

INFORMED CONSENT – PLACEMENT OF PERMANENT BREAST IMPLANT FOLLOWING BREAST RECONSTRUCTION BY TISSUE EXPANSION

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ADVANCED PLASTIC SURGERY

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Patient Name _____ Date of Birth _____

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INSTRUCTIONS

This informed-consent document has been prepared to help inform you about placement of a permanent breast implant following tissue expansion breast reconstruction, 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 and sign the consent for surgery as proposed by your plastic surgeon and agreed upon by you.

GENERAL INFORMATION

The use of tissue expanders for breast reconstruction involves a two-stage process. A tissue expander is inserted either at the time of the mastectomy (immediate breast reconstruction) or at a later time (delayed reconstruction). The tissue expander is filled over time to increase the size of the breast mound. Once this is accomplished, a second operation is performed to place a permanent breast implant. Additional procedures such as a capsulotomy or capsulectomy may be performed at the time of the insertion of the permanent implant in order to make changes in the space where the permanent breast implant will be located. It is also possible to perform nipple and areola reconstruction during this procedure or at a later surgery. 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. Breast reconstruction with tissue expanders cannot produce an exact replica of the removed breast. Breast symmetry surgery to produce similar size on the other breast may be considered as an independent procedure.

Since May 2000, saline-filled breast implant and tissue expander devices have been approved by the United States Food and Drug Administration (USFDA) for use in breast augmentation and reconstruction. The FDA approved silicone gel implants for use in breast augmentation and reconstruction in November 2006.

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 tissue from prior surgery or radiation therapy treatments may be at greater risk for complications and poor surgical outcome.

Patients undergoing breast reconstruction surgery with implants must consider the following:

- Breast augmentation or reconstruction with 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 TREATMENTS

Placement of permanent breast implant following tissue expansion is an elective surgical operation. Alternative treatment would consist of not undergoing the placement of a permanent implant, the use of external breast prostheses or padding, or the transfer of other body tissues to complete the breast reconstruction process. Risks and potential complications are also associated with alternative surgical forms of treatment.

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RISKS OF PLACEMENT OF PERMANENT BREAST IMPLANT FOLLOWING TISSUE EXPANSION SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with placement of permanent breast implant following tissue expansion breast reconstruction surgery. Additional information concerning breast implants may be obtained from the FDA, package-insert sheets supplied by the implant manufacturer, or other information pamphlets required by individual state laws.

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 placement of permanent breast implant following tissue expansion breast reconstruction. Problems associated with breast implants can be inherent to this type of implanted medical device or relate to complications of a surgical procedure. Additional advisory information regarding this subject should be reviewed by 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 the surgery.

Specific Risks of Breast Implant Surgery

Saline Implants: Breast implants, similar to other medical devices, can fail. When a saline-filled implant ruptures, the saline material is absorbed by the body, but the shell material remains. Rupture can occur as a result of an injury, from no apparent cause (silent rupture), or during mammography. It is possible to damage an implant at the time of surgery. Damaged or broken implants cannot be repaired. Ruptured or damaged implants require replacement or removal. Breast implants can wear out, they are not guaranteed to last a lifetime and future surgery may be required to replace one or both implants. An MRI (magnetic resonance imaging) study may be necessary to evaluate the possibility of implant rupture or deflation, yet may not be 100% accurate in diagnosing implant integrity. Saline-filled breast implants may not have the same contour or feel as silicone-filled breast implants. The shape of your breasts after surgery depends on many factors such as your skin thickness, position, placement of the implants, and technique. You should discuss with your surgeon the possibility of a different and less than desirable contour-shape as well as feel of your result.

Silicone Gel-filled Implants: Breast implants, similar to other medical devices, can fail. When a silicone gel-filled implant ruptures, the gel material is usually contained within the scar tissue surrounding the implant (intracapsular rupture). In some cases, the gel may escape beyond the capsule layer and go into the breast tissue itself (extracapsular rupture and gel migration) or to more distant locations. Migrated silicone gel may be difficult or impossible to remove. Rupture of a breast implant may or may not produce local firmness in the breast. Patients are advised to refer to individual manufacturer's informational materials regarding the incidence of device rupture reported during pre-market studies. It is impossible to predict the biologic response that a patient's tissues will exhibit to the placement of breast implants or how you will heal following surgery.

