

BREAST RECONSTRUCTION WITH TRAM ABDOMINAL MUSCLE FLAP

The TRAM (transverse rectus abdominis muscle) flap technique of breast reconstruction involves the use of abdominal muscle flap(s) made from rectus abdominal muscle. This muscle and a portion of lower abdominal skin and other tissue are repositioned to the chest wall region in order to construct a breast mound. The muscle flap maintains its own blood supply and helps nourish the tissue that is transferred. In some cases, an implant may be attached underneath the muscle flap to give the breast mound additional projection. If it is determined and agreed that an implant should be used, an additional and separate consent for the implant must be used.

Patient's
Initials

- _____ The details of the procedure including the anticipated benefits and material risks have been explained to me in terms I understand.
- _____ 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 reconstruction with tram abdominal muscle flap have been discussed with me and may include but are not limited to:
- *abdominal wall hernia*
 - *asymmetry*
 - *bleeding*
 - *change in skin sensation*
 - *delayed healing and loss of flap*
 - *fat necrosis*
 - *firmness from internal scarring*
 - *infection*
 - *pulmonary complications*
 - *scarring*
 - *seroma requiring draining*
 - *unsatisfactory results*
 - *weakness in abdominal muscle function*
- _____ 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 understand that the reconstructed breast cannot be expected to look exactly like the opposite breast and some degree of asymmetry is expected.
- _____ I understand that I will not be able to breast feed on the side in which the mastectomy was performed.
- _____ I am aware that smoking during the pre- and postoperative periods will increase chances 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 have been advised that I should avoid taking any aspirin, aspirin-containing products or anti-inflammatory medications for 10 days prior to surgery to help reduce the risk of bleeding.
- _____ I am aware and accept that no guarantees about the results of the procedure have been made.
- _____ I have been advised of the probable consequences of declining recommended or alternative therapies.

Continued

