

INFORMED-CONSENT-BREAST LIFT (MASTOPEXY)

INSTRUCTIONS

This is an informed-consent document that has been prepared to help your plastic surgeon inform you of mastopexy surgery, its risks, and alternative treatment.

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 your plastic surgeon.

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 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. There are a variety of different surgical techniques used for the reshaping and lifting of the female breast.

A separate consent form for the use of breast implants in conjunction with mastopexy is necessary.

ALTERNATIVE TREATMENT

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 may be considered. Risks and potential complications are 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 mastopexy. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. While the majority of women do not experience these complications, you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of mastopexy (breast lift).

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

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

Change in nipple and skin sensation- You may experience a change in the sensitivity of the nipples and the skin of your breast. Permanent loss of nipple sensation can occur after a mastopexy in one or both nipples.

Breast implants- Risks associated with the potential use of breast implants are covered in a separate informed-consent form.

Risks of Mastopexy Surgery, continued

Skin 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 of different color than the surrounding skin tone. There is the possibility of visible marks in the 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 necessary.

Poor result- There is the possibility of a poor result from the mastopexy surgery. You may be disappointed with the results of 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 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 die. This may require frequent dressing changes or further surgery to remove the non-healed tissue.

Smokers have a greater risk of skin loss and wound healing complications.

Asymmetry- Some breast asymmetry naturally occurs in most women. Differences in terms of breast and nipple shape, size, or symmetry may also occur after surgery. Additional surgery may be necessary to revise 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 medicines. Allergic reactions may require additional treatment.

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

Breast disease- Breast disease and breast cancer can occur independently of breast lift surgery. It is recommended that all women perform periodic self-examination of their breasts, 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.

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, on the results that may be obtained.

Risks of Mastopexy Surgery, continued

HEALTH INSURANCE

Most health insurance companies exclude coverage for cosmetic surgical operations such as mastopexy or any complications that might occur from surgery. Some carriers have excluded breast diseases in patients who have breast implants. Please carefully review your health insurance subscriber information pamphlet. Most insurance plans exclude coverage for secondary or revisionary surgery.

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by your doctor, the cost of surgical supplies, laboratory tests, anesthesia, and 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. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital-day surgery charges involved with revisionary surgery would also be your responsibility.

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). 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. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the 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.

CONSENT FOR SURGERY/ PROCEDURE or TREATMENT

1. I hereby authorize Dr. _____ and such assistants as may be selected to perform the following procedure or treatment:

I have received the following information sheet:

INFORMED-CONSENT for 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 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.
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.

Patient or Person Authorized to Sign for Patient

Date

Witness

Home Care Instructions-Breast Augmentation, Breast –Lift, Breast Lift with Augmentation

1. For the first postoperative week, patients should rest and sleep elevated at 30 degrees. You should not lay flat in bed. Thirty degrees elevation can be achieved in a recliner or using several pillows behind you back and shoulders. If you do not have a recliner, you must position pillows in bed so that you will not roll off your pillows and lose elevation.
1. Movement of the arms is helpful in softening your breasts. By moving your arms, this moves your implants and keeps your pocket open to allow for soft breasts. Avoid lifting anything over 5-10 pounds for the first 3 weeks. If you are active in weight lifting, light weights 2-3 pounds with your arms is allowed after 3 weeks. Avoid power lifting for 6 weeks.
2. You will be returning to the office for a postoperative check 24-48 hours after your surgery. Massaging in the beginning is painful, so approximately one hour to your appointment have a light meal and a pain pill. After your appointment, you will be allowed to shower.
3. Intermittent ice to the breasts is helpful for the first 24-48 hours. After this time period, we recommend avoiding ice. Most patients find that wearing a bra provides support to the breasts and reduces pain, so a comfortable sports bra is recommended to be worn for the first few weeks. Avoid underwire bras. These are not allowed for the first 6 weeks.
4. Avoid strenuous activity such as jogging, swimming, skiing, tennis for the first 3-4 weeks after surgery.
5. Begin your postoperative antibiotics the night of your surgery and finish the entire prescription.
6. The following symptoms are completely **normal**:
 - a. One side hurts more than the other.
 - b. The feeling of Rice Krispies to the breasts. This is a small amount of air and will resolve in 2 weeks.
 - c. Sloshing or gurgling. This is antibiotic solution around your implant. This will resolve in 2-3 weeks.
 - d. Swelling to the top portion of the breasts is normal. This will resolve at about 6 weeks.
 - e. Electric shocks, tingling, temporary numbness, hypersensitivity to the nipples, all of which are normal due to the stretching of nerves.
 - f. Uneven swelling or bruising.
 - g. Constipation from pain pills. Plan on using a laxative if you have not moved your bowels in 2 days.
 - h. Itching from the pain pills is also very common, and we recommend that you take Benadryl 25-50 mg every 4-6 hours for itching. This medicine is available over-the-counter. The side effects are sleepiness, and you are not allowed to drive while taking your pain pills or large doses of Benadryl. Driving is allowed as soon as you stop your pain medicines.
 - i. Postoperative bruising is normal, and this will vary from patient to patient. Please call Dr. Farahmand's office if your breasts become:
 - i. One breast twice the size of the other.
 - ii. Red streaks extending from the the wound
 - iii. Fevers over 100 degrees (fevers under 100 degrees for the first 48 hours are normal).
 - iv. **Do not take any aspirin products, ibuprofen or vitamin E or any homeopathic medicines 2 weeks prior to surgery and 2 weeks after surgery.** Medications for pain and antibiotics have been prescribed to you. If your pain is not that severe, you may take Tylenol.

Additional

Info: No smoking or second hand smoke

Your next visit is: _____

Date _____

Responsible Person/Patient _____

Witness _____

Pre-operative Check List

Patient _____ Acct# _____
 Date _____ Surgery date _____

- | | Initials |
|---|----------|
| _____ Financial Policy/ Consent signed | _____ |
| _____ Copy of Insurance card in chart | _____ |
| _____ Consents signed | _____ |
| _____ Orders / Scripts (Done and Signed) | _____ |
| _____ Labs Done by _____ | _____ |
| _____ Mammo _____ / EKG _____ | _____ |
| _____ Patient consent to treatment | _____ |
| _____ Mentor implant acknowledgement | _____ |
| _____ Mentor consent for silicone implants | _____ |
| _____ Pregnancy waiver / _____ peer review (disclosure) | _____ |
| _____ Photos taken (check book if not sure) | _____ |
| _____ Green Sheet (Read __, Gone over __, Signed __) | _____ |
| _____ Must explain to all cosmetic patients: Surgical cost information (Given to patient) *If further surgery should be necessary, for any reason, the patient will be responsible for the cost of the facility and anesthesia. Approximately \$2200. | _____ |
| _____ Post operative instructions given to hospital patients | _____ |
| _____ Sized Garment, Size _____ | _____ |
| _____ Weight _____ lbs. For all liposuction, abdominoplasty, and breast reduction patients | _____ |
| _____ Must Order Breast , Chin, mandibular implants | _____ |
| _____ Size: _____ Catalog number _____ | _____ |
| _____ Reminder on all the following procedures: | _____ |
| 1. Abdominoplasty | |
| 1. Thigh lifts | |
| 2. Inner thigh liposuction | |
| Patients need to shave pubic area the night before Surgery | _____ |
| _____ Always mark orders for surgery as follows: | |
| "Patient not to be sedated until seen by Dr. Farahmand _____" | |