Rupture can occur as a result of an injury, from no apparent cause or during mammography. Rupture of a silicone breast implant is most often undetected (silent rupture). It is possible to damage an implant at the time of surgery. Damaged or broken implants cannot be repaired. According to the FDA, ruptured or damaged implants require replacement or removal. Breast implants can wear out, they are not guaranteed to last a lifetime and future surgery may be required to replace one or both implants.

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An MRI (magnetic resonance imaging) study is advised to evaluate the possibility of implant rupture, yet it may not be 100% accurate in diagnosing implant integrity. It should be noted that the FDA recommends regular screening MRI examinations. Specifically patients are advised to follow recommendations for serial MRI examinations, starting at 3 years after surgery and then every 2 years thereafter.

Silicone Gel Bleed: The evidence is mixed regarding whether there are any clinical consequences associated with silicone gel bleed. Over time, extremely small amounts of silicone gel material and platinum can pass through the shell layer of the implant and coat the outside of the implant. Studies indicate that a small amounts of platinum in its most biologically compatible (zero oxidation) state are contained within silicone gel. Microgram amounts of platinum in this state have been found to diffuse outside of breast implants. This may contribute to capsular contracture and lymph node swelling. The overall body of available evidence supports that the extremely low levels of gel bleed is of no clinical consequence.

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 breasts 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 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** and it occurs more often in revision augmentation than primary augmentation. It may be helpful to take preventative antibiotics for dental treatments (cleaning, whitening strips, root canal treatment, and cavity treatments), sinus infection or urinary tract infection among other bacterial potential infection. Discuss this with your surgeon.

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. Atrophy of breast tissue may occur. An implant may become visible at the surface of the breast as a result of the device pushing through layers of skin. If tissue break down 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 and breast skin can occur. Some wrinkling is normal and expected with silicone gel-filled breast implants. This may be more pronounced in patients who have silicone gel-filled implants with textured surfaces or thin breast tissue. Palpable wrinkling and/or folds may be confused with palpable tumors and questionable cases must be investigated.

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 sign of breast cancer. Should this occur, additional surgery may be necessary to remove and examine calcifications.

Chest Wall Irregularities: Chest wall irregularities have been reported secondary to the use of tissue expanders and breast implants. 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.

Implant Displacement and Tissue Stretching: 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 shape (visible rippling of the skin). Unusual techniques of implant placement may increase the risk of displacement or migration.

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Additional surgery may be necessary to attempt to correct this problem. It may not be possible to resolve this problem once it has occurred.

Surface Contamination of Implants: Skin oil, lint from surgical drapes, or talc may become deposited on the surface of the implant at the time of insertion. The consequences of this are unknown.

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.

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, and the length of surgery and anesthesia that include a longer recovery and the possibility of additional surgery, prolonged recovery, color changes, shape changes, infection, not meeting goals and expectations, and added expense to the patient. 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 during 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.

In breast implant surgery, hematoma may contribute to capsular contracture, infection or other problems.

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

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in their body or 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, infections in other parts 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 Nipple and Skin Sensation: You may experience a diminished (or loss) of sensitivity of the nipples and the skin of your breast. 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.

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 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 delayed wound healing and poor surgical outcome.

Smokers have a greater risk of skin loss and wound healing complications.

Damage to Deeper Structures: There is 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.

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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 involve 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.

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.

Cardiac and Pulmonary Complications: Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. Pulmonary emboli can be life-threatening or fatal in some circumstances. Inactivity and other conditions may increase the incidence of blood clots traveling to the lungs causing a major blood clot that may result in death. It is important to discuss with your physician any past history of 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 pain, 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.

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 in the legs 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. 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

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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 Breast Implant Advisory Information

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, 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 6 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.

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 clotting and can cause more bleeding. These include non-steroidal anti-inflammatories such as Motrin, Advil, and Alleve. It is very important not to stop drugs that interfere with platelets, such as Plavix, which is used after a stent. It is important if you have had a stent and are taking Plavix that you inform the plastic surgeon. Stopping Plavix 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.

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 delay 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.

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Disease: Cancer can occur independently of surgery. Individuals with a personal history or family history of cancer may be at a higher risk of breast cancer than someone with no family history of this disease. It is recommended that all women perform periodic self-examination of their breasts, have mammography according to American Cancer Society guidelines, and seek professional care should a breast lump be detected.

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.

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: 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. Although many women with breast implants and normal breast tissue have successfully breast fed their babies, it is not known if there are increased risks in nursing for a woman with breast implants.

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 American Cancer Society 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.

Radiation Therapy: Radiation therapy to the chest region before or after breast reconstruction with a tissue expander/breast implant can produce unacceptable firmness or other long-term complications.

Mammography: Breast implants may make mammography more difficult and may obscure the detection of breast cancer. Any breast implant can impair the detection of breast cancer, regardless of the type of implant or where it is placed in relation to the breast. 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 a 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 breast tissue. You may be advised to undergo a MRI study in the future to verify the condition of your breast implants inside your body.

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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.

Removal / Replacement of Breast 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.

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.

Capsule Squeeze 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, gel migration, bleeding, or other complications.

Large Volume Breast Augmentation: Patients who request an outcome of augmentation mammoplasty that produces a 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 that exceeds the normal dimensions of the breast, can 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.

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.

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 and 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.

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ADDITIONAL SURGERY NECESSARY (Re-operations)

There are many variable conditions that may influence the long-term result of placement of a permanent breast implant following tissue expansion surgery. It is unknown how your breast tissue may respond to implants or how wound healing will occur after surgery. Secondary surgery may be necessary at some time in the future to replace your breast implants or to improve the outcome of surgery. You may elect to or be advised to have your breast implants removed and not replaced in the future. 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 placement of permanent breast implant following tissue expansion 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.

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 must 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 around implants 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.

REGULATORY MATTERS

According to USFDA regulations, you must comply with the submission of personal information to a device registry before surgery and afterwards.

HEALTH INSURANCE

Most health insurance companies exclude coverage for cosmetic surgical operations or any resulting complications. Please carefully review your health insurance subscriber-information pamphlet. **Most insurance plans exclude coverage for secondary or revisionary surgery** due to complications of cosmetic surgery.

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by your surgeon, the cost of surgical supplies, anesthesia, laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revision surgery will also be your responsibility. **In signing the consent for this surgery/procedure, you acknowledge that you have been informed about its risks and consequences and accept responsibility for the clinical decisions that were made along with the financial costs of all future treatments.**

____I understand that with cosmetic surgery, I am responsible for the surgical fees quoted to me, as well as additional fees for anesthesia, facility (OR), and possibly laboratory, X-ray, and pathology fees.

ADVANCED PLASTIC SURGERY

Nassif E. Soueid, MD, FACS

7505 Osler Drive, Suite 403 • Towson, MD 21204 • (410)-321-0808

Patient Name _____ Date of Birth _____

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Surgicenters, Outpatient Centers, and Hospitals often have rules that certain tissue/implants removed during surgery must be sent for evaluation which may result in additional fees. Please check with your surgeon to receive an estimate of any additional costs that you may be charged.

___ I understand that there will be a non-refundable fee for booking and scheduling my surgery of **\$500.00** which is a part of the overall surgical fee.

Should I cancel my surgery without an approved medically acceptable reason, submitted in writing and acceptable to the practice, within **two** weeks of the scheduled surgery, this fee is forfeited. While this may appear to be a charge for services which were not provided, this fee is necessary to reserve time in the OR and in the practice, which are done when I schedule.

___ I understand and unconditionally and irrevocably accept this.

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.

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CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby authorize Dr. Nassif E. Soueid and such assistants as may be selected to perform the following procedure or treatment: **PLACEMENT OF PERMANENT BREAST IMPLANT FOLLOWING BREAST RECONSTRUCTION BY TISSUE EXPANSION SURGERY**

I have received the following information sheet: **INFORMED CONSENT – PLACEMENT OF PERMANENT BREAST IMPLANT FOLLOWING BREAST RECONSTRUCTION BY TISSUE EXPANSION**

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 I 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 of the procedures I seek, as well as those additional risks and complications, benefits, and alternatives. Understanding all of this, I elect to proceed.
5. I consent to be photographed or televised before, during, and after the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
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 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.
9. I authorize the release of my Social Security number and other personally identifying data to appropriate agencies for legal reporting and medical-device registration.
10. I understand that the surgeon's fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.
11. I realize that not having the operation is an option.

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12. 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 (1-12).
I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Date _____ Witness _____

Physician _____