



Informed Consent

Breast Implant Removal

Patient Name :

DOB :

INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you about the procedure of removal of breast implant(s), its risks, and alternative treatment(s).

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page, initial against the appropriate boxes and sign the consent for surgery as proposed by your plastic surgeon and agreed upon by you.

GENERAL INFORMATION

The removal of breast implants that have been placed either for cosmetic or reconstructive purposes is a surgical operation. Breast implant removal may be performed as a single surgical procedure or combined with additional procedures, for example:

- Simple breast implant removal, without removal of capsule tissue around implant
- Removal of tissue surrounding the breast implant (capsulectomy)
- Removal of escaped silicone gel in breast tissue (extra-capsular, outside of capsule layer) from silicone gel-filled implants (breast biopsy)
- Breast lift (mastopexy following breast implant and/or capsule removal)

Implants that are found to be damaged or ruptured cannot be repaired; surgical removal or replacement is recommended. There are options concerning general versus local anaesthesia for breast implant removal.

There are both risks and complications associated with this operation.

Individuals who choose to have revisions made in order to continue with breast implants must sign other consent documents for revision surgery. This document is intended for permanent removal of breast implants and/or capsule material that surrounds the implants or breast biopsy to remove silicone gel outside of the capsule layer.

Individuals who choose to undergo a breast lift (mastopexy) at the time of breast implant removal must sign an additional informed consent document for the breast lift (mastopexy).

ALTERNATIVE TREATMENTS

Alternative forms of non-surgical management consist of not undergoing breast-implant removal, or other procedures to replace, relocate, or revise existing situations where patients choose to continue with breast implants. Risks and potential complications are associated with alternative surgical forms of treatment.

INHERENT RISKS OF BREAST IMPLANT REMOVAL SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications involved with surgery to remove breast implant(s). In addition, every procedure has limitations in terms of the outcome patients will achieve afterwards. Additional information concerning breast implants may be obtained from the information sheets supplied by the implant manufacturer and your surgeon.

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 these complications, you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of breast implant removal.

SPECIFIC RISKS OF BREAST IMPLANT REMOVAL SURGERY

Skin Wrinkling and Rippling:

Visible and palpable wrinkling of breast skin can occur. This may require additional surgery to tighten loose skin following breast implant removal surgery.

Ruptured Silicone Gel-Filled Breast Implants:

As with any man-made object implanted in the human body, device failure can occur. It is possible that an implant can rupture causing silicone gel to be released from the implant. Implants also can rupture during the removal process. If implant rupture has occurred, it may not be possible to completely remove all of the silicone gel that has escaped. Implant shell material of textured breast implants may be impossible to completely remove. Calcification around implants can occur and may require removal of the scar tissue surrounding the implant (capsulectomy). It may not be possible to completely remove the scar tissue that has formed around a breast implant, implant parts, calcifications, or silicone gel. Additional surgery may be necessary in the future.

Delayed Healing and Tissue Necrosis:

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. Areas of skin or nipple tissue may die. Tissue death (necrosis) can potentially occur when surgery is performed to remove implants, capsule tissue, and procedures to tighten the skin and move the nipples upward (mastopexy). Necrosis has also 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. This may require frequent dressing changes or further surgery to remove the non-healed 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.

Change in Nipple and Skin Sensation:

You may experience a diminished (or loss) in the sensitivity of the nipples and the skin of your breast that usually resolves in 3 to 4 weeks. Partial or permanent loss of the nipple and skin sensation is rare. However, decreased or permanent loss in nipple sensation is more likely to occur if extensive surgical dissection is needed to remove scar tissue or silicone gel from a broken implant.

Skin Contour Irregularities:

Contour and shape irregularities may occur. Visible and palpable wrinkling 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.

Psychological Disturbances:

It is possible that after breast implant removal, you may experience a strong negative effect on your physical appearance, including significant loss of breast volume, distortion and wrinkling of the skin. Your appearance may be worse than prior to your surgery for the placement of the breast implants. There is the possibility of severe psychological disturbances including depression. It is possible that you or your partner will lose interest in sexual relations.

