

PLEASE BRING THIS FORM WITH
YOU TO THE HOSPITAL.



Reduction Mammoplasty (Breast 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.

Yes No

Patient Signature

Third Party Consent Reduction Mammoplasty (Breast Reduction) Procedure

This requires the following procedure, which usually takes between 2.5 and 3 hours.

- Incisions are carefully placed in the breasts, with the aim being to treat Ptosis ('drooping') of the breast, excess or large volume breasts by moving the nipple-areola complex, removing breast and skin tissue. Excess breast tissue and skin is removed and tightened to improve size, shape and projection.
- **Drains:** are placed appropriately in the breast wounds to remove unwanted excess fluid.
- The opening or incision is then sewn up in layers.
- **Scarring:** There is always a scar either partially or completely around the nipple. There may also be a scar that runs from the central point of the areola to the fold beneath the breast. Depending upon the surgical procedure needed, there may also be a scar in the fold beneath the breast. The scars are pink to start with and gradually fade over time. How well the scars heal, and the quality of the scars depends on numerous factors such as how well your skin heals, and whether you are prone to hypertrophic or keloid scars (thickening). Any unnecessary tension or pulling on the scars can widen and thicken them, so post-operative care is of utmost importance in the quality of the scars long term.

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

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:** Antibiotics are given at the time of surgery and for one week post-operatively to help prevent infection. Further surgery may be required to improve scars if severe infection results.
- **Bleeding** Rarely a blood vessel will start bleeding after the operation and a collection of blood and bruising (haematoma) can occur in the breast tissues and skin. Further surgery to stop the bleeding may be required. Leaving a haematoma can increase the risk of infection and can delay the healing process. If required, return to Hospital may be required to drain the haematoma and stop any remaining bleeding.
- **Nerve sensation:** There may be a loss of, or reduced sensation in the nipple and areola following this procedure. Although this is usually temporary, sensation may take several months to return to normal or near normal. In some cases, despite the nipple and areola remaining attached to their nerve supply throughout the procedure, the loss of sensation may be permanent. If the nipple and areola are removed and grafted into their new position, the loss of sensation is sometimes permanent.

Section 2: Risks and Complications cont'd

- **Nipple Loss:** This is the worst complication and is most common in very large breasts, or in smokers or diabetics. Prior to your surgery Free Nipple Graft was discussed and if required you will have been consented separately for this.
- If the nipple blood supply appears to be threatened unexpectedly at the time of surgery, conversion to free nipple graft may be necessary. This was explained at the time of initial consultation. The operation is planned in such a way as to try to ensure that an adequate blood supply is maintained to all the remaining parts of the breast (skin, fat, breast tissue and nipple). On some rare occasions the circulation is inadequate and some of the tissues may die. Although this is uncommon, it is more likely to occur in patients with large breasts and patients with very poor circulation. This may mean that the surgeon may have to compromise and alter the size and shape from that which is desired to maintain an adequate circulation. Reconstruction in the form of a skin graft may be required to rebuild the nipple and areola at a later stage or the use of an implant called "Fix Nip".
- **Scars:** There will be significant and obvious scars in the early months after surgery. The prominence of these scars will gradually reduce with time. The shape of the scar will involve a circular scar around the nipple, a vertical scar passing below the nipple downwards, and, depending on the surgical technique, rarely there may be a curved horizontal scar which may be long, and passing near the mid-line in front to outside the breast near the armpit. The horizontal part of the scar is long following large reductions, and would normally be visible at each end, but usually only on close inspection. The vertical scar usually fades and sometimes widens slightly over time.
- Very rarely, additional incisions or longer incisions may have to be used to achieve optimal results. Like all surgical scars, they may be initially noticeable. It may take 6-9 months for the scars to improve. Taping the scar for the first 4-6 weeks after surgery and avoidance of over-activity and straining will provide the best conditions for optimal scar maturation.
- **Hypertrophic/Keloid scars:** Sometimes the scars may be more thickened than normal, and this may be associated with them becoming red, thick and itchy. This is called a keloid scar. The scars can usually be improved by medical treatment. A surgical revision of the hypertrophic or Keloid scar may be necessary.
- **Dog Ears:** The puckering or a small peak of skin and fat that occurs at the end of a wound where a significant amount of skin has been excised and stitched. They are very common in Breast Lifts, Breast Reductions and Tummy Tucks, but not everyone gets a "dog ear." It depends on many factors. There are many ways to treat them, including a small excision sometimes accompanied by liposuction. It is important to wait until the skin and tissues from the initial surgery have healed. Once the tissues have healed into their final position, the "dog ear" can be easily excised under local anaesthetic in the clinic. Returning to hospital is not required for this minor procedure, but a minor surgical fee is incurred.
- **Asymmetry:** Some asymmetry of breast shape and size is likely to occur, and the position of the nipples may vary slightly. Every effort will be taken to keep this degree of difference to a minimum. Despite careful planning, occasionally there may be asymmetry in the scars, levels of the infra-mammary fold, levels of the nipples or breast shapes. Frequently some of these may be corrected by judicious use of compression supporting bras or straps. Occasionally, if very obvious, they may need further surgery at a later date.
- **Breastfeeding:** Breast reduction surgery is not recommended for women who intend to breastfeed. While some reduction techniques can preserve the nipple structure and milk ducts, others may lead to their removal. During the procedure, damage may occur to some of the milk ducts, which may cause disturbance of milk secretion during pregnancy, and prevent breastfeeding.

