

Patient's Name: _____
Date of Surgery: _____

BREAST REDUCTION

To achieve well-contoured, natural looking breasts that are smaller and in proportion with the rest of the body. Surgery involves incisions to enable the removal of excess breast tissue. The nipple-areolar complex is then repositioned to a higher level.

If you experience discomfort in your back or shoulders caused by the weight of your breasts, or you feel self-conscious about your breast size, breast reduction may be for you.

This surgery reduces the size and weight of the breasts, alleviating associated discomfort. It can make you feel more attractive and slimmer, and may make clothes easier to wear.

THE BEST CANDIDATES FOR BREAST REDUCTION

A breast reduction can alleviate associated discomfort and back pain. It 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 reduction are healthy, emotionally-stable women who are realistic about what the surgery can accomplish. The best results are usually achieved in women with extra large, sagging breasts.

ALL SURGERY CARRIES SOME UNCERTAINTY AND RISK

A breast reduction is not a simple operation, but it's normally safe when performed by a qualified plastic surgeon. Nevertheless, as with any surgery, there is always a possibility of complications or a reaction to the anesthesia. Bleeding and infection following a breast reduction are uncommon, but they can cause scars to widen. You can reduce your risks by closely following your physician's advice both before and after surgery.

Breast reduction does leave noticeable, permanent scars, although they'll be covered by your bra or bathing suit. (Poor healing and wider scars are more common in smokers.) The procedure can also leave you with unevenly positioned nipples, or a permanent loss of feeling in your nipples or breasts.

PLANNING YOUR SURGERY

In your initial consultation, it's important to discuss your expectations frankly with your surgeon, and to listen to his or her opinion. Every patient--and every physician, as well--has a different view of what is a desirable size and shape for breasts.

The surgeon will examine your breasts and measure them while you're sitting or standing. He or she will discuss the variables that may affect the procedure--such as your age, the size and shape of your breasts, and the condition of your skin--and whether an implant is advisable.

You should also discuss where the nipple and areola will be positioned; they'll be moved higher during the procedure, and should be approximately even with the crease beneath your breast. Your surgeon should describe the procedure in detail, explaining its risks and limitations and making sure you understand the scarring that will result. He or she should also explain the anesthesia to be used, the type of facility where the surgery will be performed, and the costs involved. Don't hesitate to ask your doctor any questions you may have, especially those regarding your expectations and concerns about the results.

PREPARING FOR YOUR SURGERY

Depending on your age and family history, your surgeon may require you to have a mammogram (breast x-ray) before surgery. You'll also get specific instructions on how to prepare for surgery, including guidelines on eating and drinking, smoking, and taking or avoiding certain vitamins and medications. While you're 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 breast reduction may be performed in a hospital, an outpatient surgery center, or a surgeon's office-based facility. It's usually done on an outpatient basis, for cost containment and convenience. If you're admitted to the hospital as an inpatient, you can expect to stay one or two days.

TYPES OF ANESTHESIA

Breast reduction are usually performed under general anesthesia, which means you'll sleep through the operation.

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THE SURGERY

Breast reduction usually takes two and a half to three and a half hours. Techniques vary, but the most common procedure involves an anchor-shaped incision following the natural contour of the breast. The incision outlines the area from which breast skin will be removed and defines the new location for the nipple. When the excess skin has been removed, the nipple and areola are moved to the higher position. The skin surrounding the areola is then brought down and together to reshape the breast. Stitches are usually located around the areola, in a vertical line extending downwards from the nipple area, and along the lower crease of the breast.

Some patients, especially those with relatively small breasts and minimal sagging, may be candidates for modified procedures requiring less extensive incisions. One such procedure is the "doughnut (or concentric) mastopexy," in which circular incisions are made around the areola, and a doughnut-shaped area of skin is removed.

AFTER YOUR SURGERY

After surgery, you'll wear an elastic bandage or a surgical bra over gauze dressings. Your breasts will be bruised, swollen, and uncomfortable for a day or two, but the pain shouldn't be severe. Any discomfort you do feel can be relieved with medications prescribed by your surgeon.

Within a few days, the bandages or surgical bra will be replaced by a soft support bra. You'll need to wear this bra around the clock for three to four weeks, over a layer of gauze. The stitches will be removed after a week or two.

If your breast skin is very dry following surgery, you can apply a moisturizer several times a day. Be careful not to tug at your skin in the process, and keep the moisturizer away from the suture areas. You can expect some loss of feeling in your nipples and breast skin, caused by the swelling after surgery. This numbness usually fades as the swelling subsides over the next six weeks or so. In some patients, however, it may last a year or more, and occasionally it may be permanent.

