

## **Breast Lift - Mastopexy**

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 Mastopexy, *commonly known as a Breast Lift*.

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 mastopexy is to lift 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 than 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 mastopexy 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.

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The most common complications following mastopexy include the following:

- Fluid collection (seroma): This is a collection of serum in small pockets beneath the skin. Generally, the seroma will spontaneously resorb. Occasionally, needle aspiration is necessary.
- Infection: Infection following mastopexy is uncommon. The incidence is approximately 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.

You will be given a prophylactic antibiotic when undergoing your mastopexy

- Bleeding under the breast tissue (haematoma): Any type of surgery may result in 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. In rare cases, 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.

External bleeding is easily detected. Blood is seen coming through the incision and may leak through the dressing. It may be either actual bleeding or an accumulation of liquid coming out through a surgical drain. External compression of the wound usually stops it. If it continues, we may have to stop it after reopening the incision.

- Breast asymmetry: It must be emphasized that no pair of breasts ever starts out exactly the same and there will always be some differences after mastopexy surgery. The goal is to minimize these differences.
- Contour deformities: These can occur in the breast tissue and result in rippling, divots, and sunken nipples. Sometimes these become less apparent with time.
- Interference with or inability to breastfeed.
- Decreased or complete loss of nipple sensation: This is generally a temporary change, but for a small number of patients may be permanent.

- Recurrent breast sagging especially with significant weight changes.
- Death (necrosis) of tissue resulting in delayed healing: When blood circulation is inadequate to bring sufficient oxygen to the tissues, some of the tissue (skin, fat or in rare cases even the nipple) furthest away from the blood supply may be lost. The skin, especially at the junctions of the incisions, may discolour and form a dark dry crust which will eventually separate off. This may leave a wide scar. The underlying normal tissues heal by themselves. Skin necrosis is not infrequent in patients who smoke but it is uncommon in non-smokers. Significant necrosis may necessitate further operative procedures to remove the unhealthy tissue and revise the scar in the future.
- 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.

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. Methods of treatment for unsightly scars include local pressure, cortisone injection, topical creams, and surgical revision.

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

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.

- Blood clots in the legs (venous thrombosis) and lungs (pulmonary embolism): These complications, though rare, are among the most serious from this type of surgery. Conditions predisposing a patient to these complications would

include obesity, smoking, and a history of cardiac and pulmonary disease or blood clotting disorders, length of surgery and prolonged post operative immobility.

- The following complications are extremely rare in healthy individuals:
  - Myocardial infarction (heart attack)
  - Pneumonia
  - Stroke
  - Death

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 surgery. 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\_\_\_\_\_