BAAPS

MASTOPEXY (Breast Uplift) SURGERY

PATIENT INFORMATION GUIDE AND CONSENT DOCUMENT

Mr Robert Winterton

INFORMED CONSENT

As part of your decision-making process on your journey to having a cosmetic procedure you need to understand several things:

- What your treatment options are (i.e., alternative treatments and the implications of not having any treatment)?
- What are the risks associated with treatment you choose?
- What the costs are associated with the treatment?

The purpose of this document is to inform the discussion and/or recap that which you will have already discussed and to act as a basis for further discussions at your subsequent pre-operative review appointment.

This is so that you are made aware of the options you are given and taking the time to assess them and the associated risks.

You will be asked to read and complete the form at the end of the booklet confirming that you have done so and that you understand its contents. This information booklet addresses:

- how mastopexy (breast uplift) surgery is performed
- alternatives to mastopexy surgery
- risks associated with mastopexy surgery
- specific health factors associated with poor or adverse outcomes

Please review this booklet thoroughly so that you are able to sign the confirmation of understanding on page 16 confirming that you have read and understood the booklet. If you have any questions or there are areas you do not understand please bring the booklet to your pre-operative consultation where your surgeon can explain them to you (following which you should be in a position to sign the form).

You will be asked to sign a consent form (on page 18 of this booklet) on or before the day of your actual surgery. The consent form will refer to this leaflet and the information contained in it.

MASTOPEXY (BREAST UPLIFT) SURGERY AND ALTERNATIVE TREATMENTS

Loss of breast shape and volume can be brought about by a number of factors. Weight gain and then loss, increase in breast size during pregnancy and breast feeding (with subsequent volume loss) and following removal of breast implants are common reasons, however some women have a naturally droopy appearance to their breasts.

The common issues described by patients are that the nipple has dropped below the level of the breast crease and that the shape of the breast has been lost. Patients often report that this has a negative effect on their levels of self-esteem and psychological wellbeing.

The aim of the surgery is to improve the position of the nipple and shape of the breast by relocating the nipple to a higher position on the breast and by tightening the skin and internal tissues of the breast to produce an improved shape.

Mastopexy surgery, as with all cosmetic surgery procedures aims to produce a psychological benefit for those undergoing surgery as well as improving the appearance of the breasts. As with any cosmetic procedure it is important to have realistic expectations about the results.

HOW IS MASTOPEXTY SURGERY PERFORMED

Mastopexy surgery can be performed in a variety of ways but usually involves 3 key elements:

- repositioning of the nipple
- removal of redundant skin from the breast to tighten the skin envelope
- manipulation of the breast tissue to reshape the breast

The nipple is moved to its new location using some of the breast tissue to give it a blood supply to keep it alive (known as a pedicle) and this can be seen in the diagrams on page 4.

As part of a mastopexy procedure the breast tissue may be removed if appropriate, or it may be folded in a number of different ways to produce an improved and more stable shape to the breast.

If you only have a mild degree of nipple descent and skin laxity it may be possible to produce a subtle lift of the breast by resecting a circle of skin around the areolar (a bit like a donut). This is known as a peri-areolar mastopexy.

For more significant degrees of tissue laxity where there is marked vertical nipple descent and additional horizontal skin excess a vertical scar (in addition to the scar around the nipple) is required to gather in the horizontal excess and may need to be extended into the breast crease. This type of mastopexy is called a vertical scar mastopexy, if the scar extends into the breast crease it is known as a Wise pattern mastopexy (named after the surgeon who described the technique).

In patients who have undergone extreme or massive weight loss a more extensive tissue folding procedure is utilised to volumise and reshape the breast (this is called a dermal suspension mastopexy) and has extended scars in the breast crease and on the lateral aspect of the chest wall.

Decisions on which type of tissue manipulation (breast tissue resection, breast tissue folding and redundant skin resection) will be based on any specific anatomic considerations that need to be accounted for in your particular case and your surgeon's preference for a particular technique.

ILLUSTRATION - TYPICAL MASTOPEXY PROCEDURE

The nipple has descended below the level of the breast crease (infra mammary fold - IMF).