GENERAL RISKS OF SURGERY

Healing Issues:

Certain medical conditions, dietary supplements and medications may delay and interfere with healing. Patients with massive weight loss may have a healing delay that could result in the incisions coming apart, infection, and tissue changes resulting in the need for additional medical care, surgery, and prolonged hospitalizations. Patients with diabetes or those taking medications such as steroids on an extended basis may have prolonged healing issues. Smoking will cause a delay in the healing process, often resulting in the need for additional surgery. There are general risks associated with healing such as swelling, bleeding, possibility of additional surgery, prolonged recovery, color changes, shape changes, infection, not meeting patient goals and expectations, and added expense to the patient. There may also be a longer recovery due to the length of surgery and anesthesia. Patients with significant skin laxity (patients seeking facelifts, breast lifts, abdominoplasty, and body lifts) will continue to have the same lax skin after surgery. The quality or elasticity of skin will not change and recurrence of skin looseness will occur at some time in the future, quicker for some than others. There are nerve endings that may become involved with healing scars from surgery such as suction-assisted lipectomy, abdominoplasty, facelifts, body lifts, and extremity surgery. While there may not be a major nerve injury, the small nerve endings

during the healing period may become too active producing a painful or oversensitive area due to the small sensory nerve involved with scar tissue. Often, massage and early non-surgical intervention resolves this. It is important to discuss post-surgical pain with your surgeon.

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 you may require a blood transfusion, though such occurrences are rare. Increased activity too soon after surgery can lead to increased chance of bleeding and additional surgery. It is important to follow postoperative instructions and limit exercise and strenuous activity for the instructed time. Do not take any aspirin or anti-inflammatory medications for at least 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, usually in the first three weeks following injury to the operative area. 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:

Infection is unusual after surgery. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary. It is important to tell your surgeon of any other infections, such as ingrown toenail, insect bite, or urinary tract infection. Remote infections, infection in other part of the body, may lead to an infection in the operated area.

Infection in Breast Implant Patients:

Subacute 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 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. It is rare that an infection would occur around an implant from a bacterial infection elsewhere in the body, however, prophylactic antibiotics may be considered for subsequent dental or other surgical procedures. In extremely rare instances, life-threatening infections, including toxic shock syndrome have been noted after breast implant surgery. Individuals with an active infection in their body should not undergo surgery, including breast augmentation. Although 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. It is important to tell your surgeon of any other infections, such as ingrown toenail, insect bite, or urinary tract infection. Remote infections, infection in other part of the body, may lead to an infection in the operated area.

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.

Firmness:

Excessive firmness can occur after surgery due to internal scarring. The occurrence of this is not predictable. Additional treatment including surgery may be necessary.

Change in Skin Sensation:

It is common to experience diminished (or loss of) skin sensation in areas that have had surgery. Diminished (or complete loss of) skin sensation may not totally resolve.

Skin Contour Irregularities:

Contour and shape irregularities may occur. Visible and palpable wrinkling of skin may occur. 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.

Skin Discoloration / Swelling:

Some bruising and swelling will normally occur. 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.

Skin Sensitivity:

Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this resolves during healing, but in rare situations it may be chronic.

Major Wound Separation:

Wounds may separate after surgery. Should this occur, additional treatment including surgery may be necessary.

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.

Delayed Healing:

Wound disruption or delayed wound healing is possible. Some areas of the skin may not heal normally and may take a long time to heal. Areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue. Individuals who have decreased blood supply to tissue from past surgery or radiation therapy may be at increased risk for wound healing and poor surgical outcome. Smokers have a greater risk of skin loss and wound healing complications.

Damage to Deeper Structures:

There is the 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 deep in the skin might die. This may produce areas of firmness within the skin. Additional surgery to remove areas of fat necrosis may be necessary. There is the possibility of contour irregularities in the skin that may result from fat necrosis.

Seroma:

Infrequently, fluid may accumulate between the skin and the underlying tissues following surgery, trauma or vigorous exercise. Should this problem occur, it may require additional procedures for drainage of fluid.

