

PLEASE BRING THIS FORM WITH YOU TO THE HOSPITAL.



# Augmentation Mammoplasty (Breast Implants) Consent Form

## Section 1: Surgery

You have requested Doctor Konrat to perform the following surgery:

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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.

Yes  No

\_\_\_\_\_  
Patient Signature

## Augmentation Mammoplasty Procedure

This requires the following procedure, which usually takes between 1 and 2 hours:

Incisions are carefully placed, with the aim being to hide them in the crease under the breasts or in an existing scar.

A pocket or space is made behind the existing breast tissue. Dr Konrat places breast implants in the subglandular plane, i.e., directly under the breast tissue not under the muscles.

Breast implants are then placed into the surgically created space.

The opening or incision is then sewn up in layers.

Dr Konrat has explained to you that to perform this surgery, it must be performed in an accredited and licensed Day Surgery Hospital and a general anaesthetic will be necessary. The general anaesthetic will be administered by a doctor who is a specialist Anaesthetist.

## 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 hospital and specialist anaesthetist fees, and if new breast implants are required, you will also be charged for new implants.

Further operations may occasionally be requested by the patient to achieve the results desired. In this case, the out-of-pocket expenses may include surgical fees as well as Hospital and Anaesthetic fees.

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

- Breast implant-associated Anaplastic Large Cell Lymphoma (BIA-ALCL) is a rare cancer that can be effectively treated if detected early. It is known to be associated with textured surface and Polyurethane foam surfaced breast implants. (Please refer to patient handout in surgery pack.)
- Capsular contraction is the most common complication of breast implant surgery. It occurs when the tissues, which normally form around the implant, thicken and tighten or contract. If mild, the implant merely feels firmer. In the worst case, the implant feels hard, may be aesthetically displeasing and can be painful. It is not yet known what causes capsular contraction.
- When using textured surface implants, the overall incidence of capsular contraction is reported to occur in 1-6 percent of patients. If capsular contraction is severe, further surgery may be required. This involves removing any or all of the contracted fibrous tissue surrounding the implant, and replacing the implant with a new implant. The implant will then feel soft again. If you have had capsular contracture previously, the risk of it occurring again can be up to 50%. About three to six in a thousand women considering breast implant surgery will get recurrent capsular contraction, no matter what surgery is performed.

## Section 2: Risks and Complications cont'd

- **Scarring:** The incision or cut will result in scar formation. The scars are usually pink to start with, will generally fade and become white, soft and supple over the coming weeks or months. Most patients find the scars ultimately acceptable and not a concern. Keloid scars are rare and are the result of a thickening, inflammatory process, which occurs in normal scar tissue. These are not due to a surgical fault, but due to an abnormality of the patient's healing process. Taping the scar for the first 4-6 weeks after the surgery, and avoidance of over-activity and straining allows the scars to mature without tension.
- **Infection:** Antibiotics are given during the operation, and you will be prescribed oral antibiotics to take afterwards. This will minimise the risk of infection in the breast, around the implant and in the wound.
- Nevertheless, infections can occur and are treated as required. Pathology testing may be required to treat infection effectively. All pathology expenses are the responsibility of the patient.
- If the infections are severe, this may involve being admitted to hospital for intravenous antibiotics and further drainage procedures. Further surgery may also be required, including removal of the implants.
- **Numbness:** It is usual to have some numbness in the breasts after having breast implants. This is due to some sensory nerves being affected during the preparation of the 'pockets', or space into which the breast implant is inserted. The numbness is usually fully recovered within 9 to 12 months; however, it can be permanent. Rarely, and in the worst case, permanent numbness of both nipples could occur.
- Post-operative discomfort will occur. It varies from moderate to mild on the first day. It gradually improves over the coming days. The pain is usually well tolerated by patients if they take the pain relief prescribed.
- Increasing pain, unresponsive to medication, should be brought to the attention of Dr Konrat, as this may be an indication that complications are developing.
- **Blood Clot:** A bruised feeling and some swelling is usual and varies with each patient from being mild to being so severe that a blood clot collects, which may need to be removed back in the operating theatre. This is called a hematoma and is a collection of blood under the breast tissues and skin. It is due to bleeding in the post-operative period and is extremely uncommon in breast augmentation surgery. When it does occur, it requires further surgery to drain and remove the clot. Please read your Pre and Post-Operative Instructions carefully to find detailed instructions to minimise the risk of clotting.
- It is common to have intermittent mild discomfort or sometimes intermittent sharp pains in the first weeks and months following surgery as the swelling resolves and the nerves recover. Some patients experience a temporary increase in sensitivity of the nipples. This can be unpleasant, but typically settles down after a few weeks.
- **Stitches:** Rarely, the stitches used to close the incision may be felt through the skin. This is usually not a problem but can be removed if necessary.
- The edge of the implants may be visible or may be felt through the skin. In very thin patients this is common and is normal. Also, visible or palpable (able to be felt) rippling of the implants may occur.