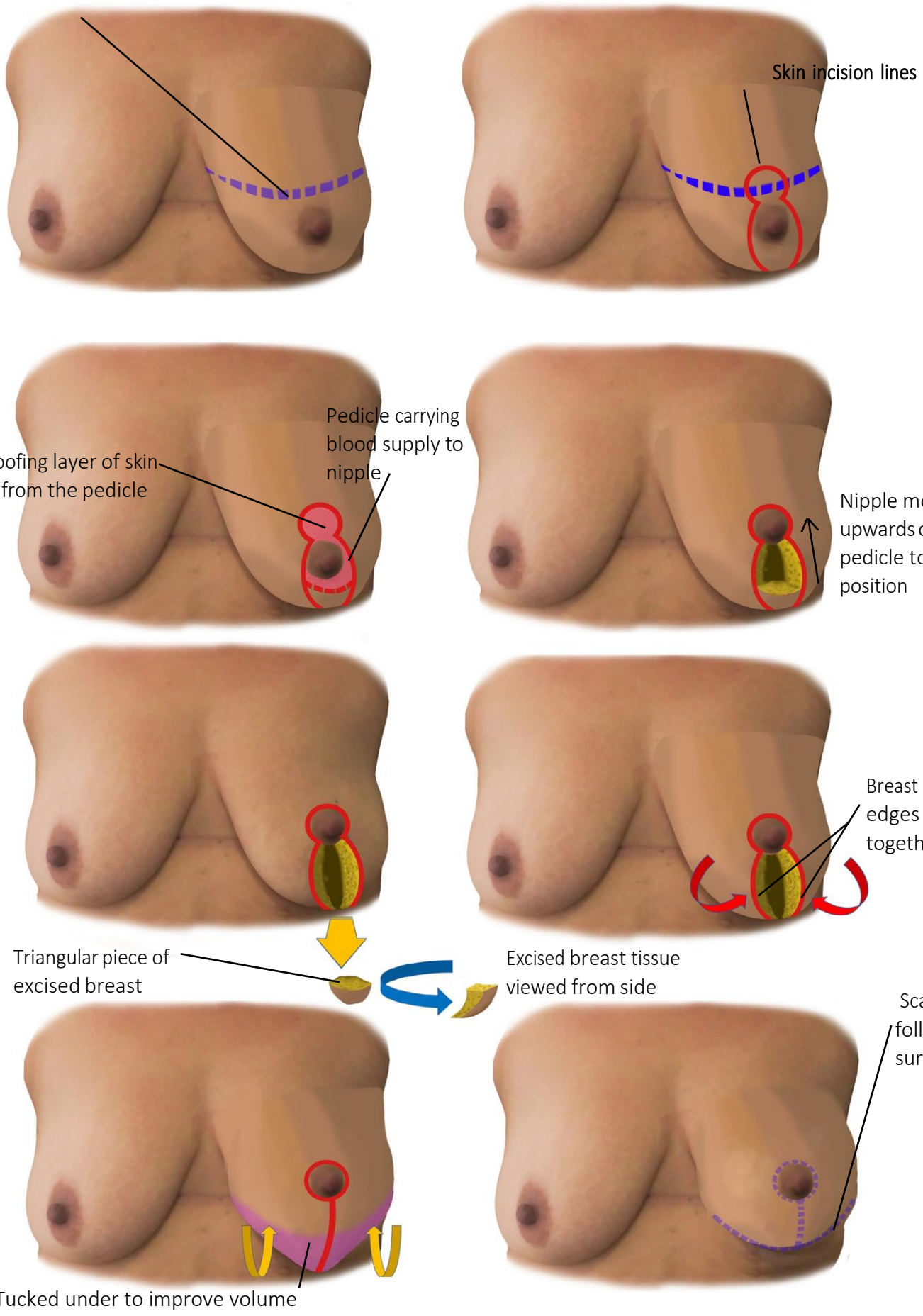


Illustration page 4 (typical mastopexy procedure):

Top left: Typical appearance of a ptotic or droopy breast - the nipple has descended below the inframammary fold (breast crease), shown as a dashed blue line.

Top right: Example incision pattern used in a mastopexy procedure. The upper circle is the proposed new location for the nipple (placed at the level of the breast crease), the lower ellipse width is determined by the extent of tissue laxity in the breast.

Upper middle left: The piece of breast tissue used to move the nipple to its new position (and keep it supplied with blood, known as a pedicle) has the waterproofing layer of the skin removed so that it can be buried un- der the skin without causing cyst formation.

Upper middle right: the pedicle is separated from the breast tissue below and on either side and the nipple is moved to its new location.

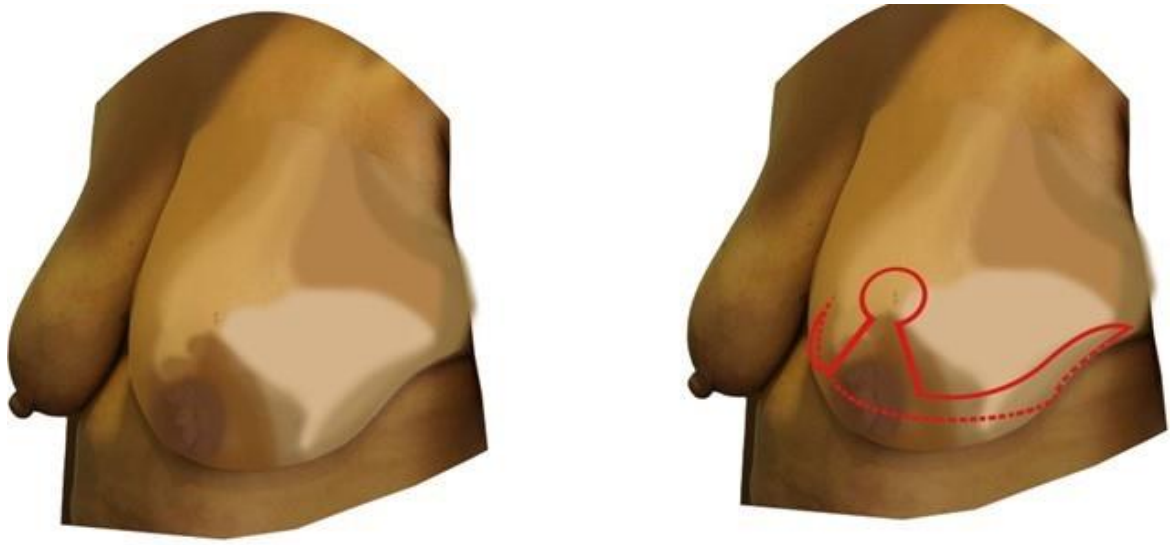
Lower middle left: The triangle of breast tissue below the nipple is removed to allow the lower pole of the breast to be tightened and close the hole created by the upward movement of the pedicle and nipple.

