

BREAST RECONSTRUCTION WITH LATISSIMUS MUSCLE FLAP

In breast reconstruction with the latissimus dorsi, a muscle located on the back, along with its attached skin, is transferred to the chest region for the breast reconstruction procedure. 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 latissimus muscle flap have been discussed with me and may include but are not limited to:

- *bleeding*
- *change in skin sensation*
- *delayed healing and loss of flap*
- *excessive firmness due to internal scarring*
- *fat necrosis*
- *inability to breast feed*
- *infection*
- *scarring*
- *seroma requiring draining*
- *unsatisfactory result*
- *weakness of arm and shoulder movement*

_____ 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 significant scars, both on the donor flap area on the back and around the reconstructed breast, cannot be avoided.

_____ I am aware that smoking during the pre- and postoperative periods could 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.

_____ 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.

_____ I understand that any tissue/specimen removed during the surgery may be sent to pathology for evaluation.

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 reconstruction with latissimus muscle flap on _____ at _____ on my: _____
(name of facility) *(patient name)*

right breast

left breast

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. 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