



MEME KÜÇÜLTME AMELİYATI İNGİLİZCE BİLGİLENDİRİLMİŞ ONAM FORMU



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REDUCTION MAMMOPLASTY INFORMED CONSENT FORM

Date...../...../20....

Dear Patient, Dear Parent / Guardian

INSTRUCTIONS

This is an informed consent document that has been prepared to help your plastic surgeon inform you about 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.

What is Reduction Mammoplasty?

Despite the fact that large breasts have been considered as femininity and a symbol of woman feeding capability for ages, large breasts –larger than the aesthetic sizes of modern world- have caused numerous cosmetic, psychological and functional problems but also women presenting with this problem tried to reduce such breasts. Reduction mammoplasty is one of the most commonly used applications among plastic surgery interventions.

Large and dropping breasts lead to some problems. Such problems include neck, shoulder, and back pains, as well as the irritating leaks caused by bra use, pain on breasts, itching under breast and redness. Young girls experience some psychological problems owing to extremely large breasts, which occasionally is a reason for embarrassment. In some cases, largeness is seen unilaterally and this might increase the embarrassment feeling. For those persons presenting with such complaints, the following information could be beneficial:

- The underlying reason of breast growing should be examined to determine whether or not it is associated with a hormonal problem.
- It should be examined if the breast growing is ongoing or not.
- It should be examined if there is any painful or painless mass is available on the breast.
- It should be examined if there is any infection or surgical intervention on breast.

Surgical intervention is generally indicated for such breasts which have stopped growing within last 6 months, and not associated with hormonal problem. Reduction mammoplasty is performed after the completion of breast growing. However, this operation has some exceptions. In young girls presenting with juvenile hypertrophy of breast, in order for not affecting the normal psycho social grow up, the surgical intervention could be necessary prior to completion of grow up. Today, 12.5% of all reduction mammoplasty operations are performed during adolescence period.

Those patients with palpable masses and over a certain age are exposed to some imaging techniques such as mammography prior to surgical intervention. Afterwards, depending upon the size of breasts, as well as skin and breast glands, the technique is determined. If there is any tension and sensitivity on the breast in premenstrual period, the operation should not be performed in that period. The hereditary breast cancer predisposition should necessarily be told to physician.

Relation between Reduction Mammoplasty and Breastfeeding

In order for producing normal breast milk, functional breast tissue linked with nipple and the nipple sensitivity should be available. Following this surgical intervention which does not deteriorate anatomic and physiological properties, breastfeeding function is not damaged. Stimulation of nipple by baby, a hormonal and neural circulation in which prolactin and oxytocin hormones take part cause flexion in milk glands thereby leading to production of breast milk. For activating the sucking reflex, nipple sensitivity is required. Reduction in nipple sensitivity deteriorates this circulation thereby affecting the milk production. On the other hand, in recent controlled studies, while postoperative

nipple sensitivity is detected to be less during the first month, this level has been observed to be higher in following months. This point should also be stressed that on the same studies it has been observed that in women with larger breasts, nipple sensitivity to vibration and pain has decreased.

Should nipple be separated from breast tissue and applied as independent patch, breastfeeding is not possible. In almost all the reduction mammoplasty techniques, due to the fact that nipple is partly linked with breast tissue; the breastfeeding ability is protected but decreased. The factor determining milk production quantity is associated with breast tissue left postoperatively, because most of the pieces resected in reduction mammoplasty contain fat tissue. Therefore, it has been observed in the reduction mammoplasty operations performed as nipple pedicle, breastfeeding is feasible.

Relation between Reduction Mammoplasty and Breast Cancer

Although breast cancer frequently occurs in women, postoperative breast cancer prevalence varies between 0,06% and 2% in different clinical series. In addition, in the patients referring to clinic due to large breast, non-cancerous pathological differences have been detected in the ratio of 61% in breast tissue postoperatively. In the light of these findings, it could be reported that reduction mammoplasty operation does not increase the risk of breast cancer, but contrarily, reduces the risk of breast cancer by enabling the histopathological examination of breast tissue resected.

Information about the Operation

The patient is not fed orally postoperatively at least for 4-6 hours. These durations could be changed by the attending physician. Depending upon the technique used in the operation, this duration differs between 2-4 hours. The patient is generally transferred to recovery theatre following observation for 1 hour postoperatively. Nevertheless, if the problems such as nausea and similar ones associated with the anesthesia procedure, stay duration can be extended.