Section 2: Risks and Complications cont'd

- **Seroma formation:** Seroma is a collection of fluid that occurs in the first 3 weeks post-operatively. Your body produces this fluid to help you heal. Some people produce a little and some produce a lot. If you produce too much seroma, then this fluid is drained or aspirated during your post-operative visits at the clinic. Too much protein-rich seroma can increase risk of infection, so is better if drained. This is not a painful procedure and takes less than 20 minutes at your post-operative visit.
- **Wound breakdown or dehiscence:** Very occasionally there may be a breakdown in the wounds, particularly near the junctions of the vertical and horizontal scars. This is a temporary nuisance and requires regular dressings, but rarely makes any difference to the overall result. If the breakdown in wounds is larger and there is evidence of infection, then PICO or V.A.C. Therapy will be commenced to promote fast healing and to decrease the potential for infection.
- **V.A.C. Therapy:** This is a special dressing applied to the surgical wound to prevent post-operative complication after surgery. This special dressing is attached to a small portable battery-operated unit that provides negative pressure to the wound to promote greatly increased healing and also to remove excess fluid or blood.
- The therapeutic benefits of negative pressure wound therapy include reduction in bacterial load, an increase in blood flow to the surgical wound and stimulation of new tissue formation. The negative pressure device has a discreet and ergonomic design, allowing patients to continue treatment while carrying on with their daily life. If, in the unusual circumstance that V.A.C. therapy is required after the first week post-operatively due to infection or wound problems, there is a fee of \$450 per week for the hire of the equipment and the required specialised surgical dressings.
- **Revision Surgery:** Further operations may occasionally be required to improve the results. This is particularly true if any of the above-named complications develop. You should not undertake breast 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 is required due to complications, you will be required to pay fees as quoted by Brisbane Cosmetic Clinic.

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, breathlessness.
- Lung secretions causing chest infection post- operatively.

Risks related to Anaesthesia & Sedation cont'd

- **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.

You should not undertake Reduction Mammoplasty (Breast 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 hospital and specialist anaesthetist fees.

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 anaesthetic fees.

Section 3: Patient Consent

Consent for Reduction Mammoplasty (Breast Reduction)

- 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.

Section 3: Patient Consent cont'd

- 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.
- 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. 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, research papers. In the case of Breast Reduction surgery, this will not include my face.

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

In signing the consent for Breast Reduction, 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.

By signing this form, I undertake to keep any post-operative appointments deemed necessary. Not doing so might result in my not receiving the correct treatment 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), the specialist Anaesthetist fees, and in some instances, laboratory/pathology 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 in order to revise, optimise or complete my outcome. Additional costs may occur, should complications develop from the surgery. Secondary surgery or hospital day surgery and anaesthetic fee 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 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.

Patient Name

Patient Signature

Date

Section 4: Declaration by Dr 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