

MASTOPEXY (BREAST LIFT)

MAKING AN INFORMED DECISION

GENERAL INFORMATION

Mastopexy is a surgical procedure to remove excess skin and a small amount of breast tissue then elevating the breast and nipple higher onto the chest wall. Incisions are made to keep scars as inconspicuous as possible, usually around the nipple and vertically down (lollipop shaped scar).

There are a variety of different techniques used by plastic surgeons for mastopexy. Mastopexy can be combined with other forms of body-contouring surgery, including liposuction, or performed at the same time with other elective surgeries such as breast augmentation.

The shape and size of the breasts prior to surgery will influence both the recommended treatment and the final results. If the breasts are not the same size or shape before surgery, it is unlikely that they will be completely symmetrical afterward. Remember 'your breasts are sisters; they are not identical twins'.

ALTERNATIVE TREATMENTS

Alternative forms of management consist of not treating the areas of loose skin and fatty deposits. Diet and exercise programs may be of benefit in the overall reduction of excess body fat and contour improvement. 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 these risks and the possible complications associated with them. In addition, every procedure has limitations. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with Dr Linsell to make sure you completely understand all possible consequences of a breast reduction.

Bleeding- It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require an emergency treatment to drain the accumulated blood or blood transfusion. Intra-operative blood transfusions may be required. Do not take any aspirin, anti-inflammatory medications or fish oil for ten days before surgery, as this may increase the risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. Haematoma can occur at any time following injury. If blood transfusions are needed to treat blood loss, there is a risk of blood related infections such as hepatitis and the HIV (AIDS). Heparin medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets.

Infection - Infection is unusual after surgery as you are routinely given antibiotics during and for 10 days after your procedure. Infection may contribute to breakdown of your wound and delayed healing. This will always heal yet may take longer than expected. Should an infection occur, treatment including antibiotics, hospitalization, or additional surgery may be necessary.

PLEASE INITIAL HERE TO INDICATE YOU HAVE READ AND UNDERSTAND PAGE 1 OF THIS CONSENT FORM:

Change in Nipple and Skin Sensation - Some change in nipple sensation is not unusual right after surgery. After several months, most patients have normal sensation. Partial or permanent loss of nipple and skin sensation may occur occasionally. Sometimes the sensation is actually improved. During the healing process it is common to experience sharp short pains in one or both breasts. These settle completely but may take months to do so.

Major Wound Separation- Wounds may separate after surgery. Should this occur, additional treatment including surgery may be necessary.

Skin Discoloration / Swelling- Bruising and swelling normally occurs following breast reduction. 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.

Sutures- Dr Linsell uses dissolving sutures so there are no sutures to be removed after your operation. Occasionally, you may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible or produce irritation that requires removal.

Damage to Deeper Structures- There is the potential for injury to deeper structures including nerves, blood vessels, muscles, and lungs (pneumothorax) during any surgical procedure. The potential for this to occur varies according to the type of procedure being performed. Injury to deeper structures may be temporary or permanent.

Nipple Necrosis - Whilst the nipple/areolar is not removed during this procedure, it is elevated to a higher position on the chest wall. Whilst uncommon, this may compromise the blood supply to the nipple, which can result in part or all of the nipple dying (necrosis). This may leave permanent and possibly unsightly scarring to one or both nipples, with different colouring. The scarring may be improved with corrective surgery however the nipple is unlikely to have the same sensation or appearance.

Fat Necrosis- Fatty tissue found deep in the skin might die. This may produce areas of firmness within the skin. Additional surgery to remove areas of fat necrosis may be necessary. There is the possibility of contour irregularities in the skin that may result from fat necrosis.

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 colour than surrounding skin. Scar appearance may also vary within the same scar, exhibit contour variations or "bunching" due to the amount of excess skin. Scars may be asymmetrical (appear different between 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.

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

Asymmetry- Mastopexy may result in an asymmetry of the breasts. Factors such as pre-existing breast asymmetry, skin tone, fatty deposits, skeletal prominence, and muscle tone may contribute to normal asymmetry in body features. Additional surgery may be necessary to attempt to improve asymmetry.

PLEASE INITIAL HERE TO INDICATE YOU HAVE READ AND UNDERSTAND PAGE 2 OF THIS CONSENT FORM:

Allergic Reactions- In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including shock (anaphylaxis) may occur to drugs used during surgery and prescription medications. Allergic reactions may require additional treatment.