Surgical Anesthesia:

Both local and general anesthesia involves risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

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 or due to tissue stretching.

Cardiac and Pulmonary Complications:

Pulmonary complications may occur secondarily to 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 swelling in your legs or blood clots 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.

Venous Thrombosis and Sequelae:

Thrombosed veins, which resemble cords, occasionally develop in the area of the breast or around IV sites, and usually resolve without medical or surgical treatment. It is important to discuss with your surgeon any birth control pills you are taking. Certain high estrogen pills may increase your risk of thrombosed veins.

Allergic Reactions:

In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur in response to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

Drug Reactions:

Unexpected drug allergies, lack of proper response to medication, or illness caused by the prescribed drug are possibilities. It is important for you to inform your physician of any problems you have had with any medication or allergies to medication, prescribed or over the counter, as well as medications you now regularly take.

Asymmetry:

Symmetrical body appearance may not result after surgery. Factors such as skin tone, fatty deposits, skeletal prominence, and muscle tone may contribute to normal asymmetry in body features. Most patients have differences between the right and left side of their bodies before any surgery is performed. Additional surgery may be necessary to attempt to diminish asymmetry.

Surgical Wetting Solutions:

There is the possibility that large volumes of fluid containing dilute local anesthetic drugs and epinephrine that is injected into fatty deposits during surgery may contribute to fluid overload or systemic reaction to these medications. Additional treatment including hospitalization may be necessary.

Persistent Swelling (Lymphedema):

Persistent swelling can occur following surgery.

Unsatisfactory Result:

Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. The body is not symmetric and almost everyone has some degree of unevenness which may not be recognized in advance. One side of the face may be slightly larger, one side of the face droopier. The breast and trunk area exhibits the same possibilities. Many of such issues cannot be fully corrected with surgery. The more realistic your expectations as to results, the better your results will be in your eye. Some patients never achieve their desired goals or results, at no fault of the surgeon or surgery. You may be disappointed with the results of surgery. Asymmetry, unanticipated shape and size, loss of function, wound disruption, poor healing, and loss of sensation may occur after surgery. Size may be incorrect. Unsatisfactory surgical scar location or appearance may occur. It may be necessary to perform additional surgery to improve your results.

ADDITIONAL ADVISORIES

Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray):

Patients who are currently smoking or use tobacco or nicotine products (patch, gum, or nasal spray) are at a greater risk for significant surgical complications of skin dying and delayed healing and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication. Please indicate your current status regarding these items below:

I am a non-smoker and do not use nicotine products. I understand the potential risk of second-hand smoke exposure causing surgical complications.

I am a smoker or use tobacco / nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products.

I have smoked and stopped approximately _____ ago. I understand I may still have the effects and therefore risks from smoking in my system, if not enough time has lapsed.

It is important to refrain from smoking at least 4 weeks before surgery and until your physician states it is safe to return, if desired. I acknowledge that I will inform my physician if I continue to smoke within this time frame, and understand that for my safety, the surgery, if possible, may be delayed.

Smoking may have such a negative effect on your surgery that a urine test just before surgery may be done which will prove the presence of Nicotine. If positive, your surgery may be cancelled and your surgery, scheduling fee, and other prepaid amounts may be forfeited. Honestly disclose smoking to your surgeon.

Sleep Apnea / CPAP:

Individuals who have breathing disorders such as “Obstructive Sleep Apnea” and who may rely upon CPAP devices (constant positive airway pressure) or utilize nighttime oxygen are advised that they are at a substantive risk for respiratory arrest and death when they take narcotic pain medications following surgery. This is an important consideration when evaluating the safety of surgical procedures in terms of very serious complications, including death, that relate to pre-existing medical conditions. Surgery may be considered only with monitoring afterwards in a hospital setting in order to reduce risk of potential respiratory complications and to safely manage pain following surgery.