Surgical Method

Numerous methods are indicated for reduction mammoplasty. Regardless of the method used, when compared with preoperative condition, more aesthetic and nicer shapes of breast are acquired. Still, the patients should also consider the risk of scar formation and reduction in breast sensitivity and breastfeeding in order for having smaller and nicer shaped breast.

The major principles considered in reduction mammoplasty operations include shaping the breast skin and breast gland individually after resecting the excessive skin, fat and breast tissue depending on the design carried out during preoperative period, as well as avoiding the bleeding nipples and areola and protecting the sensitivity and laying them into their current anatomic location. These operations lead to scars in different locations depending upon the operation method. Generally, around the nipple, racket shaped “vertical scar” forms on the breast descending vertically from areola and available on breast section and shaped reverse T and extending to folding line of breast. Although this scar is irritating initially from visual perspective, the results are better after some time. While these scars are pink-red in color initially, if the pathological scar recovery is not available, these scars become pale and whitened within months.

The patient is allowed to stand upon at the 4th hour and to be fed postoperatively. After this procedure, hospitalization period lasts 1-2 days. For some days after the operation, a drain which is used for accumulating the blood and serum particles is applied on the operation site. This drain is removed after 1-2 days taking the amount of particles into consideration. It is beneficial for the

patients to limit the arm motions for some days. During the PO 1st week, a bandage around the breast is available, and on the 7th day this bandage is removed and fine bandages covering the suture lines are used. Following the removal of drains, bath is allowed within 48 hours.

Potential Adverse Risks**General Risks of Surgery**

- A small region of your lung could stick to each other without aeration and increase risk of infection. This condition can indicate treatment with antibiotics and physiotherapy.
- The post-operative clotting (deep vein thrombosis) can cause pain and edema at your legs.
- Rarely, this clot could move towards your lung and can be lethal.
- Heart attack can occur due to cardiac stress.
- Death can be seen during this operation.
- Heart and lung complications (undesired consequence) as well as coagulation risk is increased in obese people.
- Heart and lung complications (undesired consequence) as well as coagulation risk is increased in cigarette smokers.
- Wound healing is negatively affected in cigarette smokers.

Risks of Reduction Mammoplasty

Each surgical intervention contains some risks. Reduction mammoplasty also contains risks and complications. The major factor for surgical intervention depends upon risks and benefits comparison. Despite the fact that most of the women do not experience the following complications, please contact your plastic surgeon about the complications and results of reduction mammoplasty.

Bleeding: Despite being unordinary, bleeding could occur during and after the operation. If postoperative bleeding occurs, emergent treatment such as discharge of accumulated blood or blood transfusion. Because of the fact that they could increase the risk of bleeding, please do not take aspirin or anti-inflammatory medications for ten days prior to the operation.

Infection: This operation rarely contains infection. If infection occurs, antibiotic or additional surgical intervention could be required.

Nipple and Skin Sensitivity Modification: Sensitivity modification could be detected on nipples and breast skin. Even, the nipple sense loss could be permanent.

Scar on Skin: All surgical incisions lead to scars. The quality of these scars is not expected. Abnormal scars could develop on skin or deeper tissue. In some cases, such scars require for correction or other treatments.

Unsatisfactory Results: It is possible to experience unsatisfactory results from reduction mammoplasty operation. Postoperative breast shape and size could cause disappointment.

Pain: Reduction mammoplasty does not lead to pain on neck, shoulder and back. Abnormal skin on breast and deep tissue scar could cause pain.

Toughness: Excessive toughness could occur due to postoperative fat necrosis and scar formation. This is not predicted beforehand. Biopsy or additional surgical treatment could be required on the fat necrosis or scar site.



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Dokuman No: YÖN.RB.129-01 | Yayın Tarihi: 16.01.2010 | Rev.No: 00 | Rev.Tarihi: | Sayfa No:5/4

Recovery Retardation: It is possible that the scar edges could be separated or that the scar recovery could be retarded. Some sections of breast skin or nipple could not be recovered normally or recovery period could be extended. Even, tissue loss could occur on skin and nipple tissue. In such cases, advanced surgical intervention could be required for frequent dressing or tissue removal. Smokers are under more risks in terms of complications of skin loss and scar recovery.