Delayed Healing- Wound disruption or delayed wound healing is possible. Some areas of the breast may not heal normally and may take a long time to heal. Some areas of skin or tissue may 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.**

Seroma- Fluid accumulations infrequently occur in the breasts. This may require additional procedures such as an ultrasound or even surgery for drainage of fluid.

Shock- In rare circumstances, your surgical procedure can cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. If surgical shock occurs, hospitalization and additional treatment would be necessary.

Pain- You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after breast reduction. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue, which may require treatment with drugs or further surgery.

Unsatisfactory Result- Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. You may be disappointed with the results of breast reduction surgery. This would include risks such as asymmetry, unsatisfactory or highly visible surgical scar location, unacceptable visible deformities, bunching and rippling in the skin near the suture lines or at the ends of the incisions (dog ears), poor healing, wound disruption, and loss of sensation. It may not be possible to correct or improve the effects of surgical scars. In some situations, it may not be possible to achieve optimal results with a single surgical procedure. Additional surgery may be required to improve results.

Deep Venous Thrombosis, Cardiac and Pulmonary Complications- Surgery, especially longer procedures, may be associated with the formation of, or increase in, blood clots in the venous system. Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anaesthesia. Pulmonary and fat emboli can be life-threatening or fatal in some circumstances. Air travel, inactivity and other conditions may increase the incidence of blood clots traveling to the lungs causing a major blood clot that may result in death. It is important to discuss with your physician any past history of blood clots, swollen legs or the use of oestrogen or birth control pills that may contribute to this condition. Cardiac complications are a risk with any surgery and anaesthesia, even in patients without symptoms. Heart attack or stroke could occur due to strain on the heart. Should any of these complications occur, you may require hospitalization and additional treatment. If you experience shortness of breath, chest pains, or unusual heart beats, seek medical attention immediately.

PLEASE INITIAL HERE TO INDICATE YOU HAVE READ AND UNDERSTAND PAGE 3 OF THIS CONSENT FORM:

ADDITIONAL ADVICE

Long-Term Results- Subsequent alterations in the appearance of your body may occur as the result of pregnancy, aging, sun exposure, weight loss, weight gain, menopause or other circumstances not related to your surgery.

Body-Piercing Procedures- Individuals who currently wear body-piercing jewellery or are seeking to undergo body-piercing procedures must consider the possibility that an infection could develop anytime following this procedure. Treatment including antibiotics, hospitalisation or additional surgery may be necessary.

Female Patient Information- It is important to inform your Dr Linsell if you use birth control pills, oestrogen replacement, or if you suspect you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

Intimate Relations After Surgery- Surgery involves coagulating of blood vessels and increased activity of any kind may open these vessels leading to a bleed, or hematoma. Increased activity that increased your pulse or heart rate may cause additional bruising, swelling, and the need for return to surgery and control bleeding. It is wise to refrain from sexual activity for about two weeks after your operation.

Medications- There are many adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Be sure to check with Dr Linsell about any drug interactions that may exist with medications that you are already taking. If you have an adverse reaction, stop the drugs immediately and call Dr Linsell for further instructions. If the reaction is severe, go immediately to the nearest emergency room. When taking the prescribed pain medications after surgery, realize that they can affect your thought process and coordination. Do not drive, do not operate complex equipment, do not make any important decisions and do not drink any alcohol while taking these medications. Be sure to take your prescribed medication only as directed.

Mental Health Disorders and Elective Surgery- It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery and often are stressful. Please openly discuss with Dr Linsell, prior to surgery, any history that you may have of significant emotional depression or mental health disorders. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

PLEASE INITIAL HERE TO INDICATE YOU HAVE READ AND UNDERSTAND PAGE 4 OF THIS CONSENT FORM:

Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray)-

Patients who are currently smoking, use tobacco products, or nicotine products (patch, gum, or nasal spray) are at a greater risk for significant surgical complications of skin dying, delayed healing, and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smokers may have a significant negative effect on anaesthesia and recovery from anaesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication. Please indicate your current status regarding these items below:

_____ I am a non-smoker and do not use nicotine products. I understand the risk of second-hand smoke exposure causing surgical complications.