Please consider the following symptoms of sleep apnea:

I am frequently tired upon waking and throughout the day

I have trouble staying asleep at night

I have been told that I snore or stop breathing during sleep

I wake up throughout the night or constantly turn from side to side

I have been told that my legs or arms jerk while I’m sleeping

I make abrupt snorting noises during sleep

I feel tired or fall asleep during the day

It is important for you to inform and discuss any of the above symptoms that you have experienced with your surgeon.

Off-Label FDA Issues:

There are many devices, medications and injectable fillers and botulinum toxins that are approved for specific use by the FDA, but this proposed use is “Off-Label”, that is not specifically approved by the FDA. It is important that you understand this proposed use is not experimental and your physician believes it to be safe and effective.

_____ I acknowledge that I have been informed about the Off-Label FDA status of _____ and I understand it is not experimental and accept its use.

Breast Disease:

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. Individuals with a personal history or family history of breast cancer may be at a higher risk of developing breast cancer than a woman with no family history of this disease. It is recommended that all women perform periodic self-examination of their breasts, have mammography according to guidelines, and seek professional care should a breast lump be detected. Care must be exercised during breast biopsy procedures to avoid damaging the breast implant.

Mammography:

It is important to continue to have regular mammography examinations and to perform periodic breast self-examination. Should a breast lump be detected with either mammography or self-examination, please contact your physician.

Second-Generation Effects:

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

Immune System Diseases 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 erythematosus, rheumatoid arthritis, scleroderma, and other arthritis-like conditions. To date, after several large epidemiological studies of women with and without implants, there is no scientific evidence that women with either saline-filled or silicone gel-filled 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 effect of breast implants in individuals with pre-existing immune system and connective-tissue disorders is unknown. There is the possibility of unknown risks associated with silicone breast implants and tissue expanders.

Large Volume Breast Augmentation:

Patients who request an outcome of augmentation mammoplasty that produces disproportionately large breast size must consider that such a choice can place them at risk for a less than optimal long-term outcome and the need for re-operation and additional expenses. The placement of excessively-sized breast implants exceeds the normal dimensions of the breast, produce irreversible tissue thinning, implant drop out, and visible/palpable rippling.

Breast Implant Technology / Technologic Improvements in Breast Implants:

The technology of breast implant design, development and manufacture will continue to progress and improve. Newer or future generations of implants may be better in some way from those currently available.

Interference with Sentinel Lymph Node Mapping Procedures:

Breast surgery procedures that involve cutting through breast tissue, similar to a breast biopsy, can potentially interfere with diagnostic procedures to determine lymph node drainage of breast tissue to stage breast cancer.

Breast and Nipple Piercing Procedures:

Individuals with breast implants seeking to undergo body piercing procedures to the breast region must consider the possibility that an infection could develop anytime following this procedure. Should an infection occur, it is possible that it could spread to the breast implant space. Treatment including antibiotics, possible removal of the implant, or additional surgery may be necessary. Infections with the presence of a breast implant 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. Individuals who currently

wear body-piercing jewelry in the breast region are advised that a breast infection could also develop.

Breast Feeding:

Breast milk is the best food 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 silicone-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 involve incisions through the nipple and areola 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.

Medications and Herbal Dietary Supplements:

There are potential adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Aspirin and medications that contain aspirin interfere with bleeding. These include non-steroidal anti-inflammatories such as Ibuprofen and Neurofen. It is very important not to stop drugs that interfere with platelets, such as Clopidogrel, which is used after a stent. It is important if you have had a stent and are taking Clopidogrel that you inform the plastic surgeon. Stopping Clopidogrel may result in a heart attack, stroke and even death. Be sure to check with your physician about any drug interactions that may exist with medications which you are already taking. If you have an adverse reaction, stop the drugs immediately and call your plastic surgeon for further instructions. If the reaction is severe, go immediately to the nearest emergency room. When taking the prescribed pain medications after surgery, realize that they can affect your thought process and coordination. Do not drive, do not operate complex equipment, do not make any important decisions and do not drink any alcohol while taking these medications. Be sure to take your prescribed medication only as directed.

Obesity:

There is clinical evidence to suggest that risk of complications associated with anaesthesia and surgery is increased with obesity (BMI of more than 30). This may result in poor wound healing, infection, wound breakdown, poor scarring and suboptimal aesthetic result.