Asymmetry: Asymmetry naturally occurs in the breasts of many women. The differences in breast, shape and size of nipple, and symmetry could occur postoperatively, as well. Additional surgery could be required for correcting the asymmetry occurring postoperatively.

Allergic Reactions: In rare cases, local allergic reactions against bandage, suture material or creams applied have been reported. In case of systemic complications which are more serious, even death could occur.

Additional Surgery Requirement

There are some situations which could affect the long term results of reduction mammoplasty. Despite not being similar to previous condition, if the breasts become larger, a second operation could be required. In case of complications, additional surgery or other additional treatments could be required. Despite rare risks and complications, some risks associated with reduction mammoplasty have been reported. Although good results are expected, no guarantee is given for the results acquired.

Other Treatment Options

Reduction mammoplasty is an optional intervention. Other treatment options include physical treatment or bra use to support the large breasts and to treat the pain complaints. In some patients, liposuction procedure could be used for reducing the large breasts. The other surgical treatment options could also contain possible risks and potential adverse effects.

Precautions to be Taken by the Patient Before Surgical Intervention

If you consume drugs that prevent blood coagulation (like aspirin, heparin, coumadin), discontinue them before intervention. Quit smoking.

Precautions to be Taken by the Patient After Surgical Intervention

You should pay attention to the issues that your doctor emphasizes. You should avoid habits like cigarette smoking and discontinuing the prescribed drugs which can negatively affect the wound healing process after surgery. You should apply the recommendations about intervention site and do not delay your controls.

Diagnosis

Treatment/procedure to be applied

Should you not intend to be informed about the purpose, duration, advantages, success ratio, potential risks and complications and alternative options of the treatment to be applied and as well as about the subsequent potential risks in case you do not accept the treatment, please declare so below with your hand writing.

I hereby declare that;

My attending physician informed me about my disease, the treatment option to be applied, its duration, advantages, success ratio, the fact that it does not necessarily guarantee the recovery of current status, period of healing, potential risks and complications, alternative techniques, the potential situations I will experience on the condition



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Yayın Tarihi: 16.01.2010

Rev.No: 00

Rev.Tarihi:

Sayfa No:5/5

that I reject the treatment and compulsory performance of an additional operation/intervention/procedure if deemed necessary and s/he answered all my questions regarding these matters.

Above mentioned procedure has been disclosed to be performed on myself/patient I legally represent by the physicians, nurses as well as other healthcare professionals under the authority, surveillance and control of my attending physician.

I have been informed that if required, anesthesia will be performed by an anesthetist, sedation will be performed by an anesthetist or another physician competent in sedation and local anesthesia will be performed by my attending physician.

While being entitled to make decision and think straightly, I accept the medical procedure to be performed, and consent that my attending physician and his/her team will carry out any medical treatment option/surgical technique/intervention they deem to be necessary.

I authorize the hospital to examine, inspect, dispose of or keep the tissues or organs removed during the procedure for which I have consented above.

I allow my medical reports to be used for scientific researches provided that my identifying information is kept hidden.

I HEREBY CONFIRM THAT I AM SATISFIED WITH THE VERBAL AND WRITTEN EXPLANATIONS. I CONSENT CONSCIOUSLY AND WITH MY OWN WILL TO ALL TREATMENTS APPLIED IN THE INTERVENTION OR SURGERY, ALSO TO TREATMENTS WHICH MAY BE NEEDED AFTER THE OPERATION, AS WELL AS TO ALL ABOVE STATED ISSUES AND VERBAL STATEMENTS DECLARED.

Date:...../...../..... Time:.....

| IF THE PATIENT'S CONSCIOUS | IF THE PATIENT'S UNCONSCIOUS AND ACCOMPANIED BY HIS/HER LEGAL REPRESENTATIVE |
|---|---|
| Patient's Name Surname :..... Address :..... Phone :..... Signature : | legal representatives* or guardians Name Surname :..... Address :..... Phone :..... Signature : |
| Doctor Name Surname: Signature: | Doctor Name Surname: Signature: |
| Witness **:: Name Surname: Signature: | Witness **:: Name Surname: Signature: |