## Section 2: Risks and Complications cont'd

Patients with very little fat and breast tissue of their own have a higher chance of these problems.

- **Size difference:** It is not possible to achieve 'perfect' breasts, nor should you expect this. There will be minor differences between the two sides, as there are in all women, with or without implants. Major differences, unless present beforehand, are uncommon and may need further surgery.
- Displacement or movement of the implant from its original position is also uncommon. If it occurs, further surgery may be required, but this is extremely rare.
- Rupture of any implant can occur. If a silicone gel implant ruptures, in most cases the gel will remain inside the capsule of the tissue that all patients naturally form around their implants. This means the silicone remains sealed off from the breast tissue.
- There are usually no symptoms for the patient, and the breast looks and feels normal.
- If this happens to you, it is recommended the implant be replaced. Occasionally, the leak is not confined within the capsule and the silicone does come into contact with the breast tissue. In some of those patients, the body will form scar tissue around the extravasated silicone gel.
- **Breast Implant Illness Syndrome:** The implant material does not, to our current knowledge, increase or decrease the chances of developing breast cancer. However, your own immune system may react either to the surface of the implant, or to the naked silicone gel if the implant has ruptured. It is now recognised that this can cause a range of symptoms called Breast Implant Illness syndrome. This syndrome is not yet a medically classified disease process, but we recommend removing the implants along with the fibrous capsule or membrane, if your implants have ruptured or appear to be causing symptoms of being unwell.
- **Rotation:** Rarely, the anatomical or shaped implant may rotate and, in some cases, alter the appearance of the breast shape.
- **Size of implants:** In general, the bigger the implants, the greater the risk.

## 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.

## Risks related to Anaesthesia & Sedation cont'd

- 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, these complications are extremely uncommon.

## Section 3: Patient Consent

### Consent for Augmentation Mammoplasty (Breast Enlargement 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 currently.
- **Options:** The options 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 including the option of no surgery.

## Consent for Augmentation Mammoplasty (Breast Enlargement Surgery) 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 from several angles as part of evaluating the outcome of the surgery. I consent to the taking of these pictures.

Initial here: \_\_\_\_\_

- 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 and journals, and research papers, medical conference presentations. In the case of Breast Implant surgery, this will not include my face.

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

## 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 procedure.

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 also understand that some of the above risks are more likely if I choose not to follow all post-operative instructions.

I understand that improvement, not perfection, is the aim of this procedure. Complications may develop and a further procedure may be required to improve the result.

(Please put a line through any exclusions.)

Initial here: \_\_\_\_\_

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

## 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), the specialist Anaesthetist fees, 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.

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Patient Name

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Patient Signature

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Date

## Section 4: Declaration by Dr Konrat

I declare that I have personally explained the nature of the patient's condition, the procedure to be performed, and the risks and complications detailed 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.

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

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Date