Sun Exposure – Direct or Tanning Salon:

The effects of the sun are damaging to the skin. Exposing the treated areas to sun may result in increased scarring, color changes, and poor healing. Patients who tan, either outdoors or in a salon, should inform their surgeon and either delay treatment, or avoid tanning until the surgeon says it is safe to resume. The damaging effect of sun exposure occurs even with the use sun block or clothing coverage.

Travel Plans:

Any surgery holds the risk of complications that may delay healing and your return to normal life. Please let the surgeon know of any travel plans, important commitments already scheduled or planned, or time demands that are important to you, so that appropriate timing of surgery can occur. There are no guarantees that you will be able to resume all activities in the desired time frame.

Long-Term Results:

Subsequent alterations in the appearance of your body may occur as the result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause or other circumstances not related to your surgery. Weight changes can affect the result of surgery; it is essential when assessing results of surgery that your weight is similar to that at the time of surgery.

Future Pregnancy and Breast Feeding:

This surgery is not known to interfere with pregnancy. If you are planning a pregnancy, your breast skin may stretch and offset the results of surgery. You may have more difficulty breast feeding after this operation.

Female Patient Information:

It is important to inform your plastic surgeon if you use birth control pills, estrogen replacement, or if you suspect you may be pregnant. Many medications including antibiotics may neutralize the preventive effect

of birth control pills, allowing for conception and pregnancy. It is the responsibility of patients to ensure that they are not pregnant at the time of surgery. Anaesthetic and medication used may affect the fetus and/or jeopardize the pregnancy.

Intimate Relations After Surgery:

Surgery involves coagulating of blood vessels and increased activity of any kind may open these vessels leading to a bleed, or hematoma. Activity that increases your pulse or heart rate may cause additional bruising, swelling, and the need for return to surgery to control bleeding. It is wise to refrain from intimate physical activities until your physician states it is safe.

Mental Health Disorders and Elective Surgery:

It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery and often are stressful. Please openly discuss with your surgeon, prior to surgery, any history that you may have of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

DVT/PE Risks and Advisory:

There is a risk of blood clots, Deep Vein Thrombosis (DVT) and Pulmonary Embolus (PE) with every surgical procedure. It varies with the risk factors below. The higher the risk factors, the greater the risk and the more involved you must be in both understanding these risks and, when permitted by your physician, walking and moving your legs. There may also be leg stockings, squeezing active leg devices, and possibly medicines to help lower your risk.

There are many conditions that may increase or affect risks of clotting. Inform your doctor about any past or present history of any of the following:

- _____ Past History of Blood Clots
- _____ Family History of Blood Clots
- _____ Birth Control Pills
- _____ Swollen Legs
- _____ History of Cancer
- _____ Large Dose Vitamins
- _____ Varicose Veins
- _____ Past Illnesses of the Heart, Liver, Lung, or Gastrointestinal Tract.

_____ I understand the risks relating to DVT/PE and how important it is to comply with therapy as discussed with my surgeon. The methods of preventative therapy include:

- ___ Early ambulation when allowed
- ___ Compression devices (SCD/ICD)
- ___ ASA protocol when allowed (Aspirin)
- ___ Heparin protocol when allowed
- ___ Enoxaparin protocol when allowed

The risks of DVT/PE may be almost as great as the prophylactic therapy when involving Aspirin, Heparin, and Exoxaparin. Be aware that if your surgery is elective, those patients with very high risks should consider not proceeding with such elective surgery.

ADDITIONAL SURGERY NECESSARY

There are many variable conditions that may influence the long-term result of surgery. It is unknown how your tissue may respond or how wound healing will occur after surgery. Secondary surgery may be necessary to perform additional tightening or repositioning of body structures. 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 this surgery. 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. In some situations, it may not be possible to achieve optimal results with a single surgical procedure. You and your surgeon will discuss the options available should additional surgery be advised. There may be additional costs and expenses for such additional procedures, including surgical fees, facility and anesthesia fees, pathology and lab testing.

PATIENT COMPLIANCE

Follow all physician instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation and the need for return to surgery. It is wise to refrain from intimate physical activities after surgery until your physician states it is safe. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

REVISION POLICY

Surgical revision surgery is a common part of elective surgery. Your procedure will not stop you from aging, sagging, scarring, or experiencing ongoing skin changes that are more genetically controlled. If the cosmetic result of your surgery does not match the consultant's expectations, revision surgery will be provided free of charge, provided this is identified by the consultant within 6 months of the surgery. This is usually carried out at least 3 to 12 months after the initial surgery to allow inflammation to settle. If the cosmetic result of your surgery meets the consultant's expectations, any revision surgery will be chargeable at the prevailing rates. Revision policy and courtesy discounts only apply to patients who comply with post-op orders and visits.

FINANCIAL RESPONSIBILITIES

Self Funding:

The total fees quoted include:

Pre-operative assessment and tests before admission if necessary.

Hospital accommodation and meals if necessary.

Nursing care and facilities.

Theatre fees, drugs and dressings.

Consultants' fees (excluding consultation fees).

Prosthesis.

Imaging, physiotherapy, pathology and histology.

Take home drugs for up to 5 days and antibiotics for the prescribed period (except for day surgery at the Clinic).

Removal of stitches, dressings if required.

Post-operative consultation by the surgeon, usually at 3 months and as required up to 1 year

The treatment of any related physical conditions or complications that become apparent within 30 days of discharge provided a) such conditions or complications are treated at the Hospital/Clinic b) that you have followed the post-operative advice given.

Booking of surgery is confirmed only on payment of a deposit. For surgeries carried out in the hospitals, the hospital will arrange collection of the remaining fees. There is a non-refundable £250 administration charge within this fee (which will be retained in all cancellations/rescheduling).

Cancellation of the booking within 14 days of the surgery date will incur a charge equivalent to 50% of the deposit.

Cancellation of the booking within 48 hours of the surgery date will incur a loss of the full deposit.

Cancellation must be done through speaking with a member of the CC Kat Aesthetics Clinic (Tel: 0845373181) either in person or over the telephone. Emails, written cancellation or voice messages are not accepted as they may not be received.

I understand and unconditionally and irrevocably accept the above ____

Private Medical Insurance

You have been given the CSSD code/codes and fees for your surgery. Insurance companies and individual policies do vary considerably with respect to the remuneration. You are therefore advised to clarify your level of coverage with your insurance company. Shortfalls and payments are your responsibility.

I understand and unconditionally and irrevocably accept my financial responsibilities ____

SECOND CONSULTATION AND WAIVER

It is good medical practice for patients to attend a second consultation (free of charge) pre surgery. This is to allow patients to ask further questions and to prepare fully for the surgery and recovery.

I have attended the second consultation ____

I have waived my right to this consultation and its potential benefit ____

TWO WEEKS COOLING OFF PERIOD AND WAIVER

The GMC Good Practice Guidelines suggest a minimum of 2 weeks between consultation and surgery. This is to ensure that patients have a reasonable period of time to reflect on the implication of the proposed surgery, to make a fully informed decision without any pressure to proceed and to ask any further questions.

I am freely electing to waive my right to this cooling off period and confirm that I wish to proceed with the proposed treatment ____

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), including no surgery. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the current state of medical knowledge.

Informed-consent documents are not intended to define 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 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 Implant Removal

I have received, read and signed the relevant Informed Consent Form.

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 understand what my surgeon can and cannot do, and understand there are no warranties or guarantees, implied or specific about my outcome. I have had the opportunity to explain my goals and understand which desired outcomes are realistic and which are not. All of my questions have been answered, and I understand the inherent (specific) risks to the procedures I seek, as well as those additional risks and complications, benefits, and alternatives. Understanding all of this, I elect to proceed.

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

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

7. 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.

8. I realize that not having the operation is an option.

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 THE ABOVE LISTED ITEMS (1-9).
I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Date _____ Physician _____