GETTING BACK TO NORMAL

Healing is a gradual process. Although you may be up and about in a day or two, don't plan on returning to work for a week or more, depending on how you feel. And avoid lifting anything over your head for three to four weeks. If you have any unusual symptoms, don't hesitate to call your surgeon.

Your surgeon will give you detailed instructions for resuming your normal activities. You may be instructed to avoid sex for a week or more, and to avoid strenuous sports for about a month. After that, you can resume these activities slowly.

YOUR NEW LOOK

Your surgeon will make every effort to make your scars as inconspicuous as possible. Still, it's important to remember that breast reduction scars are extensive and permanent. They often remain lumpy and red for months, then gradually become less obvious, sometimes eventually fading to thin white lines.

Fortunately, the scars can usually be placed so that you can wear even low-cut tops.

You should also keep in mind that a breast reduction/lift won't keep you firm forever--the effects of gravity, pregnancy, aging, and weight fluctuations will eventually take their toll again.

Your satisfaction with a breast lift is likely to be greater if you understand the procedure thoroughly and if your expectations are realistic.

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

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INFORMED-CONSENT-REDUCTION MAMMAPLASTY

Instructions

This is an informed –consent document that has been prepared to help inform you about reduction 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

Women who have large breast may experience a variety of problems from the weight and size of their breast, such as neck, back, 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 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. There are both risks and complications associated with reduction mammoplasty surgery.

Alternative Treatment

Reduction mammoplasty is an elective surgical operation. Alternative treatment would consist of the of not undergoing the surgical procedure, physical therapy to treat pain complaints, or wearing undergarments to support large breasts. In selected patients, liposuction has been used to reduce the size of large breasts. Risks and potential complications are associated with alternative surgical forms of treatment.

Risks of Reduction mammoplasty surgery

Every surgical procedure involves a certain amount of risks and it is important that you understand the risks involve with reduction 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 reduction augmentation.

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-inflammatory 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.

Infection – Infection is unusual after this type of surgery. Should an infection occur, treatment including 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 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 – Excessive scarring is uncommon. The quality of these scars is unpredictable. Abnormal scars may occur within the skin and deeper tissue. In some case 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 that are more serious may result from drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

Unsatisfactory result – There is the possibility of a poor result from the reduction mammoplasty surgery. You may be disappointed with the size and shape of your breasts. Asymmetry in 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.

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Pain – A breast reduction may not improve complaints of musculoskeletal pain in the neck, back and shoulders. Abnormal scarring in skin and the 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 may not heal normally and may take a long time to heal. It is even possible to have loss of skin or nipple tissue. This may require 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 breast, 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 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.

Additional surgery necessary – There are many variable conditions that may influence the long-term result of reduction mammoplasty. Secondary surgery may be necessary to perform additional tightening of the breast. 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 reduction mammoplasty; other complications and risks can occur but are even 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 for the services provided. The fees are divided to the following: Dr. _____ fee, the cost of the implants, hospital fees (operating room, & anesthesia) an over night stay at the hospital is 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.

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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 REDUCTION (MAMMAPLASTY) _____

I have received the following information sheet:

INFORMED-CONSENT FOR REDUCTION 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 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 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 MAY 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.

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

Patient or Person Authorized to sign for Patient

Date

Witness

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 and after the 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 at least 2 weeks 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.

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PAYMENT POLICY

Surgeon's fee has to be paid in cash 1 week before surgery. Cashier's check and Bank check is acceptable.

Patient is responsible to pay hospital fee the day before surgery.

CANCELLATION/ REFUND POLICY:

A 20% of the total amount IS NOT REFUNDABLE if you decided to cancel the surgery after the day of your pre-operative visit.

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

Patients Signature

Date

7 DAYS BEFORE SURGERY

PLEASE READ CAREFULLY

DO NOT take any medication containing aspirin or acetylsalicylic acid, which is aspirin, 7 days prior to surgery. To be safe, check medicine 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	Ibuprofen	Soma compound
Cama Arthritis	Isolyle	St. Joseph Aspirin
Comprazil Tabs	Measuring Tabs	Supoac
Contact	Midol	Synalgas
Cope	Momentum	Triaminicin Tabs
Coricidin tabs	Motrin	Ursinus
Darvon	Nervine	Vanquish
Dasin		Zorpin

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

General Information

- Do not drive a car or operate machinery for 24-48 hours or longer until advise 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, take only pain medication prescribed by your doctor.
- Do not smoke for a minimum of 2 weeks.
- Avoid sun exposure for at least 4-6 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 remainder 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.
- If drains fill completely a 30 minutes time period

Follow Up care

Next appointment is scheduled-----At-----office.

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