

Consent to Breast Plastic Surgery (Template)

Patient's Name: _____ Patient's Date of Birth: _____

Medical Record No. : _____ Name of Responsible

Physician: _____

I. Surgery to be implemented (please add a brief explanation for any complicated medical term)

1. Recommended Surgery (Site):
2. Recommended Reason for the Surgery:

(please note the specific side for the part with difference of left and right)

II. Statement of the Physician (please mark "V" for an item that has been notified to the patient and "X" for an item that hasn't been notified to the patient)

1. I have tried my best to explain the information relevant to the surgery in a way that the patient can understand, particularly involving the following items:

- Reason for the surgery, steps, range, risk and success rate of the surgery and possibility of blood transfusion
- Surgical complications and possible treatments
- Possible consequence of not implementing the surgery and other alternative treatments
- Any temporary or permanent symptom that may occur after the surgery
- I have delivered the additional surgery-related descriptive information the patient if any

2. I have left sufficient time to allow the patient to ask questions related to the surgery and have answered the questions too:

- (1)
- (2)
- (3)

Signature of the Physician Responsible for the Surgery:

Date: _____

Time: ____ (h) ____ (m)

III. Statement of Patient

1. The physician has explained to me and made me fully understand the information relevant to necessity, steps, risk and success rate of the surgery.
2. The physician has explained to me and made me fully understand the risks of other alternative treatments.
3. The physician has explained to me and made me fully understand the possible prognosis of the surgery and the risk of not implementing the surgery.
4. I've understood blood transfusion may be necessary during the surgery; I **agree** **disagree with blood transfusion.**
(Except for an emergent case as specified in Article 63 of the Medical Care Act.)
5. I have put up my questions and doubts regarding my condition, the surgery and treatment etc. and received replies.
6. I understand in case it is necessary to incise an organ or tissue during the surgery, the organ or tissue may be kept for a period of time in the hospital for the purpose of pathological analysis and report and the organ or tissue will be disposed discreetly as per relevant laws and regulations by the hospital.
7. I understand the surgery may be the most appropriate option at present but it cannot be ensured that the surgery would improve my condition definitely.

I agree with implementation of the surgery based on the statement above.

Signature of the Consenter:

Relation with the Patient: _____

Tel: (0) _____

Address: _____

Date: _____

Time: ____ (h) ____ (m)

Signature of the Witness:

Witness is unnecessary, Signature:

Date: _____

Time: ____ (h) ____ (m)

Remarks: _____

I. General Surgical Risks

1. Except for surgeries with local anesthesia, a small part of lungs may collapse and lose function during a surgery, resulting in an increase of the possibility of chest infection, which may require antibiotics and respiratory therapy.
2. Surgeries except for those with local anesthesia may cause vascular embolization accompanied by pain and swelling in legs. And coagulated blood clots may disperse and enter into lungs, causing a deadly danger; but such situation is not common.
3. Since the heart is under stress during a surgery, a heart disease or stroke may be induced.
4. Medical institutions and medical staff will try their best to provide a treatment and surgery to a patient; but the operation will not be necessarily successful and an accident that may even cause death still might happen.

II. The patient shall sign the field of "Signature of the Consenter" personally; but if the patient is a minor or unable to sign in the field personally, the person provided in Item 2, Article 13 of the Medical Care Act shall sign in the field <The Civil Law provides: an adult is a person whose age is 20 or above.>.

III. In case the consenter is not the patient, the relation between the consenter and the patient shall be filled in the field of "Relation with the Patient".

- IV. As for the witness, the field may be left blank when there isn't any witness; but the box in front of "Witness is unnecessary" should be ticked and the person who ticks the box should leave a signature.
- V. **Any medical activity relevant to a plastic or cosmetic surgery that is not necessary medically must not be executed for minors under the age of eighteen in accordance with Item 4.1 of Article 28, Physicians Act of Republic of China, Taiwan.** °

Description of Breast Plastic Surgery (Template)

The description explains conditions of concerned patients and the purpose, method, benefit, possible complications, success rate and alternatives of breast plastic surgery, possible problems during recovery and possible consequences without implementing the surgery, which can be used as reference for discussions between patients and physicians. Please discuss with your physician if you still have any doubt after the physician gives his/her explanation before you sign on the consent.

I 、 Patient's Conditions:

A patient may need to accept a breast plastic surgery due to underdevelopment, postpartum atrophy, ptosis or overdevelopment of breast.

II 、 Purpose & Benefit:

Breast augmentation can enlarge a breast with underdevelopment or atrophy. The purpose of a breast plastic surgery is to improve appearance of a breast. And it is recommended a patient shouldn't accept such surgery until she is at or over the age of 18 because her breasts development has completed generally and her mental states is adaptive at this time. Breast reduction or mastopexy can reduce breast tissue or lift a breast to the normal position so as to create a beautiful appearance.

