

PLEASE BRING THIS FORM WITH
YOU TO THE HOSPITAL.



Areolae Reduction Consent Form

Section 1: Surgery

You have requested Doctor Konrat to perform the following surgery:

This is a legal requirement, and Dr Konrat needs to have your consent to operate on you.

To give your consent, you need to be informed of the risks as well as the options & alternatives to surgery. Dr Konrat has explained these during your consultation.

If you are uncertain about anything in this form, please call Brisbane Cosmetic Clinic on 07 3391 5710 to ask a question or make an appointment for another consultation.

Third Party Consent

A training Doctor or Surgeon or other third party may be required to attend your surgery. You will be informed of this prior to your procedure.

Tick Yes, if you consent for a third-party person to be present.

Tick No if you do NOT wish to have a training Doctor or Surgeon to be present at your surgery.

No

Patient Signature

This requires the following procedure, which usually takes approximately one hour.

Dr Konrat has explained to you that to perform this surgery a local anaesthetic is required with or without oral sedation.

Section 2: Risks and Complications

You should not undertake surgery unless you accept the possibility that you may wish to have, or need to have, further surgery at some time in the future. If further procedures or surgery were required due to complications, there would be out-of-pocket expenses. These would include the operating theatre fee.

Further operations may occasionally be requested to achieve the results desired. In this case, the out-of-pocket expenses may include surgical fees.

Dr Konrat has explained that there are specific risks associated with your surgery, and these include:

- Infection in the wound which may require antibiotic treatment.
- Bruising may occur around the operation site.
- The scar may be thickened and red coloured, and it may be painful. Scars are permanent.
- Asymmetry or slight difference in the size and shape of one nipple in comparison to the other.
- The nipples may not meet the expectations of the individual.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications and thrombosis.
- Increased risk in smokers of wound and chest infections, heart and lung complications and thrombosis and wound breakdown requiring further revision surgery.

Risks related to Anaesthesia & Sedation

Dr Konrat has also explained that there are general risks associated with any operation, including the following:

- Aspiration
- High temperature
- Incomplete anaesthesia
- Rash
- Anaphylaxis
- Unknown reaction to medications
- Allergy
- Difficulty breathing.
- Lung secretions causing chest infection post- operatively.
- **DVT:** Clot in leg veins. May cause leg swelling and pain in the calf muscles. Clots may travel to the lungs causing severe breathing difficulty and rarely, death. With adequate precautions, which are routinely taken, including medications, compression stockings and early mobilisation, the risk of these complications is reduced.

Risks related to Anaesthesia & Sedation cont'd

You should not undertake Areolae Reduction surgery unless you accept the possibility that you may wish to have, or need to have, further surgery at some time in the future. If further surgery were required due to complications, there will be an out-of-pocket expense. This will include the operating theatre fee.

Further operations may occasionally be requested to achieve the results desired. In this case, the out-of-pocket expense will include surgical fees, hospital fees and if required, anaesthetic fees.

Section 3: Patient Consent

Consent for Areolae Reduction Surgery

- **Disclosure:** Dr. Konrat and her staff have fully informed me regarding my surgery. I have also read, and I understand the Pre/ Post-Operation Instruction sheet.
- **Procedure:** I understand what procedure I am having and the extent of the surgery that has been planned.
- **Questions:** I have had a chance to ask all the questions I have requested and have been satisfied with the answers given. I am free to ask questions at any time. I have no further questions at this time.
- **Options:** The options for treatment have been fully disclosed and I fully understand them.
- **Risks:** The risks have been fully disclosed and I completely understand and accept these risks, including, but not limited to those in Section 2. Dr Konrat has explained to me that sometimes during surgery it is discovered that additional or other surgery is needed to achieve the desired results. Life-threatening incidents will be treated at my doctor's discretion.
- I understand that every individual heals differently.
- I understand that variable blood supply may hamper proper healing.
- I understand that activities I perform may damage the procedure performed and that strict adherence to my post-op instructions is critical.
- I understand that scarring from reaction to stitches, infections, and/or keloids may occur and that all scars may not be hidden from view, or may be more prominent, depending on the healing process.
- Revision surgery may be needed to achieve the desired look and appearance and may incur further operating theatre or surgical fees. I understand that revision may not be able to accomplish the cosmetic goals I am seeking.
- I understand that consultations and revisions performed by other surgeons are my financial responsibility.
- I understand that Dr Konrat does not guarantee that she will be able to achieve the results I am seeking. No guarantees have been implied or given.
- I understand that I must be discharged into the care of a responsible adult, and that this person must stay with me overnight. Since this is an elective procedure, I have had the chance to research other surgeons and surgical approaches.

Section 3: Patient Consent cont'd

- The options of care have been fully discussed, such as outside consultations and surgery, no surgery, expectant management (wait and see), medical management, or to proceed with the agreed-upon procedure. I have chosen to proceed with the elective procedure willingly and without hesitation at the time frame of my choosing.

Photography / Video Film Release

- I understand that Dr Konrat needs to take photographs of the treatment area (neck to hip-bone) from several angles as part of evaluating the outcome of the surgery.
- In addition, I voluntarily consent to the publication and use of my pre- and post-surgery pictures and/or video footage by Dr Konrat for the following purposes: educational, medical publications, journals, research papers and medical conference presentations. In the case of Areolae Reduction Surgery, this will not include my face. Y N

Initial here: _____ (Please put a line through any exclusions.)

In signing the consent for Areolae Reduction surgery, I acknowledge that I have been informed about its risks and complications and accept responsibility for the clinical decisions that were made, along with the financial costs of all future treatments.

In signing this consent for surgery, I acknowledge that I have been informed about the need for post operative appointments. Not attending my post operative appointments may result in my not receiving the correct treatment and care and therefore may adversely affect the result of my surgery.

Financial Consent

I understand that the cost of surgery involves several charges for the services provided, and these have been itemised in the formal quotation I received prior to booking this surgery. I am aware that the total includes fees charged by Dr Konrat as my surgeon, the Day Surgery fee (if that is applicable), and in some instances, laboratory tests.

The fees charged for this procedure do not include any potential future costs for additional procedures that I might require or elect to have to revise, optimise or complete my outcome. Additional costs may occur, should complications develop from the surgery. Secondary surgery or hospital day surgery charges involved with revision surgery will be my responsibility.

Declaration by Patient

I acknowledge that Dr Konrat has provided me with information concerning the procedure, the likely results, available alternative treatments, including the option of no treatment at all, and has answered all my specific queries and concerns about my surgery.

I understand that some of the above risks are more likely if I smoke, am overweight, diabetic, have high blood pressure or have had previous heart disease.

I understand that improvement, not perfection is the aim of this surgery. I also acknowledge that no guarantee has been made that the surgery will improve the condition. Complications may develop and a further operation may be required to improve the result.

Patient Name

Patient Signature

Date

Section 4: Declaration by Doctor Konrat

I declare that I have personally explained the nature of the patient's condition, the need for treatment, the operation to be performed and the risks and alternatives outlined above.

I have given the patient, or the person named above an opportunity to ask questions which I have answered as comprehensively as possible to the best of my knowledge.

Dr Georgina Konrat
Bsc (Melb), Bsc Syd (Hons), MBBS (Syd) FACCSM

Date