FARAHMAND PLASTIC SURGERY

Pre-operative care

1. Do not take aspirin, aspirin containing compounds, blood thinning products, no vitamin E, no homeopathic medicines, no ibuprofens for two weeks prior to surgery. Do not drink alcohol two days prior to surgery. Do not take any of the above mentioned products for one week after surgery. You may take TYLENOL in place of aspirin if needed.
2. Arrange for transportation to and from the surgical facility with a family member or friend. You will not be able to drive after surgery.
3. It is advisable to take some time off from work. You will want to discuss this with the Doctor. The amount of time will vary depending on the type of work that you do.
4. Arrange for someone to be with you for at least 24 hours after surgery.
5. Please do not wear any jewelry, make-up, or nail polish to the surgical facility on surgery day.
6. If you should become ill, please notify our office before surgery.
7. May take XANAX night before surgery with sip of water. Do not take Xanax on the day of surgery.
8. Do not eat any food or drink any liquids (including coffee, tea, and water) after midnight and nothing at all the morning of surgery... unless Dr. Farahmand ordered you to take medications. Your stomach must be completely empty for your safety. If you have taken anything by mouth, we will cancel your surgery. You may brush your teeth the morning of surgery.
9. It is your responsibility to keep your pre-operative appointment. Surgery will be cancelled if the required pre-operative testing is not completed.

Surgery Day

1. Call the surgical facility _____ the day before surgery to determine what time to report for registration.
 2. Remove all make-up, jewelry, and nail polish.
 3. Wear comfortable clothing, preferably a button front shirt. (BREAST SURGERY PATIENTS—Please bring a sports bra with front closure, no wires. This may be purchased at Target and is called Jogbra)
 4. If you have any questions, please do not hesitate to call our office at 332-2388.
- I have read the pre-operative information and fully understand its contents.

Patient _____ Acct# _____
Witness _____

Date _____
Date _____



**FARAHMAND
PLASTIC SURGERY**

Pre-Operative Shopping List

The following is a list of items that should be purchased prior to surgery in order to prepare for and more easily recover from surgery.

Have	Need
_____	<input checked="" type="checkbox"/> Prescriptions – have your prescriptions filled prior to surgery to save time on the way home when you won't be feeling up to stopping.
_____	<input checked="" type="checkbox"/> Tylenol or a generic form of this drug – this will be the drug of choice once you do not need the prescription strength pain medications.
_____	<input type="checkbox"/> Multivitamin – to take prior to surgery and during your recovery for maximum health.
_____	<input checked="" type="checkbox"/> Germ-inhibiting soap, such as Dial, Safeguard, or Lever 2000 – to bath with prior to surgery in order to minimize germs.
_____	<input checked="" type="checkbox"/> Straws – you need to drink a lot of fluids after surgery in order to help get the anesthesia out of your body quicker and straws will help you drink more.
_____	<input type="checkbox"/> Frozen Peas – these are great as “ice packs” for facial areas. Get 2-4 packages so that you can use 1 or 2 and have the others freezing.
_____	<input checked="" type="checkbox"/> 4 X 4 gauze and paper tape
_____	<input type="checkbox"/> Q-tips
_____	<input type="checkbox"/> Hydrogen Peroxide
_____	<input checked="" type="checkbox"/> Gentle foods – to encourage eating and not upset the stomach initially.
_____	Clear Soda (not diet): Ginger Ale, 7-Up, Sprite
_____	Plain crackers, saltine not buttery
_____	Soups, water based not cream based
_____	Pudding / Applesauce
_____	Jello
_____	Toast
_____	<input checked="" type="checkbox"/> Other <u>sports bra</u>
_____	<u>neck pillow</u>

