



INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you about mastopexy surgery, its risks, as well as alternative treatment(s).

It is important that you read this information carefully and completely, and sign the consent for surgery as proposed by your plastic surgeon and agreed upon by you.

GENERAL INFORMATION

Breast lift or mastopexy is a surgical procedure to raise and reshape sagging breasts. Factors such as pregnancy, nursing, weight change, aging, and gravity produce changes in the appearance of a woman's breasts. As the skin loses its elasticity, the breasts often lose their shape and begin to sag. Breast lift or mastopexy is a surgery performed by plastic surgeons to raise and reshape sagging breasts. This operation can also reduce the size of the areola, the darker skin around the nipple. If your breasts are small or have lost volume after pregnancy, breast implants inserted in conjunction with mastopexy can increase both firmness and size. The best candidates for mastopexy are healthy, emotionally stable women who have realistic expectations about what this type of surgery can accomplish. Breasts of any size can be lifted, but the results may not last as long in women with heavy, large breasts. Mastopexy does leave permanent, noticeable scars on the breasts, and the breasts will be smaller than your current size. There is a variety of different surgical techniques used for the reshaping and lifting of the female breast.

Note: Separate consent forms are necessary for the use of breast implants in conjunction with mastopexy or when a mastopexy is performed at the time of breast implant removal.

ALTERNATIVE TREATMENTS

Mastopexy is an elective surgical operation. Alternative treatment would consist of not undergoing the surgical procedure or wearing supportive undergarments to lift sagging breasts. If breasts are large and sagging, a reduction mammoplasty may be considered. Risks and potential complications are associated with alternative surgical forms of treatment.

INHERENT RISKS OF BREAST LIFT (MASTOPEXY) SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you understand all of the possible consequences of breast lift (mastopexy) surgery.

SPECIFIC RISKS OF BREAST LIFT (MASTOPEXY) SURGERY

Change in Nipple and Skin Sensation:

You may experience a diminished (or loss of) sensitivity of the nipples and the skin of your breast. Partial or permanent loss of nipple and skin sensation can occur after a mastopexy in one or both nipples. Changes in sensation may affect sexual response or the ability to breastfeed a baby.

Breast Augmentation and Simultaneous Mastopexy:

Risks associated with the potential use of breast implants are covered in a separate informed consent document according to the type of implant selected. However, patients who choose to undergo breast implant augmentation and elect to have it at the same time as a breast lift (mastopexy) may be at increased risk for necrosis of the skin, nipples, and breast tissue due to decreased blood supply to the tissues.

Mastopexy Performed at the Time of Breast Implant Removal Surgery:

Patients who choose to undergo the simultaneous removal of breast implants and capsules and elect to



Informed Consent – Mastopexy/Breast Lift

have it at the same time as a breast lift (mastopexy) may be at increased risk for the necrosis of the skin, nipples, and breast tissue due to decreased blood supply to the tissues from earlier surgery. Risks associated with the removal of breast implants are covered in a separate informed consent document.

Use of Acellular Dermal Matrix:

In order to perform the breast lift surgery, your plastic surgeon may choose to use biological materials. Most commonly, these materials are derived from human cadaver skin or pig skin. These materials are generally processed and do not carry any viable cells. You should ask your surgeon about these materials. They help support the breast tissues and are eventually populated by your cells, becoming similar to your own tissue. These acellular products may produce fluid and require drains for a prolonged period of time.

Skin Contour Irregularities:

Contour and shape irregularities may occur after mastopexy. Visible and palpable wrinkling may occur. One breast may be smaller than the other. Nipple position and shape will not be identical on each side. 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.

Delayed Healing:

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

Breast Disease:

Breast disease and breast cancer can occur independently of breast lift surgery. 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, undergo routine mammography according to American Cancer Society guidelines, and seek professional care should a breast lump be detected. In the event that suspicious tissue is identified prior to or during breast surgery, additional tests and therapy with corresponding expenses may be warranted.



Informed Consent – Mastopexy/Breast Lift

1. I, _____, hereby authorize Dr. _____ and assistants who may be selected to perform **Mastopexy**.

I have received the following information sheet: **Mastopexy/Breast Lift**

Additions to surgical plan: _____

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those outlined above. I therefore authorize the above physician and assistants or designees to perform such other procedures, which are deemed necessary and desirable, based on his or her professional judgment. The authority granted under this paragraph shall include all conditions that require treatments and those not known to my physician at the time the procedure has begun.
3. I consent to the administration of such anesthetics as considered necessary or advisable. I understand that all forms of anesthesia involve risks and the possibility of complications, injury, and sometimes death.
4. I understand what my surgeon can and cannot do, and understand that 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. 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 that may be removed.
8. I am aware that there are potential significant risks to my health with the utilization of blood products, and I consent to their utilization should they be deemed necessary by my surgeon and/or his/her appointees.
9. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
10. I understand that the surgeons' 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. I opt out of having this procedure _____.
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 Signature

Surgeon Signature

Date/Time

Witness