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

It is important to refrain from smoking at least 6 weeks before surgery and until Dr Linsell states it is safe to return, if desired.

ADDITIONAL SURGERY NECESSARY (RE-OPERATIONS)

There are many variable conditions that may influence the long-term result of surgery. Should complications occur, additional surgery or other treatments may be necessary. Secondary surgery may be necessary to obtain optimal results. Even though risks and complications occur infrequently, the risks cited are particularly associated with breast reduction. 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. In some situations, it may not be possible to achieve optimal results with a single surgical procedure.

PATIENT COMPLIANCE

Follow Dr Linsell's instructions carefully. This is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation and the need for return to surgery. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by Dr Linsell, the anaesthetist, the surgical assistant, laboratory tests, and possible hospital charges. If your surgery attracts a Medicare item number, you may receive some funds back from Medicare and where applicable, your health fund. 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 costs may occur should complications develop from the surgery. Whilst Dr Linsell will generally perform revisional surgery within the first 12 months for a small out of pocket cost for his fee, there may be charges for the anaesthetist, assistant and hospital.

PLEASE INITIAL HERE TO INDICATE YOU HAVE READ AND UNDERSTAND PAGE 5 OF THIS CONSENT FORM:

HEALTH INSURANCE

A Medicare item number exists for a mastopexy. If you qualify for this there will be a rebate of some of the doctor's fees from Medicare. If you have health insurance may cover the hospital costs and some of the doctor's fees. Please carefully review your health insurance subscriber-information or contact your insurance company for a detailed explanation of their policies for covering breast reduction procedures.

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), including no surgery. 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. Dr Linsell may provide you with additional or different information which is based on all the facts in your particular case and the current 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.

NO SURGERY IS GUARANTEED.

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.

PLEASE INITIAL HERE TO INDICATE YOU HAVE READ AND UNDERSTAND PAGE 6 OF THIS CONSENT FORM:

CONSENT FOR MASTOPEXY (BREAST LIFT)

The following form acknowledges my willingness to undergo the procedure of Mastopexy performed by Dr Malcolm Linsell.

Initial:

I acknowledge that I have consulted with Dr Linsell and I have a good understanding of the operation and the expected outcomes.

Initial:

I acknowledge the cost of the procedure has been explained in detail and that there will be fees for surgeon, anaesthetist, assistant surgeon and the hospital.

Initial:

I acknowledge that this is real surgery and any surgery carries with it the risk of complications.

Initial:

I acknowledge Dr Linsell has explained the most common complications that can arise from this procedure.

Initial:

I acknowledge and accept that some complications can interfere with my expected outcome and no guarantees have been made as to my outcome.

Initial:

I acknowledge I have been given ample time and opportunity to ask Dr Linsell questions about the procedure, my expected outcome and the possible complications.

Initial:

I acknowledge that photographs of my breasts will be taken before, during and after the operation and agree to the use of my photographs to follow my own progress and (without being identified) to share with other patients to help them with their decision-making.

Initial:

I agree to the potential use of my photographs (without being identified) in medical conferences and publications.

Initial:

I agree to the potential use of my photographs (without being identified) on Dr Linsell's web page, Facebook page, Instagram page and other online forums to help other patients with their decision-making.

Initial:

I acknowledge blood products or derivatives are occasionally necessary to administer during and after the operation.

Initial:

I acknowledge that in the event of one of the hospital staff coming into direct contact with my blood, blood samples will be taken from the staff member and myself to test for infections such as Hepatitis and HIV.

Initial:

I acknowledge that during the course of the operation, unforeseen conditions may necessitate additional or different procedures to those outlined. I authorise and request that Dr Linsell perform such procedures that are, in his professional judgement, necessary and desirable.

Initial:

I acknowledge a revision surgical procedure is occasionally necessary for up to 12 months after the procedure. If required, Dr Linsell will do this for a small out of pocket cost for his surgical fee, however there may be fees for anaesthetist, assistant surgeon and hospital.

Initial:

I understand I have the right to change my mind at any time, including after I have signed this form, but preferably following a discussion with Dr Linsell.

Initial:

I understand and acknowledge that no surgery is an option.

Initial

My signature below confirms I have read and understand the information provided and hereby consent to the procedure.

Print name:

Signed:

Date:

Dr Malcolm D Linsell

Signed:

Date: