

BREAST AUGMENTATION

*Breast augmentation is accomplished by inserting a breast implant either behind the breast tissue or under the breast muscle in order to enlarge its size. Breast implants do **not** have an indefinite life span, regardless of type, and may eventually require replacement surgery.*

Patient's
Initials

_____ The details of the procedure including the anticipated benefits and material risks have been explained to me in terms I understand, including but not limited to:

- *anticipated size and shape*
- *available methods of anesthesia*
- *constraints of individual anatomy*
- *if asymmetry exists, complete correction unlikely*
- *location of implants—subglandular vs. submuscular*
- *location of incisions*
- *preferred technique and why*

_____ Dr. _____ and I agree that the anticipated breast size will be: _____.

_____ Alternative methods and therapies, their benefits, material risks and disadvantages have been explained to me.

_____ I understand and accept that the most likely material risks and complications of breast augmentation have been discussed with me and may include but are not limited to:

- *ability to feel the implant*
- *asymmetry*
- *bleeding or hematoma formation*
- *capsular constricture (firmness)*
- *change in nipple sensation, including numbness*
- *malposition of an implant*
- *rippling appearance of skin*
- *rupture/leakage requiring replacement*
- *uncertain life span of implant*

_____ I understand and accept that the less likely material risks and complications of breast augmentation have been discussed with me and may include but are not limited to:

- *chronic pain*
- *compromised detection of early breast cancer*
- *infection that may require removal of implant*
- *pneumothorax (air in chest)*
- *possibility of late calcification*
- *possible effects on breastfeeding*
- *unsightly scarring*

_____ I understand and accept that there are complications, including the remote risk of death or serious disability, that exist with any surgical procedure.

_____ I understand and accept the risks of blood transfusion(s) that may be necessary.

_____ I understand that tissue cannot heal without scarring and that how one scars is dependent on individual genetic characteristics. The physician will do his/her best to minimize scarring but cannot control its ultimate appearance.

_____ I am aware that smoking during the pre- and postoperative periods increases the risk of complications.

_____ I have informed the doctor of all my known allergies.

_____ I have informed the doctor of all medications I am currently taking, including prescriptions, over-the-counter remedies, herbal therapies and supplements, aspirin, and any other recreational drug or alcohol use.

_____ I have been advised whether I should avoid taking any or all of these medications on the days surrounding the procedure.

_____ I am aware and accept that no guarantees about the results of the procedure have been made.

_____ I have been advised on the probable consequences of declining recommended or alternative therapies.

_____ I have been informed of what to expect postoperatively, including but not limited to: estimated recovery time, anticipated activity level, and the possibility of additional procedures.

Continued

_____ The doctor has answered all of my questions regarding this procedure.

I certify that I have read and understand this treatment agreement and that all blanks were filled in prior to my signature.

I authorize and direct _____, M.D., with associates or assistants of his or her choice, to perform breast augmentation on _____
at _____ (patient name)
(name of facility)

I further authorize the physician(s) and assistants to do any other procedure that in their judgment may be necessary or advisable should unforeseen circumstances arise during the procedure.

Patient or Legal Representative Signature/Date/Time

Relationship to Patient

Print Patient or Legal Representative Name

Witness Signature/Date/Time

I certify that I have explained the nature, purpose, anticipated benefits, material risks, complications, and alternatives to the proposed procedure to the patient or the patient's legal representative. I have answered all questions fully, and I believe that the patient fully understands what I have explained.

Physician Signature/Date/Time

_____ copy given to patient
initial

_____ original placed in chart
initial