Pre-operative Check List

Patient _____ Acct# _____
 Date _____ Surgery date _____

- | | Initials |
|---|----------|
| _____ Financial Policy/ Consent signed | _____ |
| _____ Copy of Insurance card in chart | _____ |
| _____ Consents signed | _____ |
| _____ Orders / Scripts (Done and Signed) | _____ |
| _____ Labs Done by _____ | _____ |
| _____ Mammo _____ / EKG _____ | _____ |
| _____ Patient consent to treatment | _____ |
| _____ Mentor implant acknowledgement | _____ |
| _____ Mentor consent for silicone implants | _____ |
| _____ Pregnancy waiver / _____ peer review (disclosure) | _____ |
| _____ Photos taken (check book if not sure) | _____ |
| _____ Green Sheet (Read __, Gone over __, Signed __) | _____ |
| _____ Must explain to all cosmetic patients: Surgical cost information (Given to patient) *If further surgery should be necessary, for any reason, the patient will be responsible for the cost of the facility and anesthesia. Approximately \$2200. | _____ |
| _____ Post operative instructions given to hospital patients | _____ |
| _____ Sized Garment, Size _____ | _____ |
| _____ Weight _____ lbs. For all liposuction, abdominoplasty, and breast reduction patients | _____ |
| _____ Must Order Breast , Chin, mandibular implants | _____ |
| _____ Size: _____ Catalog number _____ | _____ |
| _____ Reminder on all the following procedures: | _____ |
| 1. Abdominoplasty | |
| 1. Thigh lifts | |
| 2. Inner thigh liposuction | |
| Patients need to shave pubic area the night before Surgery | _____ |
| _____ Always mark orders for surgery as follows: | |
| "Patient not to be sedated until seen by Dr. Farahmand _____" | |



**FARAHMAND
PLASTIC SURGERY**

Pregnancy Waiver for Surgical Procedure

Patient _____ Acct# _____

To Whom it may concern:

I, _____, choose to waive a serum pregnancy Test.

I am positive I am not pregnant at this time.
In the event that I should discover otherwise, I agree to take full responsibility.

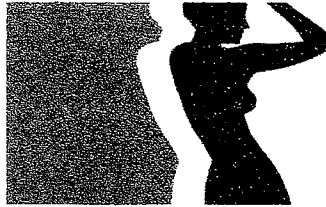
Surgical Date: _____

Date

Patient's Signature

Date

Witness



**FARAHMAND
PLASTIC SURGERY**

Audrey Farahmand MD

SURGICAL COST INFORMATION

OUR GOAL IS TO GIVE EACH AND EVERY PATIENT THE BEST RESULTS. UNFORTUNATELY APPROXIMATELY 5% OF ALL PLASTIC SURGERY PROCEDURES WILL REQUIRE REVISION(S) DUE TO EXCESS SCAR TISSUE.

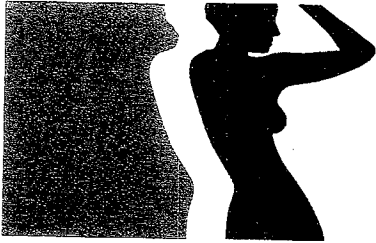
SHOULD THIS HAPPEN, OUR POLICY IS TO ONLY CHARGE FOR FACILITY COSTS AND ANESTHESIA. THE CHARGE WILL BE APPROXIMATELY \$2200.00. YOU WILL NOT BE CHARGED FOR THE DOCTOR'S TIME.

THIS REVISION POLICY ABOVE IS APPLICABLE TO SCAR TISSUE ONLY FOR OUR BREAST AUGMENTATIONS. NOT INCULDED ARE DEFLATIONS OR CHANGING THE SIZE OF IMPLANTS.

PATIENTS SIGNATURE

DATE

WITNESS SIGNATURE



FARAHMAND
PLASTIC SURGERY

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Fax (239) 332-2382

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Suite #104

Fort Myers, Florida 33912

www.farahmandplasticsurgery.com

Illicit/Illegal Drugs and Surgery Warning

WARNING: If you have used or are planning to use illicit/illegal drugs within 72 hours of your surgical procedure, it could severely interfere with your anesthesia. It could cause a wide range of medical and surgical complications. The drug using patient having surgery needs special attention in order to avoid interactions and complications. Please speak to Dr. Farahmand about your drug use so that she may review the different drugs and their clinical effects and the problems which could be encountered.

If you have used illicit/illegal drugs 72 hours prior to your surgery it is recommended that you reschedule your surgery to another date.

Signature

Date

Witness

Date