III 、 Method:

1. The patient should inform her physician if she meets any one of the following conditions:
 1. Likely to suffer from blood coagulation dysfunction.
 2. Likely to suffer from scar hyperplasia.
 3. Allergic to some drug.
 4. Smoking and drinking.
 5. Ever accepted a surgery before.
 6. Taking medicines that may affect blood coagulation such as Aspirin, Vitamin E and Warfarin etc..
 7. Suffering from a chronic disease such as diabetes, hypertension, heart disease and vascular sclerosis.
2. Breast augmentation: there are many kinds of breast augmentation with implant, which can be classified into saline implant and silicon gel implant in terms of material, smooth and textured implant in terms of surface, transaxillary, periareolar and inframammary incision in terms of incision and placement beneath the pectoralis major muscle or breast fascia in terms of placement position. Breast augmentation with autologous fat means autologous fat is injected into a breast for breast augmentation after being extracted and purified. Every kind of breast augmentation has some merits and demerits. And the patient should discuss with her physician in detail in order to find the most appropriate surgery.
3. Breast reduction or mastopexy: breast reduction means to remove excessive mammary tissue, fat and skin and lift areola and nipple so as to reconstruct a breast in normal size. Incision may be made in the form of inverse T, I or areola circumference. Mastopexy is similar to breast reduction and the difference between them is less (or no) mammary tissue will be removed in mastopexy. The purpose of both breast reduction or breast lift is to improve the size and appearance of a breast. However scar is more apparent in easterners; so the postoperative scar is clear and visible commonly.

IV. Expected Benefits:

1. Breast Augmentation: the procedure can enlarge a breast with underdevelopment or atrophy to create a better appearance; also it can achieve a better symmetry for significantly asymmetric breasts.
2. Breast reduction or Mastopexy: such procedure may relieve the pain of back (neck) and shoulders caused by excessive mammary tissue, discomfort induced by bra straps and skin stimulus caused by breast fold and improve the appearance of big areola due to stretch of skin.
3. Nipple Cosmetic Surgery: the surgery includes nipple reduction and correction of nipple retraction. Nipple retraction is a congenital problem and surgical correction may improve nipple cleanness and appearance. However the possibility of breastfeeding is dependent on preoperative severity and cannot be improved by the correction really. Nipple reduction is applicable for a patient with nipple hypertrophy. And such patient should communicate with her physician with regard to her expected size and position of nipple.

V 、 Possible Complications, Probability of Sequelae (including but not limited to the following) and Treatment:

(Complications listed in the leaflet)

1. Breast Augmentation
 - (1) Capsule Contracture: 3-18%; the breast tissue will form a layer of fibrosis to cover the

implant due to foreign body reaction after a breast implant is placed into a human body, which is called as capsule. And appearance of the breast may be abnormal when the capsule contracts initially and the patient may feel pain when capsule contracture is serious, which requires a surgery to release. Massage and proper physiotherapy are required during the initial stage of capsule contracture. And a reoperation may be needed for a serious capsule contracture. The patient should cooperate with her physician, massage her breasts as instructed by her physician and revisit her physician regularly after the surgery in order to prevent capsule contracture.

- (2) **Implant Deflation and Rupture:** the possibility of rupture within 10 years after the surgery ranges from 0.5% to 5.5%. Although the implant may endure an extreme pressure (200 psi/cm²), it still may rupture when being punctured by a needle or impacted instantly. Deflation of the implant will cause asymmetry between both breasts and require a surgery to replace the implant; so please contact your physician in such case.
- (3) **Asymmetry:** the occurrence rate ranges from 1.8% to 6.7%. Commonly heights and sizes of both breasts are not equal and such asymmetry is more remarkable for a patient with underdeveloped breast at one side. Although the physician will endeavor to achieve symmetry of both breasts as far as possible during breast augmentation; the breasts may still present asymmetry to certain degree (such as positions of nipples and sizes of both breasts).
- (4) **Implant Malposition:** the occurrence rate ranges from 3.5% to 7.7%. After accepting breast augmentation, the patient must following the physician's instructions to massage her breast and revisit the physician regularly so as to avoid malposition of the implant. Slight malposition can be adjusted with massage or bra; but reoperation may be considered for correction of serious malposition.
- (5) **Bleeding:** the occurrence rate ranges from 1% to 2%. Although the physician will try to stop bleeding with endoscope as far as possible during the surgery; bleeding cannot be avoided completely. Slight bleeding can be stopped with compression; but reoperation may be needed to stanch bleeding and remove blood clots if a serious or continuous hematoma occurs.
- (6) **Postoperative Infection:** the probability ranges from 1% - 2%. Antibiotic treatment is necessary for such case and if the antibiotic treatment cannot improve the condition, the patient will have to undergo an implant removal surgery.
- (7) **Abnormal Sensation of Nipple and Breast Skin:** the probability ranges from 1% - 2%. For most of the patients, such sensation will disappear or mitigate within several months after the surgery; but a few of patients may lose sensation partially or permanently.

