.
- Your suture will be removed after 7 days.
- You may shower after 3 days leaving the steri strip on until Doctor advise.
- Do not wear under wire bras or constricting sports bra.
- Leave the bandage unless the doctor advises removal.

Medications

- **Next dose of medications may be given:**

Pain medication_____@_____
Antibiotics_____@_____
Steroids_____@_____
Other_____@_____

Diet

- Begin with clear liquids and progress to your normal diet if not nauseated.
- Avoid greasy and spicy foods.

Notify Physician @----------

IF ANY OF THE FOLLOWING PERSIST:

- Chills fever (above 101 F degrees).
- Persistent nausea or vomiting.
- Persistent bleeding or swelling at operative site.
- Unable to urinate in 6-8 hours.
- Pain is not relieved by pain medication.

Follow Up care
Next appointment is scheduled----------At----------office.

Specialist Plastic Surgeon

_____
Patient's Initial