**INFORMED CONSENT**

**MASTOPEXY (BREAST LIFT)**

**INSTRUCTIONS**

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

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by Dr. Cashio 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 a 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 slightly smaller than your current size. There are a variety of different surgical techniques used for the reshaping and lifting of the female breast.

**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 (breast reduction) may be considered. Risks and potential complications are also associated with alternative surgical forms of treatment.

**RISKS OF MASTOPEXY SURGERY-**Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with a mastopexy. 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 Dr Cashio to make sure you understand all possible consequences of mastopexy (breast lift).

**Infections-**An infection is quite unusual after this type of surgery. Should an infection occur, treatment includes antibiotics or additional surgery may be necessary.

**Bleeding** – It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it might require emergency treatment to drain accumulated blood (hematoma) or blood transfusions. Do not take any aspirin or anti-inflammatory medications to ten days before surgery, as this may increase the risk of bleeding.

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**RISKS OF MASTOPEXY SURGERY (Continued)**

**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.

**Skin Scarring-** All surgery leaves scars, some more visible than others. Although good wound healing after surgical procedure is expected, abnormal scars may occur with the skin and deeper tissue. Scars may be unattractive and of different color than the surrounding skin tone. There is a possibility of visible marks in skin from sutures. In some cases scars may require surgical revision or treatment.

**Firmness-** Excessive firmness of the breast can occur after surgery due to internal scarring or scarring around a breast implant if one is used. The occurrence of this is not predictable. Additional treatment including surgery may be needed.

**Poor Results-**There is a possibility of a poor result from the mastopexy surgery. You may be disappointed with the results of the surgery. Cosmetic risks would include unacceptable visible deformities, poor healing, and unacceptable breast shape. You may be dissatisfied with the size of your breasts after mastopexy.

**Delayed Wound 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.

**Asymmetry-**Some breast asymmetry naturally occurs in all women to different degrees. Differences in nipple shape, breast size, or symmetry may also occur after surgery. Additional surgery may be necessary to revise the asymmetry after a mastopexy.

**Allergic Reactions-**In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions which are more serious may occur to drugs used during surgery and prescription medications. Allergic reactions may require additional treatment.

**Surgical Anesthesia-**Both local and general anesthesia involves risk. There is the possibility of complications, injury and even death from all forms of surgical anesthesia or sedation.

**Breast Implants-**Risks associated with breast implants are covered in a separate informed consent.

**Breast Disease-**Breast disease and breast cancer can occur independently of breast lift surgery. It is recommended that all women perform monthly breast exams, have mammography according to American Cancer Society guidelines, and to seek professional care should a breast lump be detected.

**Future Pregnancy and Breast Feeding-** Mastopexy is not known to interfere with pregnancy or breast feeding. If you are planning a pregnancy, your breast skin may stretch and offset the results of mastopexy surgery.

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**RISKS OF MASTOPEXY SURGERY (Continued)**

**Additional Surgery Necessary-**There are many variable conditions that may influence the long term result of mastopexy surgery. Secondary surgery may be necessary to perform additional tightening or repositioning of the breasts. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with mastopexy surgery. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied as to the results that may be obtained. There will be a charge for the hospital and anesthesia if additional surgery is required.

**SMOKING, SECOND-HAND SMOKE EXPOSURE, NICOTINE PRODUCTS (PATCH, GUM, NASAL SPRAY, etc.)**Patients who currently smoke, use tobacco products, or nicotine products (patch, gum, nasal spray, etc.) are at a greater risk for significant surgical complications of skin dying, delayed healing and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication. Please indicate your current status regarding these items below:

\_\_\_\_\_\_\_ I am a non-smoker and do not use nicotine products. I understand the risk of second-hand smoke exposure causing surgical complications.

\_\_\_\_\_\_\_ I am a smoker or use tobacco/nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products. It is important to refrain from smoking at least 4-6 weeks before surgery and until Dr. Cashio states it is safe to return, if desired.

**FEMALE PATIENT INFORMATION**- It is important to inform Dr. Cashio if you use birth control pills, estrogen replacement, or if you believe you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

**INTIMATE RELATIONS AFTER SURGERY**- Surgery involves the coagulating of blood vessels and increased activity of any kind may open these vessels leading to bleeding. Increased activity that increases your pulse or heart rate may cause additional bruising, swelling and the need for a return to surgery and control of bleeding. It is wise to refrain from sexual activity until Dr. Cashio states it is safe.

**FINANCIAL RESPONSIBILITIES-**The cost of surgery involves several charges for the services provided. The total includes fees charged by your surgeon, the cost of surgical supplies, anesthesia, and outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. The fees charged for this procedure do not include any potential future costs for additional procedures that you elect to have or require in order to revise, optimize, or complete your outcome. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revision surgery will also be your responsibility.

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**RISKS OF MASTOPEXY SURGERY (Continued)**

**PATIENT COMPLIANCE** Follow all physician instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bleeding, bruising, swelling, fluid accumulation, and the need for the return to surgery. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

**DISCLAIMER**

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s), including no surgery. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances. However, informed-consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Dr Cashio may provide you with additional or different information which is based on all the facts in your particular case and the current state of medical knowledge. Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

**It is important that you read the above information carefully and have all of your**

**questions answered before signing the consent on the next page.**

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**INFORMED CONSENT – MASTOPEXY (BREAST LIFT)**

1. I hereby authorize Dr. Richard V. Cashio Jr., M.D. and such assistants as may be selected to perform the following procedure or treatment:

**Mastopexy Surgery (Breast Lift)**

and I have received the following information sheet: **Informed Consent Mastopexy Surgery.**

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgement necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.

3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involves risk and the possibility of complications, injury, and sometimes death.

4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.

5. I consent to the photographing or televising of 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 which may be removed.

8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.

9. 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 (1-9). I AM SATISFIED WITH THE EXPLANATION AND ALL OF MY QUESTIONS WERE ANSWERED TO MY SATISFACTION**.

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Patient or Person Authorized to Sign for Patient Date

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Witness Date