



## Informed Consent – Reduction Mammoplasty/Breast Reduction

### **INSTRUCTIONS**

This is an informed-consent document that has been prepared to help inform you about reduction mammoplasty 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**

Women who have large breasts may experience a variety of problems due to the weight and size of their breasts, such as back, neck, and shoulder pain, and skin irritation. Breast reduction is usually performed for relief of these symptoms rather than to enhance the appearance of the breasts. The best candidates for surgery are those who are mature enough to understand the procedure and who have realistic expectations about the results. There is a variety of different surgical techniques used to reduce and reshape the female breast. There are a number of techniques available to perform reduction mammoplasty including pedicle, nipple graft, and liposuction procedures, as well as combination procedures. Discuss which method your surgeon will use. There are both risks and complications associated with reduction mammoplasty surgery.

### **ALTERNATIVE TREATMENTS**

Reduction mammoplasty is an elective surgical operation. Alternative treatment would consist of not undergoing the surgical procedure, physical therapy to treat pain complaints, or wearing undergarments to support large breasts. In selected patients, liposuction has been used to reduce the size of large breasts. Risks and potential complications are associated with alternative surgical forms of treatment.

### **INHERENT RISKS OF REDUCTION MAMMAPLASTY 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 reduction mammoplasty.

### **SPECIFIC RISKS OF REDUCTION MAMMAPLASTY SURGERY**

#### **Asymmetry:**

Some breast asymmetry naturally occurs in most women. Differences in terms of breast and nipple shape, size, or symmetry may also occur after surgery. Additional surgery may be necessary to revise asymmetry after a reduction mammoplasty. Additional surgery may not completely correct asymmetry.

#### **Change in Nipple and Skin Sensation:**

You may experience a diminished sensitivity, total loss of sensitivity, or hypersensitivity of the nipples and the skin of your breast. With some techniques, and after several months, many patients regain normal sensation. Nipple graft techniques remove the nipple and replace it as a skin graft. With this technique, sensation will be lost, as well as the possibility of breastfeeding. Changes in sensation may affect sexual response or the ability to breastfeed a baby.

#### **Breastfeeding:**

Breast milk is the best food for babies. If a woman has undergone a breast reduction using a nipple graft technique (nipple removed and replaced as a graft), it is unlikely that she will be able to breastfeed. Pedicle and liposuction techniques may be able to spare the breast ducts and it may be possible to breastfeed after such breast reductions. It is unknown whether you will be able to produce sufficient milk to nurse a baby, even with use of these techniques.



Informed Consent – Reduction Mammoplasty/Breast Reduction

**Unsatisfactory Results:**

Although good results are expected, there is no guarantee or warranty, expressed or implied, as to the results that may be obtained. You may be disappointed with the results of reduction mammoplasty surgery. Asymmetry in nipple location, unanticipated breast shape and size, loss of function, wound disruption, poor healing, and loss of sensation may occur after surgery. Healing may result in a lost nipple requiring further surgery and reconstruction. There is no way to predict the final breast size (bra cup size) after surgery. It is possible that the breast may be smaller, but the bra cup size may not change. Unsatisfactory surgical scar location or visible deformities at the ends of the incisions (dog ears) may occur. Liposuction may be necessary to thin breast tissue that is outside of the normal surgical location for reduction mammoplasty. It may be necessary to perform additional surgery to attempt to improve your results. Some techniques remove the ability to breastfeed. Unsatisfactory results may NOT improve with each additional treatment.

**Breast Disease:**

Breast disease and breast cancer can occur independently of reduction mammoplasty 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.

**Wound Healing Issues:**

Even in excellent surgical candidates, the surgical incisions may not heal appropriately, leading to poor scarring, asymmetry, unsatisfactory results, and/or the need for further surgery. The skin, the nipple, or the fat inside the breast may die (skin, nipple, and/or fat necrosis). This may leave an unsatisfactory result and may require further surgery. If fat inside the breast dies (fat necrosis), this may leave a hard lump in the breast. You and your surgeon may opt to remove this hard lump. Additional surgery may not restore the breast to “normal.”

**Nipple and Areolar Necrosis:**

While very rare, it is possible for the areola (area around the nipple) and nipple to have poor blood flow after surgery that may result in the death of the tissue. This will result in a wound and delayed healing. The nipple and areola may be reconstructed if necessary.

**Long Term Results:**

It is not possible to predict how pregnancy, weight change, and aging will affect the results of a breast reduction. If you are considering significant weight reduction or pregnancy in the near future, breast reduction surgery may be postponed avoiding possible undesirable effects and late unsatisfactory results.



Informed Consent – Reduction Mammoplasty/Breast Reduction

1. I, \_\_\_\_\_, hereby authorize Dr. \_\_\_\_\_ and assistants who may be selected to perform **Reduction Mammoplasty**.

I have received the following information sheet: **Reduction Mammoplasty/Breast Reduction**

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**