Lower middle right: The edges of the breast tissue are brought together, tightening the breast tissue horizontally.

Bottom left: After closing the edges of the breast tissue a pleat is created in the lower edge of the breast - the waterproofing layer of the skin is again removed from this portion of the breast tissue and it is tucked up under the breast increasing breast fullness and projection.

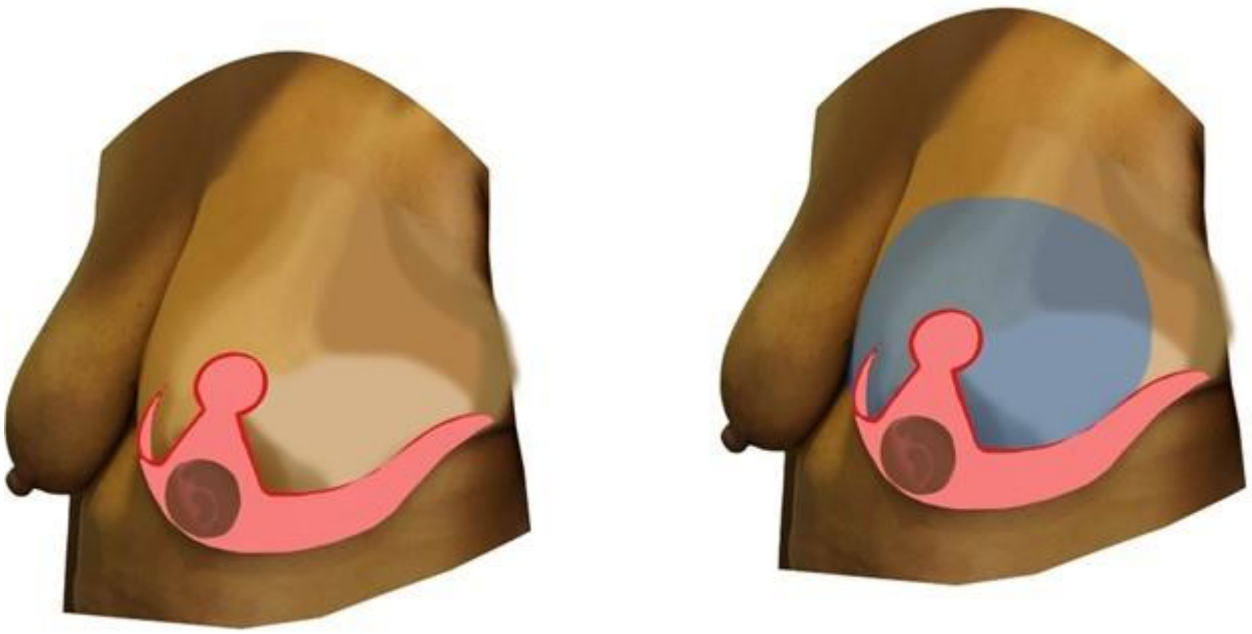
Bottom right: The pattern of scarring produced following the mastopexy is shown in a dashed purple outline. The length of the scars in the breast crease can vary.

DERMAL SUSPENSION MASTOPEXY:



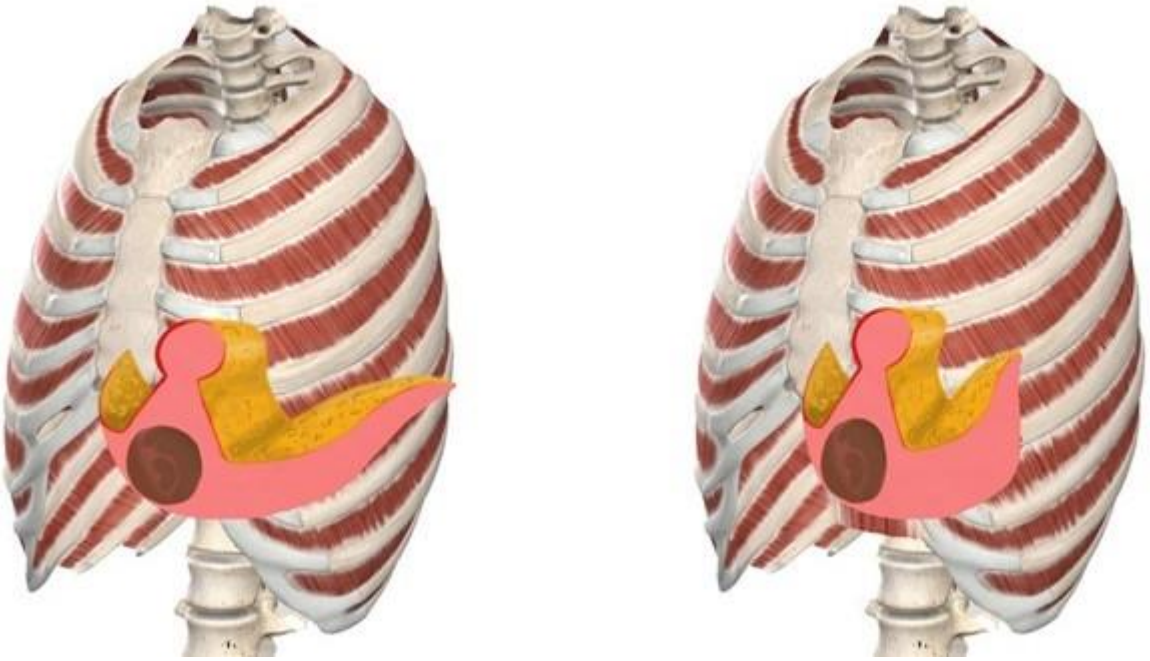
Top left: Dermal suspension mastopexy used following massive weight loss is designed to give the best support to the breast in the case of tissues that have been stretched beyond their elastic limit.

Top right: Incision pattern used in a dermal suspension mastopexy. The red lines demonstrate the area of skin where its water proofing layer (the epidermis) is removed. The circle demonstrates the location of the repositioned nipple, the dotted line demonstrates the position of the infra mammary crease or breast fold.



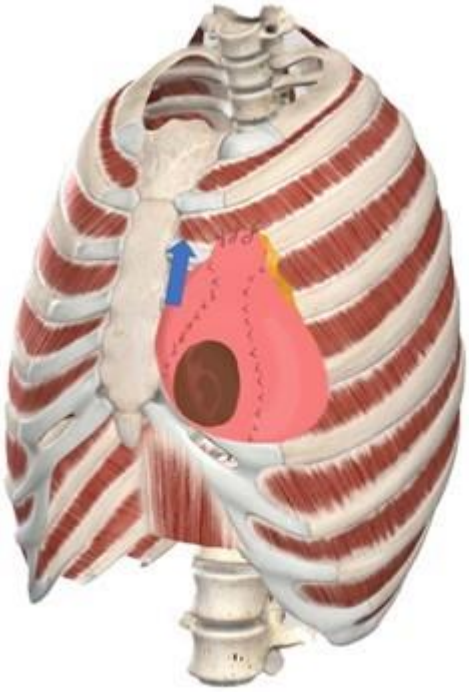
Top left: The area of breast skin in pink denotes where the waterproofing layer of the skin is removed so that it can be buried without causing cyst formation.

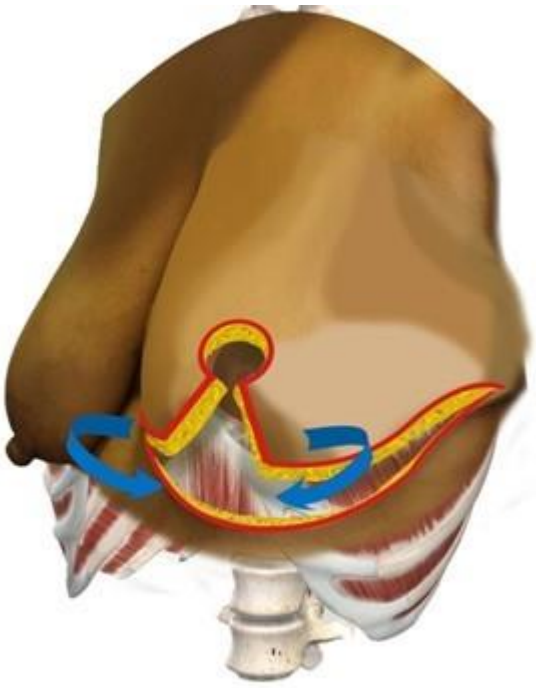
Top right: The area shaded blue represents where the breast skin and underlying breast tissue is under- mined so that it can accommodate the folded breast tissue lifted into its new position (the method of folding is shown below)



Top left: The de-epithelialised breast tissue is folded together by lifting the medial and lateral triangles of tissue.

Top right: The tips of the triangles are lifted so that they can be sewn to the tip of the de-epithelialised area.

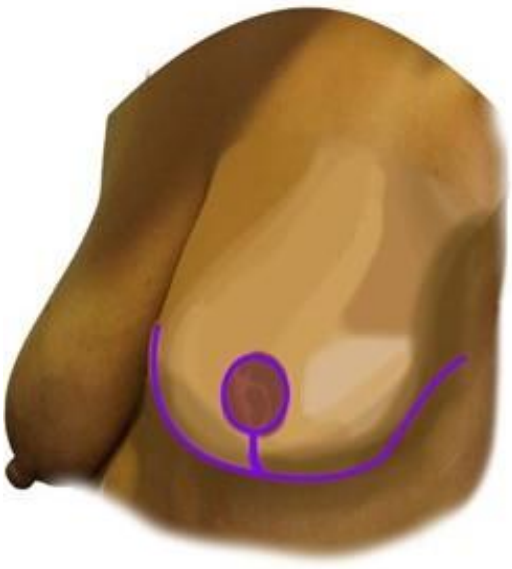




DERMAL SUSPENSION MASTOPEXY (CONT….):

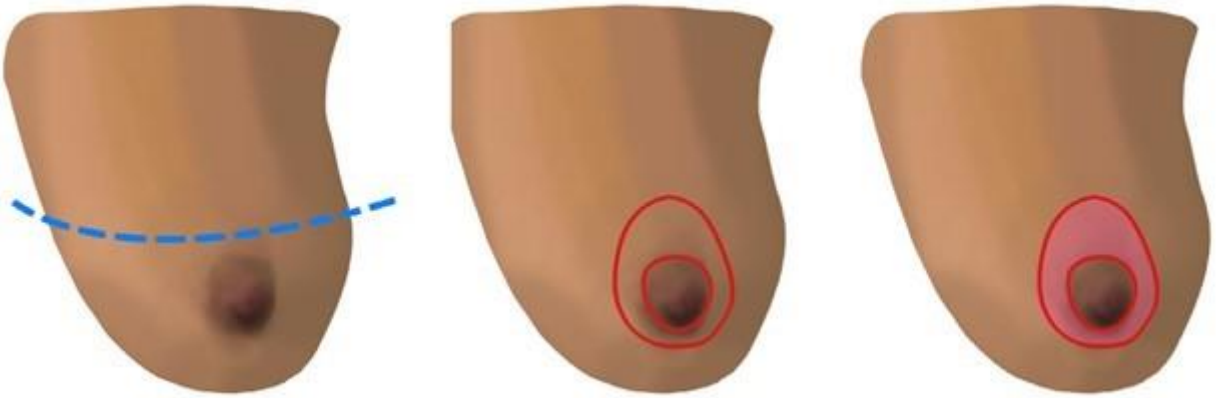
Top left: The triangles of breast tissue are sewn onto the central section of breast tissue which is then lifted and sewn onto the upper ribs to provide the best possible support to the repositioned tissue.

Top right: The undermined breast skin is re-draped over the reshaped breast tissue.



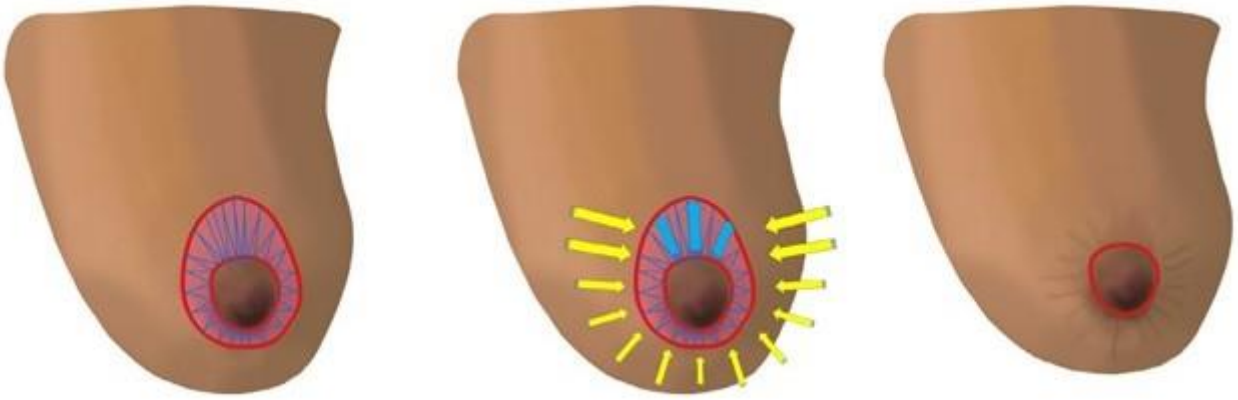
Above left: The new breast position is maintained from inside by the stitches anchoring the folded tissue to the underlying ribs and from the outside by the tightened skin envelope. The scar pattern (shown in purple) runs the full length of the infra mammary fold, up the centre of the breast and around the nipple.

PERI-AREOLAR MASTOPEXY:



Top left: The breast demonstrates descent of the nipple below the breast crease (shown as a dashed blue line)

Top middle and right: The incision lines show the section of skin to have its waterproofing layer removed or de-epithelialised (middle) is shown shaded in pink (right).



Top left: A permanent suture (shown in blue) is used to tighten the skin and reposition the nipple.

Top middle: Because of the differential amount of skin excised around the nipple (more being removed from above then below) the nipple position is lifted.

Top right: The scar is limited to around the nipple (shown in red). Because the size of the outer incision is larger than that of the incision around the nipple there is residual puckering of the skin. This usually settles over a period of months however this can be permanent.

There are many ways to perform mastopexy surgery. Your surgeon will discuss with you which technique they believe will work best in your case and with a view to accommodating or best meeting your own aims. It is not usual for a surgeon to explain in detail every possible technique but if you wish to discuss that in further detail/obtain further information please ask your surgeon. If there are particular goals you wish to achieve from the surgery then you need to make sure that you have discussed these with your surgeon so that they can discuss the options available to best address them.

ADDITIONAL FORMS OF SURGICAL TREATMENT

In certain circumstances an improvement in breast shape can be brought about by increasing the volume of the breast alone without having to move the nipple or take away skin. This can be done by using a silicone implant or by fat grafting (taking fat from another site on the body and injecting it into the breast tissue).

Are there any non-surgical ways I can change the shape of my breasts?
There are currently no alternative treatments to having surgery to treat breast ptosis (sagging).

WILL THE RESULTS OF SURGERY BE PERMANENT?

One feature that is common to all types of mastopexy surgery is that the tissue of the breast in patients undergoing the surgery lacks the normal support mechanisms that hold the shape of the breast. These are responsible for maintaining the breast in a youthful shape and comprise the ligaments that run from the underlying chest wall musculature to the skin (and help suspend the breast off the chest wall), the collagen and elastin fibres within the skin that produce skin elasticity (the ability of the skin to stretch but then return to its original size) and the collagen fibres within the breast tissue itself that provide structure to the glandular element of the breast.

In patients requiring mastopexy surgery these elements have been reduced in effectiveness (usually as a result of being stretched) and even when tightened surgically will not have the integrity of normal tissue. It is therefore inevitable that the tissues will re-stretch in response to being tightened - not to the extent of change prior to surgery but there will certainly be change in shape of the breast from an initial tight or pert appearance to a more tear dropped shape. It is impossible to produce long term upper pole fullness of the breast with mastopexy surgery and the breast will never have an 'augmented' look (like someone who has had breast implants). It is essential that this is appreciated prior to undergoing surgery in order to manage your expectations.

So long as your weight is stable the size of your breasts should remain the same following surgery. Very rarely breast size can increase but this is usually associated with fluctuation in hormonal levels and may be associated either with medication, pregnancy, the menopause, or a hormone secreting tumour. If your breasts increase in size this may result in further tissue stretch and a change in shape. Conversely if you lose weight your breast size may become smaller, and this will also have an impact on the shape of the breast (as this may produce skin excess relative to breast volume).

PREGANCY FOLLOWING SURGERY

If you become pregnant following breast surgery, it is likely that the outcome of your breast uplift or mastopexy surgery will be affected. Importantly, mastopexy surgery will reduce the likelihood of you being able to breast feed.

These points must be taken into consideration when making the decision to have a breast reduction.

COMPLICATIONS AND RISKS OF SURGERY

Anyone considering surgery should approach the decision with a healthy amount of respect and caution especially when the surgery is elective (or planned) and is non-essential surgery (as aesthetic or cosmetic surgery generally is).

All surgical procedures have limitations in terms of achievable outcome, and it is important that your expectations match what is possible through surgery and that you are aware of the material risks and complications. Your surgeon will have discussed these risks and complications during your consultation. It is important that you take the time to read them prior to your next consultation.

GENERAL COMPLICATIONS/RISKS

Bleeding: It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may need draining surgically. If a collection of blood accumulates within the breast (a haematoma) that is small enough to not be detected clinically this may result in a spontaneous discharge from the breast at a later date (if this happens it is usually a few weeks following surgery). Most small haematomas resolve spontaneously, however. A haematoma can occur at any time following injury to the breast.

Seroma: A seroma can be best thought of a collection of fluid beneath the skin or within the tissue at a surgical site. If this occurs there is the possibility it will need to be drained with a needle, it may resolve itself or require an operation to drain it.

Infection: Infection is unusual after surgery. If there is a collection of fluid within the breast (a seroma or haematoma) these can become infected. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary.

Scarring: All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and a different colour compared to the surrounding skin. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There is the possibility of visible marks in the skin from sutures. In some cases scars may require surgical revision or treatment. Scars can appear thick, red and raised all or part of the way along the incision line (a hypertrophic scar) or more rarely can involve tissues beyond the incision it- self (and can resemble a badly healed burn), this is known as a keloid scar. Additionally, scars can tether to underlying structures or become abnormally pigmented. It is possible that additional treatments may be required for adverse scarring.

Delayed 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. Individuals who have decreased blood supply to breast tissue from past surgery or radiation therapy may be at increased risk for delayed wound healing and poor surgical outcome as may patients with conditions such as diabetes. Smokers have a greater risk of skin loss and wound healing complications.

Skin Discoloration / Swelling: Some bruising and swelling normally occurs following a mastopexy surgery. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent. Additionally, these areas may have exaggerated responses to hot or cold temperatures. Because of changes in the pattern of blood flow within the breast brought about by the surgery it is possible to develop new blood vessels which may be visible under the skin.

Sensory Changes: With any form of surgery small nerve branches that supply the skin will be cut. This can lead to patches of numbness around the surgical site. It is possible that following surgery you can develop abnormal sensation in the area where you have had surgery and this may take the form of pins and needles (known as paraesthesia), hyper-sensitivity or even pain in response to normal touch (known as allodynia). Such problems may be related to nerves becoming entrapped within scar tissue and further surgery may help. It may be necessary to take medication to control any such symptoms on a permanent basis. Numbness following surgery is normal and usually resolves after 12 to 18 months. It is not unusual to experience shooting pains within the breast tissue following surgery for up to a year (this is part of the healing process and represents nerve regrowth).

Suture Extrusion: As well as stitches (sutures) in the skin, you will have deeper sutures to hold the breast tissue and the lower layer of the skin (known as dermis) together. These sutures are made out of material which is broken down by the body – often called dissolving sutures. Some people can develop redness in an area of the incision that is fully healed (3 or more weeks following surgery) and it appears that pus comes out. This is the body's response to the stitch and the 'pus' represents the white blood cells trying to dissolve the suture (causing localized inflammation but without infection). Such areas are normally managed with simple dressings. It is possible to develop multiple suture extrusions at the same time or at different times during the healing process.

Allergic Reactions: Local allergies to tape, suture material and glues, blood products, topical preparations or injected agents can cause skin reactions. Serious systemic reactions including shock (anaphylaxis) may occur to drugs used during surgery and prescription medications. Allergic reactions may require additional treatment and can result in severe illness or death. Often, they result in minor irritation/ discomfort and resolve reasonably quickly.

Deep Vein Thrombosis, Cardiac and Pulmonary Complications: Any procedure requiring general anaesthesia increases the risk of the formation of blood clots in the legs. Such clots can dislodge and move to the lungs, causing shortness of breath and strain on the heart. Such clots can potentially be fatal. If you experience shortness of breath, chest pains or feel palpitations (abnormal heart beats) following your surgery it is important you seek medical advice immediately.

Blood Transfusion: Blood loss during surgery may require treatment with a blood transfusion. It is possible for viral transmission to occur with such treatment (HIV, hepatitis, and others). Having a blood transfusion can result in a transfusion reaction that can cause serious illness.

COMPLICATIONS SPECIFIC TO BREAST UPLIFT OR MASTOPEXY SURGERY

Nipple Necrosis: If there is any problem with the blood supply to the nipple (because the nipples have had to be moved as part of the surgery), this may affect the healing and even the survival of the nipples. In the worst-case scenario the entire nipple may die.

Otherwise, part of the nipple may form a scab, which will eventually heal underneath. If you are unlucky enough for this to happen, you may require revision surgery in the future to address poor scarring or to reconstruct a new nipple for you.

Skin and Fat Necrosis: If the blood supply to the skin is insufficient following surgery (which can be for a variety of reasons) it can necrose (die). If this happens the skin will form an eschar (scab) which may need to be removed surgically. Dressings are likely to be required for a period of time and further surgery may be needed to correct adverse scars. The areas of skin most susceptible to wound healing problems following breast uplift surgery are at the 'T' junctions (where the vertical scar joins the nipple and where it joins the breast crease scar if one is present). If there is inadequate blood supply to the breast tissue (which is composed in a large part by fat cells) this too can die (and be replaced by scar tissue). This may produce areas of firmness within the breast. Fat necrosis may also result in discharge of liquid from the surgical incision due to fat liquification. Additional surgery to remove areas of fat necrosis may be necessary. If an area of fat necrosis were to become infected it would require further treatment with antibiotics or surgery. There is the possibility of contour irregularities in the skin that may result from fat necrosis. The larger your breasts and the greater your body mass index (BMI) the more at risk you are of this complication.

Changes in Nipple and Skin Sensation: You may experience either complete loss of or a decrease in sensitivity of the nipples and the skin of your breast. Changes in sensation may affect sexual response or the ability to breast feed a baby.

Skin Contour Irregularities: Contour and shape irregularities may occur after mastopexy surgery. Visible and palpable wrinkling may occur (and this is a particular risk with a peri-areolar mastopexy). Residual skin irregularities at the ends of the incisions or "dog ears" are always a possibility when there is excessive redundant skin. This may improve with time, or you may elect to have this surgically corrected.

Firmness: Excessive firmness of the breast can occur after surgery due to internal scarring or fat necrosis. The occurrence of this is not predictable. If an area of fat necrosis or scarring appears, this may require biopsy or additional surgical treatment.

Damage to Deeper Structures: There is the potential for injury to deeper structures including nerves, blood vessels, muscles, and lungs (leading to deflation of the lung known as a pneumothorax) during mastopexy surgery. Injury to deeper structures may result in temporary or permanent loss of function of the structure damaged.

You may need to define with your surgeon which of these complications (if they occur) will be addressed without further cost to you. Any acute complication is likely to dealt with and addressed at no cost to you, but you may wish to discuss this or clarify it with your surgeon.

ASSYMETRY OF THE BREASTS

Everyone is different on the right-hand side of their face and body compared to the left and pre-exisitng asymmetry between breasts will influence the outcome of your surgery.

Asymmetry of the breast can result in any of the following:

Nipple Asymmetry: The shape, size and position of the nipple on the breast may differ between sides following surgery.

Scar Asymmetry: The shape, length and position of the scars between the right and left breasts is likely to be different (and will reflect any pre-operative differences in breast dimensions).

Breast Size and Shape: Breast shape and volume will not be identical following mastopexy surgery.

Breast Position on the Chest Wall: The footprint of the breast on the chest wall – its position on the rib- cage - is fixed. It is not possible to alter the position of the breast with breast uplift surgery and any pre-existing asymmetry between the sides will be present following the operation.

BREAST SIZE

Although mastopexy surgery aims to preserve breast tissue it is sometimes necessary, when folding the breast tissue to produce the desired shape, to resect some of it which will result in a degree of volume loss.

If you have undergone significant weight loss and your surgeon is aiming to recruit tissue into the breast (to increase breast volume) as part of the procedure, the amount of volume that it is possible to add can- not be guaranteed.

You should not enter into the surgery with the expectation that you will achieve a particular bra size. It is important to realise and fully appreciate that you may not achieve your exact goals following mastopexy surgery.

BREAST SHAPE

Changes in breast shape

Mastopexy surgery aims to improve breast shape by repositioning the nipple and reducing sagging of the soft tissues. However, there will be a change in breast shape over time following surgery as gravity exerts its pull on the breast tissue. This usually means the breast changing from a cone or conical shape to a more natural tear dropped shape. The final shape of the breast is determined by the extent of support to the breast tissue offered by the skin and the scar tissue that forms internally. This varies from patient to patient so is not predictable.

The pre-operative shape of your breast footprint will have a big part in determining the shape of the breasts post-surgery. If you have a naturally wide breast footprint then the your breast will have a tendency to have a square or flatter appearance in the lower pole post-surgery whereas patients with a breast foot print that does not extent onto the side of the rib cage will tend to get a rounder lower pole post-surgery.

SPECIFIC HEALTH FACTORS AFFECTING THE OUTCOME OF MASTOPEXY SURGERY

Body Mass Index: Research has shown that the higher your body mass index (BMI) the more likely you are to have a complication post-surgery. Achieving the healthiest BMI possible prior to surgery is always recommended.
https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/

Smoking: Smoking or vaping with a nicotine vape (or using a nicotine patch or gum) reduces blood flow to the tissues and results in poorer scarring, wound healing and is associated with a higher rate of complications in general. You are advised to stop smoking 6 weeks prior to surgery and to refrain from smoking thereafter.

Medications: Certain medications can interfere with wound healing and increase the likelihood of infections following breast reduction surgery. It is important that you inform your surgeon of all the medications you are on.

Diabetes: Diabetes affects immune system function, as well as tissue perfusion (blood flow) and wound healing. You are at higher risk for developing complications following surgery if you suffer with diabetes.

ADDITIONAL CONSIDERATIONS RELATING TO MASTOPEXY SURGERY

Breast Feeding: Having a breast uplift will reduce your chances of being able to breast feed. The chance of being able to breast feed following surgery varies depending on the exact surgical technique. If this is important to you then it is essential to ask your surgeon for further details on how they anticipate your chances of successfully breast feeding will be affected by the surgery.

Surgical Plan: Although a pre-operative plan will have been discussed prior to the operation, there are multiple ways of undertaking an individual procedure. Each technique has been developed to achieve the same end result (though may result in differing scar patterns). It may sometimes be necessary to alter the initial plan discussed with you at the time of operation due to anatomic considerations that become apparent during the course of the surgery. Your surgeon will discuss with you what may be subject to change or what these changes may be - this varies between different types of procedures.

Unsatisfactory Result: Although good results are always aimed for, they cannot be guaranteed. You may be disappointed with the results of mastopexy surgery. Asymmetry in nipple location, unanticipated breast shape and size, loss of function, wound disruption, poor healing, and loss of sensation may occur after surgery. Unsatisfactory surgical scar location or visible deformities at the ends of the incisions (dog ears) may occur.

Although the risks and complications occur infrequently, the above risks are particularly associated with mastopexy or breast uplift surgery. In addition to the risks and complications outlined above there are others that can and do occur, though these are even more uncommon. The outcomes of surgery and medicine are influenced by many factors beyond the control of your surgeon and as such cannot be predicted.

FINANCIAL RESPONSIBILITIES RELATING TO HAVING SURGERY

What is likely to be covered if there is a problem?

This will vary between hospitals and surgeon - you will want to check this with your provider before surgery.

Financial Responsibilities: The cost of the surgery involves payment for multiple services provided. The sum includes fees charged by your surgeon, the anaesthetist, and hospital charges.

Certain procedures are undertaken with the expressed understanding that a second operation may be required at a second point in the future dependent on the recovery from the initial procedure (for example the possibility of additional volume being required in the breast). Such procedures are not included within the original fee and are acknowledged to be your responsibility.

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 or Revision Surgery: If you have a complication following your procedure further surgery (or other interventions) may be necessary in order to obtain optimal results. An example of this may be a significant soft tissue infection (such as an abscess) that results in loss of breast tissue requiring revisional surgery or breast reconstruction. Additional costs may occur should complications develop from your mastopexy surgery – this will depend on the facility (hospital) where you have your surgery, and it is important you understand the hospital policy in relation to this before having the procedure.

STATEMENT OF CONFIRMATION

By signing this information and consent booklet relating to mastopexy surgery, I acknowledge that I have been informed about its risks and consequences and accept responsibility for the decisions that have been made relating to my treatment along with the financial costs of any potential future treatments.

I confirm that I have read all of the above information carefully and have had any questions that I have raised relating to mastopexy surgery answered by this form and/or during the consultation with my surgeon.

I am aware that I will be asked again on the day of surgery to sign a consent form and by then will have read and considered all of the above and have raised any questions that I wish addressed.

I understand that there is no guarantee of breast size and/or shape post-surgery and that improvements that can be achieved are limited by the pre-existing breast anatomy.

I understand and accept also that the extent of any scarring is variable and cannot be predicted.

I understand that the pre-operative plan may need to be varied by intra-operative factors and I consent to such changes being made by the surgeon during the surgery if deemed necessary by them/ in my best interests and taking account of my previously discussed preferences.

I understand that following review of this leaflet or any referenced material within it I am fully able to contact my surgeon with any further questions I may have.

Specific goals or aims to be addressed by the surgery not covered above:

_____

PATIENT OR PERSON AUTHORISED TO SIGN FOR PATIENT (SIGN AND PRINT)

_____

DATE

CONSENT FOR SURGERY / PROCEDURE OR TREATMENT

I hereby authorize _____ and their assistant(s) as selected to perform the following procedure:

MASTOPEXY (BREAST UPLIFT) SURGERY

I have been provided with the mastopexy booklet that accompanies this form at my initial consultation (date_____) and been given the opportunity to ask questions I may have had.

I recognise that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorise the above doctor and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment 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.

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

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

I consent to be photographed or televised before, during, and after 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. YES / NO (please delete as appropriate)

For purposes of advancing medical education, I consent to the admittance of observers to the operating room. YES / NO

I consent to the disposal of any tissue, medical devices or body parts which may be removed. YES / NO

I consent to the utilisation of blood products should they be deemed necessary by my surgeon and/or his/her appointees, and I am aware that there are potential significant risks to my health with their utilisation. YES / NO

I authorise the release of my personal details to appropriate agencies for legal reporting and medical-device registration, if applicable. YES / NO

I understand that the surgeons' fees are separate from the anesthesia and hospital charges, and the fees are agreeable to me. If a secondary procedure is necessary, I will likely be responsible for those additional costs.

I understand that unless expressly or otherwise agreed, not having the operation is an option.

THE FOLLOWING HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:

- THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
- THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
- THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS I AM SATISFIED WITH THE EXPLANATION.

_____

PATIENT OR PERSON AUTHORISED TO SIGN FOR PATIENT (SIGN AND PRINT)

DATE _____

I am a non-smoker and do not use nicotine products.

I am a smoker and/or use nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products.

_____

CONSULTANT PLASTIC SURGEON PERFORMING THE PROCEDURE (SIGN AND PRINT)

DATE _____

This leaflet was produced in association with The BAAPS and Clyde & Co Healthcare team

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