

## **Breast Augmentation**

Patient \_\_\_\_\_ Date \_\_\_\_\_

I hereby request Dr. Isabel Chow and Dr. David Sion and their operating room team to perform upon me a surgical operation known as Breast Augmentation.

This surgery has been explained to me and I understand the nature and consequences of the surgery. The following points have been particularly stressed to me:

- The purpose of a breast augmentation is increase the size of the breasts.
- Incisions are used in and about the breasts, and these incisions heal with scar tissue.
- Complications and bad results are uncommon from this type of operation, but they do sometimes occur. It is even possible that the appearance of my breasts will be less pleasing after the operation that it is now. We can make no guarantee as to the result that might be obtained from this operation. However, for the vast majority of patients, the results desired from the surgery are achieved.
- There are scars following this surgery and they are permanent. The redness of the scars usually persists for 1-2 years and may be permanent. No guarantee has been made as to the width, hardness, colour, or symmetry of these scars. The location of these scars has been explained to me.
- No assurance is given that the breasts will be perfectly symmetrical.

### **Possible Complications**

When a breast augmentation is performed by a qualified plastic surgeon, complications are infrequent and usually minor. Still, individuals vary greatly in their anatomy, their physical reactions, and their healing abilities, and the outcome is never completely predictable.

The most common complications following breast augmentation include the following:

- Bleeding under the breast tissue (haematoma): You should expect a small amount of bleeding from your incision line during the first 24 to 36 hours after your surgery.

Any type of surgery may result in excessive bleeding in the operated area. This may be due to a temporary increase in blood pressure, for example due to coughing. It can also occur from the effects of medication like aspirin or anti-inflammatory drugs. Bleeding is usually manifested by acute swelling of

the area, discolouration of the skin, pain and a feeling of tension. External compression of the wound usually stops it. In rare cases, if it continues, we may have to stop it after reopening the incision. Massive bleeding may require hospitalization and transfusion.

If the accumulation of blood is small, it may be allowed to absorb by itself or aspiration may be indicated as with a seroma. However, if it is large, formal drainage in an operating room may be necessary.

- Post-operative swelling: Some swelling after your operation is normal. Time is the most important factor in reducing swelling. It is not unusual to have asymmetric postoperative swelling. It is important to understand that perfect symmetry following a plastic surgical surgery on the breasts is not possible.
- Prolonged discolouration: If you bruise easily, discolouration may remain for several weeks after surgery. You should advise us of any past history of bleeding disorder. In rare cases, discolouration may be permanent. This condition is probably caused by extensive bruising with subsequent deposition of blood pigments into the skin itself.
- Implant failure: This can occur immediately or several years after augmentation. A faulty valve or rupture of the implant shell are the most common causes of deflation. A 1% deflation rate per implant per year is a reliable estimate for implant deflation. Deflation will require removal of the original implant, and replacement if you desire.
- Unightly Scarring - Prominent, unsightly scars (thick, red, ropy, itchy, and painful): The normal healing of wounds is a physiological process which continues to take place in the depths of the tissues for many months before final resolution. At first, the surgical scar is almost invisible. Then it becomes red and somewhat elevated for about 3 months. It then becomes paler, softer and flatter and reaches its resolved state in 6 to 12 months. Aesthetic surgery has its limitations. Any time the skin is opened a scar of some kind results. This may be a good scar (fine white line) or a conspicuous one, but there is always a scar of some sort.

Each individual's healing is different. Some form fine white lines while others will form heavier ones. The surgeon has no influence on the actual formation of a scar. Factors that can influence the quality of healing include smoking, obesity, infection and bleeding. The complete mechanisms of wound healing are not yet fully understood. Thus, the factors that may lead to formation of a conspicuous scar are not yet known.

This operation requires the use of external compression and the tape and dressings used to do this may cause blistering of the skin.

Very heavy (hypertrophic) scars or keloids (scars which escape the confines of the original wound) are uncommon. They are found most frequently on the front of the chest, abdomen, and shoulder area. Dark skinned peoples

(particularly those of African, Asian or Mediterranean descent) are more susceptible to the development of hypertrophic scars.

Sun exposure of a new scar should be avoided for the first year following your operation. An immature scar exposed to sun may become more visible and pigmented.

Despite meticulous technique and attentive post operative management, a small percentage of patients will develop some unsightly scarring. The scars may widen over a period of several weeks or months or possibly exhibit a true hypertrophy (red, raised, itchy, and painful). These scars can be treated by a variety of methods including local pressure, massage, cortisone injections, topical creams, and surgical revision. Rarely, hypertrophic scars are permanent and will not respond to treatment.

This operation requires the use of external compression and the tape and dressings used to do this may cause blistering of the skin.

- Capsular contracture: Although we list capsular contracture in the complications section, it is not a true complication. Rather it is an inherent risk of the breast augmentation surgery.

It occurs if the scar or capsule around the implant begins to tighten. This squeezing of the soft implant can cause the breast to feel hard. It may cause some discomfort or change the shape of the breast. Capsular contracture can be treated in several ways, depending on the severity of the contracture and how symptomatic it is. Massage and ultrasound or laser can be used for mild cases to lessen the contracture. For more problematic instances, it sometimes requires either removal or "scoring" of the scar tissue or even removal or replacement of the implant.

Reported rates of capsular contracture range from 0.5% to 20%.

- Rippling and wrinkling: Visible changes, such as wrinkling or rippling of breast implants, have been reported in up to 20% of implants.
- Infection: Infection following breast augmentation is rare. The incidence is less than 1% and severe infections are extremely uncommon. However, any surgical wound can become infected. An infection usually will become apparent a few days after the surgery. The signs are: pain, redness, heat and swelling. Antibiotics and dressing changes will often control it. On rare occasions, hospitalization and formal drainage in the operating room may be needed to control more significant infections. Removal of the implant would be necessary in this instance. It would not be replaced until the breast tissue returns to normal.

You will be given a prophylactic antibiotic when undergoing your breast augmentation. In addition you will be sent home with a prescription for antibiotics for 4-5 days.

- Change in nipple sensation: Changes in nipple sensation occur temporarily in most patients, but in approximately 15% these changes can be permanent. Some women report that their nipples become oversensitive, less sensitive or even numb. You may also notice small patches of numbness near your incisions. The type of incision has no bearing on this complication and it has been reported with implants under the muscle or under the breast itself.
- Asymmetry: Most women have some degree of breast asymmetry preoperatively.
- Inflammation of veins on the breast (Mondor's disease): This is not a common complication. Occasionally a tender cord representing the inflamed vein can be palpated. It usually is self limiting and no treatment is necessary, other than anti-inflammatories to help reduce any discomfort.
- Pneumothorax (air in chest cavity): This is a rare complication. The air is normally allowed to resorb, but you would need to be closely monitored with chest x-rays several times a week until the condition passes. If it persists or progresses, hospitalization may be required.
- Other: Other risks and complications that have been infrequently reported in the literature include chronic pain, possible compromised detection of early breast cancer, possible effects on nursing, possibility of long term calcification of the capsule surrounding the implant.

Some of the complications of these operations can cause the need for further surgery. Some of the complications can cause prolonged illness, poorly healing wounds, scarring and permanent disability.

I request and give permission for the operation to be performed as an outpatient in an accredited facility.

I consent to the performance of operations and surgeries in addition to or different from those now contemplated, arising from presently unforeseen conditions which the doctors may consider necessary or advisable in the course of the operation.

I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me as to the results of the operation.

I am not known to be allergic to anything except: \_\_\_\_\_ I have informed the doctors of all medications I am currently taking including prescriptions, over the counter remedies, herbal therapies, and any other.

I understand that smoking can increase the risk of infection, poor wound healing and poor scarring. I am \_\_\_\_\_ am not \_\_\_\_\_ a smoker.

It is important to realize that, although aesthetic surgery is designed to improve the appearance, it cannot accomplish miracles. Aesthetic plastic surgery has its limits and cannot ensure social, professional, or matrimonial success. Those who seek the benefit of aesthetic plastic surgery should do so for their own personal satisfaction, not to please someone else.

I have read or had read to me the contents of this form. I understand the risks involved in this surgery. I have had the opportunity to ask questions and all of my questions have been answered.

The cost of any surgical revisions for technical reasons will be as follows: All fees from the surgeons will be waived. The patient will be responsible for costs associated with anaesthesia and use of the surgical facility.

I consent to be photographed before, during, and after the treatment. No external use of these photographs will be made without my permission.

**For patients who reside outside Ontario:**

I agree to the following:

- The Surgery is to be performed in Ontario and the Courts in the Province of Ontario shall have exclusive jurisdiction to adjudicate any complaint, demand, claim or course of action including but not limited to claim for breach of contract or alleged negligence arising from the surgery and that any such legal proceedings will commence in the Province of Ontario only, and hereby submits to the jurisdiction of the courts of the Province of Ontario.
- That the relationship between Dr. Isabel Chow and Dr. David Sion and me shall be governed by and construed in accordance with the laws of the Province of Ontario.

PATIENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

WITNESS \_\_\_\_\_