2. Breast Reduction or Mastopexy:

- (1) **Scar:** scar of different lengths may appear depending on different incisions and the degree of breast hypertrophy and sagging. Although the physician will try to suture the incision in an aesthetic way; the scar is unavoidable.
- (2) **Skin Necrosis or Poor Healing:** the occurrence rate ranges from 5.4% to 19%. More frequent dressing change and longer recovery period are likely to be needed for patients who smoke.
- (3) **Nipple or Areola Necrosis:** the occurrence rate ranges from 0% to 7%. The possibility of complete nipple necrosis is very low as long as dressing change is frequent. The physician will try to avoid necrosis and a reoperation is required to reconstruct the nipple in case of necrosis.
- (4) **Asymmetry:** the occurrence rate ranges from 8% to 21%. Commonly heights and sizes of both breasts are not equal. Although the physician will endeavor to achieve symmetry of both breasts as far as possible during breast reduction or lift; the breasts may still present asymmetry to certain degree (such as positions of nipples and sizes of both breasts). It is acceptable for mild asymmetry; but an reoperation will be needed to adjust the breasts for significant asymmetry.
- (5) **Hematoma:** the probability ranges from 0% - 1%. A drainage tube may be placed if necessary and sometimes an reoperation is needed to eliminate hematoma for a serious or continuous hematoma.

- (6) Abnormal Sensation of Nipple and Breast Skin: the probability ranges from 0% - 9.5%. For most of the patients, such sensation will disappear or mitigate within several months after the surgery; but a few of patients may lose sensation partially or permanently.
- (7) Infection: the probability ranges from 3% - 4% approximately. A mild infection requires antibiotic therapy; but a serious one may need a debridement.

VI 、 Alternatives:

1. Alternative to breast augmentation: a wearable breast implant can present a satisfactory breast shape when the patient puts on her bra and clothes. Advantages of such implant includes the implant size can be chosen by the patient discretionally without surgical risk. And disadvantages of such implant include: it requires the patient to change and wear it everyday; it is likely to shift when the patient moves intensively; surface of the implant may cause eczema after friction with skin and atrophy or underdevelopment of breast is obvious when the patient is naked.
2. Alternative to breast reduction or mastopexy: none
3. Alternative to nipple reduction or inverted nipple correction: none

VII 、 Risk without medical procedure: none

VIII 、 Possible problems during postoperative recovery period:

1. Breast Augmentation
 - (1) The patient may leave the bed to walk on postoperative day 1 and take showers after postoperative day 3; but the wound must be kept dry after shower. The patient must take antibiotics as per medical advice to prevent infection.
 - (2) The patient must not carry any weight or baby in postoperative week 1. The patient shall revisit the physician for examination and taking out stitches if any within one or two postoperative weeks. Commonly blood stasis and swelling to certain degree will appear and disappear within one month after the operation for most patients. Warm compress may be adopted during blood stasis and swelling; but the compress must not be too hot or cold. And the patient cannot engage in any violent exercise until postoperative week 6.
 - (3) The physician and nurse will provide postoperative care. As implants of different materials require different care methods; the patient should cooperate with her physician and nurse so as to achieve the best surgical effect.
2. Breast Reduction or Mastopexy
 - (1) Elastic Gauze and tape will be used to fix breasts after the operation and the patient should wear supportive underwear to reduce swelling, support her breasts and prevent blood stasis.
 - A. Swelling may appear at the wound on postoperative day 2 and go down gradually after postoperative day 4. Timely care is required for wound and drainage tube.
 - B. In order to relieve the swelling, a cold towel or ice pack may be used to compress the operative site within 3 days after the surgery. And a warm towel may be used to help with detumescence after one week.
 - (2) The wound may heal within about 1 to 2 weeks after the surgery and the physician will take out the stitches according to the healing condition. In general, it will take half a year for the scar caused by breast plastic surgery to turn inconspicuous. The patient may keep massaging her breasts to reduce scar and pain for about 3 to 6 months since postoperative month 1.
 - (3) Normal lifestyle: the patient must have a normal postoperative lifestyle and enough rests.
3. Nipple Surgery
The patient must change dressing on her wound after a nipple surgery based on the medical advice. And the patient shall not wear too tight underwear to avoid adverse effect on blood circulation of nipple. Hemostasis with compression may be used for mild bleeding after the surgery; but the patient must seek medical treatment for significant bleeding or extreme pain.

IX 、 Supplementary Description:

1. Existing surgical expense is limited to existing surgery and for any further surgery or subsequent treatment, the expense will be calculated separately.

2. As smoking may inhibit bloodstream of skin and affect wound healing accordingly; it would be better for a smoker to quit smoking for one month prior to accepting such surgery.
3. A patient who is taking any anticoagulant drug should discuss with her internist about the feasibility of stopping taking such drug for 1 - 2 weeks since such drug may cause a disturbance of blood coagulation and affect wound healing.

X 、 Questions from the Patient and Her Family:

1. _____
 2. _____
 3. _____
- _____

Patient (or Family/ Legal Representative): _____ (Signature & Seal)

I have understood the description stated above and agree to accept the breast plastic surgery (please sign on the Consent to Breast Plastic Surgery).

I have understood the description stated above and disagree to accept the breast plastic surgery.

Relation with the Patient: _____ (Required)

Physician for Explanation: _____ (Signature & Seal)

Date & Time: